

# Request for Proposals (RFP)

## Innovative Housing Assistance Programs

For Low-income Persons Living with HIV in Virginia to Improve Health Outcomes and Housing Stability

RFP Release Date.....	08/28/2019
Letter of Intent to Apply Deadline .....	09/11/2019
Pre-proposal Conference Webinar.....	09/06/2019
Deadline for RFP Questions.....	09/20/2019
Proposal Deadline .....	5:00 PM on 09/30/2019

**Proposals submitted after the deadline will not be considered**

Submit questions to: [reception@novaregion.org](mailto:reception@novaregion.org)

RFP issued by Northern Virginia Regional Commission (NVRC), 3040 Williams Drive, Suite 200, Fairfax, VA 22031. No phone calls please!

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## PRE-PROPOSAL CONFERENCE

On September 6, 2019, those interested in applying for funding detailed in this RFP may wish to participate in the Pre-proposal Conference Webinar. This gives prospective applicants the opportunity to ask questions and get clarification ahead of writing a proposal. Directions for registering for the webinar will be posted on NVRC's website [www.novaregion.org](http://www.novaregion.org) closer to the date. If you have questions, please contact: Tyon Roseboro at 703/642-0700 or [reception@novaregion.org](mailto:reception@novaregion.org).

### Section 1: About the Request for Proposals (RFP)

#### Purpose

Northern Virginia Regional Commission (NVRC), seeks multiple Applicants to provide Innovative Housing Assistance Programs (I-HAP) that will support People Living With HIV (PLWH) to engage in and adhere to HIV healthcare, to obtain housing or remain stably housed, and to improve health outcomes and self-sufficiency.

This Request for Proposals offers funding for a discrete set of housing-related services. It is the expectation that the funding offered here will be leveraged, paired and supplemented with other funds or in-kind support to address the full spectrum of PLWH housing and self-sufficiency needs.

If you are willing to think outside the standard construct of Ryan White services to better address the continuum of PLWH housing needs, please submit a response showing us your most creative ideas. Most agencies already collaborate with community partners on a variety of levels because one funding source rarely can serve all the unique client needs they encounter. You may already work with or wish to develop new partnerships with local housing offices or developers, AIDS Service Organizations (ASOs), healthcare providers, human service organizations, job training and placement entities, and the like. This RFP seeks proposals demonstrating these unique partnerships to provide a wide array of services to clients.

It's easy to set up a program that generates payments for housing and has little interaction with or places few participation expectations on clients. This procurement seeks the opposite. Proposals that include components that motivate clients to develop and work towards health care and housing improvement goals best address the overall expectations of this procurement.

## Funding Source

NVRC's funding for this RFP is related to the Ryan White CARE Act. Ryan White HIV/AIDS Program (RWHAP) Housing is expected to be short term and offer a bridge to more permanent support and self-sufficiency while improving HIV-health outcomes. Allowable components of RWHAP housing can address some but not all client housing needs. That's why partners with other areas of expertise, brokered services, and additional resources to create innovative housing solutions for this audience are the focus of this RFP.

## Context in which I-HAP services will occur

**State Integrated HIV Services Plan:** The *Virginia Integrated HIV Services Plan (VA IHSP)* represents the Virginia Department of Health's (VDH's) blueprint for addressing the goals of the *National HIV/AIDS Strategy (NHAS 2020)*, the federal government's plan for ending the HIV epidemic. The full text of *NHAS 2020* can be found at: <https://files.hiv.gov/s3fs-public/nhas-update.pdf> .

As such, the *VA IHSP* includes quantified targets to be accomplished each year of the 5-year plan re: reducing numbers of new infections, ensuring PLWH are aware of their HIV-status, increasing numbers of PLWH quickly linked to care, and increasing numbers of PLWH who become/remain engaged in healthcare and achieve viral suppression. The *VA IHSP* examines and prioritizes populations at risk of HIV infection and makes recommendations to guide how grant dollars will be allocated to find, test, and bring PLWH into care as well as to provide care to PLWH designed to reduce disease transmission. The full *VA IHSP* is available at:

<http://www.vdh.virginia.gov/content/uploads/sites/10/2016/11/IntegratedPlan2016.pdf>

**Appendix A: Virginia Integrated HIV Services Plan Annual Targets** details Virginia goals and activities in support of the *NHAS 2020*.

Proposals responding to this RFP should demonstrate how they support and contribute to fulfillment of the *VA IHSP* goals.

**Ryan White Housing** is one of the primary Federal programs providing housing services to PLWH. (The other PLWH housing program is Housing Opportunities for Persons with AIDS (HOPWA), a HUD program.) See HAB HRSA Policy Clarification Notice: **16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds** (Revised 10/22/18), the housing portion of which is included in **Appendix B: Additional Information re: Creating a Program Description**.

Federal guidance clearly recommends time limits for participation in Ryan White Housing.

The client medical outcomes that RWHAP Housing exists to address include: better appointment keeping behavior, taking HIV prescriptions as instructed, and working towards or attaining viral suppression. (Viral suppression means the amount of HIV virus in one's body has been reduced to such a low level that the virus cannot be transmitted to others.)

Most activities within RWHAP Housing require the development of an Individual Housing Plan (IHP) to set goals and monitor progress on improvements in medical adherence/health outcomes, permanent housing attainment, and improved self-sufficiency.

RWHAP Housing is relatively new in Virginia, with a few programs located around the state. Funding available through this RFP significantly increases the commitment in Virginia to housing as a critical service to help PLWH to get and stay medically adherent.

**Lifetime I-HAP Assistance capped at 24-Months.** Housing funding offered through this RFP cannot be a long-term fix. Housing assistance available through this RFP initiates a 24-month maximum lifetime benefit. All I-HAP service components used count towards the 24-month cap. In other words, the cap does not reset for each I-HAP service component -- Housing Referral, Limited-term Housing with Comprehensive Support and Limited-term Utility Assistance. As such, this assistance should be viewed as one stop, not the destination, for clients traveling along the continuum to housing self-sufficiency. Connection to HOPWA programs, mainstream housing assistance, income support programs, along with activities that increase self-sufficiency such as education and job training should be among the goals of the Applicant's program.

### **Types of Housing Units that may be supported by the Applicant's I-HAP**

Applicants are encouraged to seek out the types of housing that address the wide variety of specific PLWH needs, which can include but are not limited to: shared housing, group homes, supportive housing, sober living housing, apartments/single family homes, Single Room Occupancy (SRO) units, accessory dwelling units (ADUs), congregate senior housing and others.

### **Vignettes on Housing Assistance Programs**

**Appendix C: Vignettes of Housing Assistance Programs** provides short descriptions of housing programs around the country created to assist with self-sufficiency and positive health outcomes. These stories may provide useful information as applicants design their I-HAPs. Many of these examples feature services to PLWH and have a connection to Ryan White or HOPWA programs.

Note: A variety of programs shared the forms they use in their programs which are attached to this RFP as **Appendix D: Forms**

### Geographic Service Area

Services in this RFP must be available to assist PLWH living in the Commonwealth of Virginia. Proposals may seek to serve a region within the Commonwealth or one city or county. NVRC will consider geographic diversity (funding projects around the Commonwealth) as a factor in awarding funds.

### Eligible Population to be Served

Funding through the RFP is available to serve persons: (1) who are HIV-positive, (2) who live in the Commonwealth of Virginia (3) who meet RWHAP family income criteria for these programs, that is: incomes up to 500% of Federal Poverty Level (FPL) adjusted for family size, and (4) who have been determined by the Virginia Dept. of Medical Assistance Services to be ineligible for Medicaid or Medicare or any other payer for the services sought; that is, have proof of denial including reason for denial. The funding distributed through this solicitation is related to Ryan White, and thus is payer of last resort after all other sources have been exhausted. Income limits are described in the table that follows:

Family Size (count everyone in family)	Federal Poverty Level 2019	RWHAP maximum income
	100% FPL	500% FPL
1	\$12,490	\$60,700
2	\$16,910	\$82,300
3	\$21,330	\$103,900
4	\$25,750	\$125,500
5	\$30,170	\$147,100
6	\$34,590	\$168,700
7	\$39,010	\$190,300
8	\$43,480	\$211,900
Each additional person	\$4,420	\$21,600

An acuity scale is also be a part of eligibility determination for I-HAP services that provide longer-term, more intensive housing and skills-building assistance. Acuity is discussed further in **Appendix B: Additional Information re: Creating a Program Description**.

Applicants are expected to develop policies for their I-HAPs that in most cases provide a partial subsidy for the total cost of housing. Some portion of the housing costs already being borne by the client can reasonably be expected to continue to be underwritten by the client. Funding awarded through the RFP is funding of last resort; all other sources of similar assistance must be exhausted before using this funding.

## Available Funding & Funding Period

\$500,000 is available for competitive award through this RFP for services from November 1, 2019 through March 31, 2020. A statewide continuation award valued at \$1.2 million or more is anticipated starting April 1, 2020. An annualized 12-month continuation contract will be offered for recipients in compliance with contract requirements at the end of January 2020. Continuation funding will begin April 1, 2020 and continue through March 31, 2021. Subsequent continuation contracts will be available dependent upon funding and recipient performance.

## Eligible Applicants

Not-for-profit, community-based, faith-based and governmental entities located in, and providing services to residents of the Commonwealth of Virginia, may submit proposals to provide the services described in this RFP. Organizations working in concert -- a collaborative of applicant agencies -- may also apply. In the collaborative approach, one organization will serve as lead applicant. Funding priority will be given to agencies/collaboratives that best meet the Review and Selection of Proposals criteria starting on page 23.

The successful Applicant will have strong ties to local AIDS Service Organizations (ASOs), healthcare systems, social service organizations, community human service agencies, job training organizations, and local public and private housing programs to support successful connection of clients to assistance. These relationships will be demonstrated through a collaborative agreement or substantive MOUs between the Applicant and its partner agencies, specifying the roles of each in the I-HAP. Collaborative agreements/MOUs are to be submitted with the proposal.

## Section 2: Pre-Proposal Requirements

Organizations planning to apply for the funding offered in this RFP should return an **Attachment A: Letter of Intent to Apply** by email to: [reception@novaregion.org](mailto:reception@novaregion.org) by **September 11, 2019**. As questions come up and answers or other addenda to the RFP are prepared, NVRC will share them with all interested parties for which it has email addresses. Questions must be received at the email address above by **September 20**,

**2019.** Questions received after this deadline will not be addressed. Details of the Pre-Proposal Conference are provided on page 2.

## Section 3. Proposal Preparation and Submission

### Proposal Format

1. Font size: 12-point unreduced
  - a. Spacing: Double-spaced
  - b. Paper size: 8.5 by 11 inches
  - c. Page margin size: 1 inch
  - d. Page numbering: Sequentially from page 1 (**Attachment B: Applicant Profile**), to the end of the application, including all charts, figures, tables, appendices, and attachments.
  - e. Printing: Only on one side of page
  - f. Binding: By metal (binder) clips or rubber bands

The proposal is required to contain all information described in the Proposal Components section (starting on page 10) and shall be divided by index tabs or dividers that clearly mark each component.

Proposal Components consist of:

1. Letter of Intent to Apply
2. Applicant Profile
3. Table of Contents
4. Abstract
5. Organizational Capacity and Experience
6. Program Description
7. Linkages and Continuum of Care
8. Monitoring Evaluation and Quality Management
9. Program Budget
10. Proposal Receipt (completed once with one receipt attached to the original proposal)
11. Assurances Package
12. Assurances Receipt (completed once with one receipt attached to the original Assurances Package),
13. Required Attachments which are detailed below (for example: the *Other Sources of Funding* form, the *Scope of Services* form, etc.) and
14. Any Applicant provided attachments

Proposals must conform to the page limits by proposal component detailed in the Proposal Components Section.

Attachments – the forms required to be completed and attached as part of your proposal -- do not count against page totals. Blank copies of the required attachments are found in the Attachments section of the RFP. They consist of:



<b>Name of Attachment</b>	<b>Placement</b>
Attachment A: Letter of Intent to Apply	Emailed to NVRC by 09/11/2019
Attachment B: Applicant Profile	Attached to each proposal envelope
Attachment C: Linkages Summary Table	End of proposal
Attachment D: Other Sources of Funding	End of proposal
Attachment E: Scope of Services	End of proposal
Attachment F: NVRC Budget Form and Budget Narrative	End of proposal; one summary budget and one budget each for Housing Referral, Limited-term Housing with Comprehensive Services, and Limited-term Utility Assistance, as appropriate
Attachment G: Proposal Receipt	Front of original proposal
Attachment H: Certifications and Assurances	Separate envelope as part of the Assurance Package with other assurance materials
Attachment I: Assurances Receipt	Front of original assurance package
Attachment J: Applicant Provided Attachments	Not a form. Applicant should label its attachments at Attachment J and add at the end of proposal; do not count in page total

## Section 4: Service Eligible to be Funded through this RFP

The Innovative Housing Assistance Program (I-HAP) to be funded through this RFP consists of (1) services consistent with **HRSA/HAB Ryan White HIV Program (RWHAP) Service Descriptions & Program Guidance** that are designed to assist clients and/or families to gain or maintain HIV-focused outpatient ambulatory health services and treatment or to maintain housing which contributes to medical adherence along with (2) the services defined as I-HAP in this RFP, and (3) those additional programs or services that can be provided to clients with other funding or through cooperative arrangements with partner service providers. (HRSA housing definitions can be found in **Appendix B: Additional Information re: Creating a Program Description**.)

This procurement expects the Applicant's I-HAP program design to include the following Housing Services:

- **Housing Referral**, provided by a Housing Case Manager defined as: assessment, search, placement, and advocacy assistance, as well as creating and monitoring an individual housing plan (IHP) with the client; and
- **Limited-term Housing with Comprehensive Support (LTHCS)** which features placement in housing following incarceration, hospitalization, homelessness or

other significant housing instability for PLWH with high medical and housing acuity and includes participation in a required group of wraparound support and skills-building services including Medical Case Management and Housing Referral.

This procurement allows the Applicant's I-HAP program design to also include:

- **Limited-term Utility Assistance (LTUA)** consisting of multiple, but limited payments for utilities to maintain housing stability or prevent homelessness that are paired with the client's participation in Housing Referral and Medical Case Management.

Remember, all components of I-HAP are subject to the 24-month lifetime benefit.

This procurement expects the Applicant's I-HAP program design will detail:

- **Availability of additional services eligible for Ryan White funding** (not funded in this RFP) to be provided with the Applicant's or Partner Organization's Ryan White funding.
- **Additional services not eligible for Ryan White or RFP funding.** For example: job training and placement, security deposits, life-skills training, and mortgage payments, etc. that will be provided with the Applicant's non-RFP/non-Ryan White funds or through the resources of partner organizations detailed in Collaboration Agreements/MOUs to be attached to the proposal.

I-HAP may support PLWH residing in facilities owned by the Applicant or its partner agencies, apartments or single-family homes, shared housing arrangements, group homes, supportive housing, sober living facilities, Single Room Occupancy (SRO) units, senior housing, and a variety of other settings.

All I-HAP housing services require the development of an individual housing plan (IHP), updated at least every three months, to assess the client's integration into HIV healthcare, linkage to stable housing, and progress towards viral suppression and self-sufficiency. The IHP will be developed jointly by the client and the Housing Case Manager employed in the Housing Referral portion of the program. The IHP will include SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goals/objectives focused on improved medical adherence, health outcomes, housing attainment/maintenance, employment, life skills fluency, and the like. The IHP will also assess the client's need for new or additional community-based or Ryan White services.

The necessity of housing services for the purposes of engagement in and/or adherence to medical care or improved viral suppression must be documented. I-HAP service providers must have mechanisms in place to substantiate medical need for housing among clients in their programs.

I-HAP must provide a mechanism to ensure newly identified clients are assessed for housing needs.

**Ineligible Services and Activities:** I-HAP cannot provide direct cash payments to clients and can only buy the services detailed in this RFP. While useful and sometimes necessary, mortgage payments or security deposits, job training and placement services, emergency financial assistance for housing, and life-skills training, among other services must be provided with non-RFP funding.

I-HAP services will be available to PLWH with incomes up to 500% of FPL adjusted for family size. Some components of I-HAP apply an acuity scale to further define eligibility.

I-HAP services will protect the confidentiality of the clients' disease status in interactions with and payments to landlords and other service providers. Clients will be described as participating in I-HAP. Their disease status may not be disclosed without their written consent. The successful Applicant will develop policies and procedures to protect client confidentiality and will provide training on them for staff.

I-HAP will feature duration limits interpreted in this RFP as not to exceed 24 months across the PLWH's lifetime for any service or combination of services fundable through the RFP. Successful Applicants will participate in data collection activities to track I-HAP benefits by client.

## **Proposal Components**

Applicants should include all information needed to adequately describe the program they propose to provide. It is important that proposals reflect continuity among the goals and objectives, program design and activities, and include a budget that reflects the level of effort required for the proposed services.

The number of pages designated for each application component is the maximum permitted. **Applicants should feel free to submit fewer pages than the maximum.**

**The review panel will not review applications that do not conform to these requirements.**

Proposal components are as follows:

**1. Letter of Intent to Apply** (Not counted in page total.)

**Instructions**

Applicant will complete and email a scanned copy of **Attachment A: Letter of Intent To Apply** to [reception@novaregion.org](mailto:reception@novaregion.org) to apprise NVRC of its intent to apply. This allows NVRC to keep the Applicant aware of any changes to the RFP, answers to questions posed by other Applicants, and the like. This email does not bind the Applicant to submit a proposal.

**2. Applicant Profile** (Not counted in page total.)

Related attachments **Attachment B: Applicant Profile**

Instructions: Applicant prepares the **Attachment B: Applicant Profile** form signed by an official authorized to commit the organization to procurement and affixes it to the outside of each proposal envelope, identifying the Applicant, organization type, service category(ies) in which funding is requested, and the amounts requested.

**3. Table of Contents** (not counted in page count)

Instructions: Applicant prepares a Table of Contents that lists the major sections of the proposal with quick reference page indexing. Failure to include an accurate Table of Contents may result in your proposal not being reviewed.

**4. Abstract** (1 page)

Instructions: Applicant prepares an abstract which consists of a one-page summary of the proposed program(s).

**5. Organizational Capacity and Experience Description** (Page limit = 5 pages)

Instructions: This section seeks information on the applicant organization and its qualifications. Please explain whether the application is being made by one organization or a collaborative of agencies. Throughout the remainder of the Organization Capacity and Experience section “organization” and “collaborative” are used synonymously.

Within this section fully describe your organization’s experience, how the organization is structured, as well as its specific capacities to successfully perform the I-HAP service it is proposing through this RFP. This should include any knowledge or relationship to the

community to be served. Please also highlight critical systems that will support quality and efficiency in service delivery. Evidence of current capacity or past performance is critical to strong proposals.

Your proposal's Organizational Capacity and Experience section should address the following specific elements.

- Describe any relevant experience with, access to, and/or successful history of serving Ryan White-eligible PLWH. If no experience with RWHAP, HOPWA, and/or PLWH, describe your experience with other low-income populations, persons with mental health disease and/or persons with substance use disorder.
- Applicants currently funded with Ryan White should document the extent to which they met their service delivery and expenditure target goals for the most recent completed grant year.
- Describe your organization's competence to provide the I-HAP services proposed, including relevant experience and expertise of key management and front-line staff. Attach an org chart and relevant staff resumes to demonstrate subject matter expertise and experience.
- Describe your experience working in the geographic service delivery area you propose for this project. Explain how you will make this service easily available to PLWH throughout the proposed geographic service delivery area.
- Describe your experience working collaboratively with HOPWA organizations, housing programs, social service/human service offices, local nonprofits, and Ryan White service providers.
- List your organization's cultural competencies, including experience serving the LGBTQ community.
- Describe the organization's fiscal management and accounting systems.
- Describe the organization's financial condition and capacity to implement and maintain service delivery and administrative operations under a cost-reimbursement basis through attachment of its most recent audit (regular and A-133, as appropriate).

## 6. Program Description (Limit 10 pages)

Related Attachments: (1) Any relevant client forms the Applicant already uses in similar service delivery, if applicable and (2) any relevant Applicant Agency policies and procedures, if applicable, as well as (3) a completed **Attachment E: Scope of Services**. Remember – attachments do not count against page limits.

Instructions: The RFP provides a variety of guidance and examples but is not completely directive in how your program must be designed. Therefore, it is critically important that your Program Description explains the proposed service configuration in a detailed, step by step fashion that enables proposal reviewers to understand what the program will look like, how it will work, what client population(s) it will serve, and how it will contribute to positive outcomes, such as better adherence to medical and pharmacy regimens, viral suppression, and greater housing stability.

Please also address the following questions in your Program Description.

- What features/services would be available from your I-HAP to clients demonstrating (1) significant, (2) moderate and (3) minimal housing need in order to improve medical adherence and outcomes?
- Which I-HAP features/services will be provided in-house by the Applicant with funding through this RFP? Which will be provided in-house by the Applicant with other funding? And which will be accomplished through partner funded services?
- What types of staff will be involved in service provision to clients showing significant need, moderate need, and minimal need?
- What will duration of assistance and frequency of client contact look like for clients showing significant need, moderate need, and minimal need?
- How will client participation and engagement in (1) medical care, (2) housing skills-building, and (3) self-sufficiency development be measured?

**Appendix B: Additional Information re: Creating a Program Description** includes (1) HRSA language about the types of housing services Ryan White allows, (2) some definition/rules NVRC will apply to I-HAP service provision, and (3) thoughts about additional information you may wish to address in your program description to ensure reviewers fully understand your proposed I-HAP.

Please append any existing client forms or written policies/procedures planned to be used in the program.

Make sure the Program Description indicates

- How funding through this RFP will fill gaps and how other sources of assistance will be used ahead of these funds which are defined as the payer of last resort.

Because the first segment of this funding begins in November 2019, and non-competitive 2020 awards will be determined in January 2020, it is important for Applicants to be able to get their programs up and running quickly. Please describe your plan to address the need for timely commencement of services. Also, please explain which staff people in your I-HAP still need to be recruited.

Applicants should complete **Attachment E: Scope of Services** to describe the numbers of clients and types of service elements, they intend to provide, if funded.

## 7. Linkages and Continuum of Care (2 pages)

Related Attachments: **Attachment C: Linkages Summary Table**

Instructions: Regardless of the design of your I-HAP, the Applicant will demonstrate the ability to leverage a wide variety of RWHAP, HOPWA, local/state housing programs, raised funds, and community resources to individualize services for each client so as to maximize his/her medical adherence and medical outcomes, chances for success in housing and to improve his/her ability to provide for him/herself upon exiting the program.

Use this section to write a short narrative explaining the group of agencies that will contribute services to the I-HAP client. Collaborative members or partner organizations should participate in substantive collaboration agreements/MOUs with the Applicant to describe how the variety of client relevant services will be made available. This especially applies to employment readiness, assessment and job training programs and affordable housing. Funds in this RFP cannot pay for job training. Agreements with local Departments of Social Service to facilitate income supports – e.g. food stamps, child care subsidy, Temporary Aid to Needy Families (TANF) as well as assorted services from community-based organizations and local government offices are expected.

Applicants should fully describe the extent to which routine exchange of information and joint management of clients will be achieved among the participating partner agencies.

Collaborative agreements, MOUs, contracts/ subcontracts or partnership agreements listed in **Attachment C: Linkages Summary Table** should be submitted as part of the proposal.

## 8. Monitoring, Evaluation and Quality Management (4 pages)

Organizations funded through this RFP will participate in quality management (QM) activities. Overarching purposes of QM efforts in I-HAP include:

- Ensuring the highest quality of care and services are provided to HIV patients
- Solving problems over time through continuous quality improvement
- Enabling monitoring of HIV-related health outcomes and housing stability measures through clinical and service utilization data
- Assessing consumer needs
- Building QM capacity, and
- Identifying opportunities to improve quality of care and delivery of services.

Each funded entity will develop a quality management plan, participate in applicable statewide quality improvement projects, and submit client quality metrics to NVRC client data bases.

Instructions: Use this section to describe the organizational systems in place that allow the Applicant to monitor and evaluate service delivery and to undertake quality management activities, including:

- Person(s) responsible for monitoring and evaluation of (1) services, (2) fiscal systems, and (3) organizational processes.
- Data systems in place to produce QM metrics
- Your organization's Quality Management Plan (QM Plan) for program services as well as administrative and fiscal performance.
  - If you have a QM Plan, describe those elements that would be added to it to assess effectiveness and QM contributions of the services proposed – OR --
  - If you do not currently have a QM plan, please describe what you think might be key elements of such a document.
- A summary of any recent quality improvement activities undertaken by your agency

Also describe provisions for periodic and ongoing continuous staff education and training.

## **9. Program Budget** (Not counted in page total)

Related Attachments: ***Attachment F: NVRC Budget Form and Budget Narrative*** and ***Attachment D: Other Sources of Funding***

### **Instructions**

Applicants must provide a detailed line-item budget and budget narrative that describes the type and number of staff, subcontractors, supplies, and other materials/services that will be needed to successfully provide the Applicant's I-HAP program design. All Applicants must use the NVRC approved budget form in ***Attachment F: NVRC Budget Form and Budget Narrative***. The form is located and can be downloaded from the RFP materials on the NVRC website at [www.novaregion.org](http://www.novaregion.org) . Do not make any changes to the format or formulas on the budget form.

Applicants must complete and attach ***Attachment D: Other Sources of Funding***.

NVRC reserves the right not to approve or to fund all proposed activities. The Applicant's budget justification needs to be persuasive. Give as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position to be funded, including job title,



general duties and activities related to this grant, the rate of pay, whether hourly or salaried, and the level of effort (i.e. FTE) spent on proposed activities. (Give this as a percentage, e.g., 50% of time spent on evaluation).

Successful applicants are limited to spending ten percent (10%) of the award for all administrative and indirect cost activities; these limits will apply to any awards resulting from your proposal.

NOTE: Organizations with a federally Negotiated Indirect Cost Rate Agreement (NICRA) may propose a non-itemized 10% administrative rate (including indirect costs) and attach a copy of their federal determination from HHS. Organizations that do not have a current, approved NICRA must submit specific budgets for staff and other costs that comprise the administrative (and indirect) costs associated with the grant.

#### **10. Proposal Receipt** (Not counted in page total.)

Related Attachments: ***Attachment G: Proposal Receipt***

Instructions: Applicants should complete and attach an ***Attachment G: Proposal Receipt*** to the outside of the original application (on top of the Applicant Profile.)

Part of this form will be signed and returned to the Applicant by NVRC as proof of submission.

#### **11. Assurances Package** (Not counted in page total.)

Instructions: **Assurances Package** will contain:

- Signed ***Attachment H: Certifications and Assurances***
- A current business license, registration, or certificate to transact business in the jurisdiction where your organization is located
- 501(c)(3) certification for non-profit organizations
- Affidavit of Good Standing re: applicable state, federal, and local taxes (as applicable)
- List of board of directors
- Most recent regular and A-133 audits, as applicable

#### **12. Assurances Receipt** (Not counted in page total.)

Related Attachments: ***Attachment I: Assurances Receipt***

Instructions: Applicants should complete and attach an ***Attachment I: Assurances Receipt*** to the outside of the original assurance package.

Part of this form will be signed and returned to you by NVRC as proof of submission.

**13. Any Applicant-provided attachments**, such as Collaboration Agreements/MOUs or subcontracts, should be grouped together and added to the end of the proposal, labeled as **Attachment J: Applicant Provided Attachments**. (Not counted in page total.)

Instructions: The Applicant should attach all relevant Collaboration Agreements/MOUs that contribute to its ability to: (1) carry out the work of the project, (2) coordinate care with other service providers, (3) leverage non-Ryan White resources to address PLWH housing needs and/or (4) demonstrate referral resources.

The Applicant should feel free to attach any additional Applicant-provided materials that directly support its proposal in **Attachment J**.

## Section 5. Proposal & Assurances Submission Requirements

This section describes the requirements for submission of the proposal and the assurances.

**Deadline:** Proposal materials must be submitted to NVRC by **5:00 PM on Monday, September 30, 2019**. Submissions by email, fax or other electronic means will not be accepted. Proposals delivered after the deadline will not be reviewed or considered for funding. Proposals that are mailed or delivered by messenger or courier service must be sent in enough time to be received by the deadline at NVRC offices. Proposals arriving via messenger or courier services after **5:00 PM on Monday, September 30, 2019** will not be considered.

Applicants are required to submit an original hard copy proposal, five (5) paper copies of the proposal, and one proposal copy on electronic storage media (e.g., memory stick or flash drive.) The original hard copy proposal, each paper copy and the “electronic” copy must each be submitted in a separate envelope. Each of the envelopes must have a copy of **Attachment B: Applicant Profile** affixed to the front of the envelope. Affix **Attachment G: Proposal Receipt** only to the proposal original and rubber band the remaining envelopes containing paper copies and the memory stick/flash drive to it.

Each proposal element within the electronic copy of the entire proposal (all proposal elements and attachments) will be compiled in a separate file labeled with demonstrative titles and the applicant organization’s initials. The required formats for all program files included on the CD/memory stick/flash drive are: MS Word 97-03 or newer, MS Excel 97-03 or newer, and/or Adobe Acrobat. Files must have clear identifiable titles for all application elements. For example: ABC Clinic-Applicant Profile

and ABC Clinic Limited-term Utility Assistance Program Description. Each component of the proposal must be saved in a separate document file on the electronic media. An original and one copy of the Assurances Package, each in its own envelope, are to be submitted.

Affix a completed **Attachment I: Assurances Receipt** to the original assurance package and rubber-band it together with the assurance package copy.

Submit the required proposal and assurance packages to:

Northern Virginia Regional Commission  
3040 Williams Drive, Suite 200  
Fairfax, Virginia 22031  
Attn: Tyon Roseboro

NVRC staff must accept and sign for the application(s) and assurance packages for them to be considered received.

## Section 6: Program & Administrative Requirements

### Program Requirements

The Applicant, whose proposal is accepted and funded, hereinafter called the Vendor in this RFP section, will be expected to meet the following requirements, regardless of the composition of their I-HAP.

#### 1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any service category receiving funds through this RFP.

#### 2. Client Eligibility Determination

Each Vendor is responsible for assuring each PLWH to whom it provides services meets the eligibility criteria. Eligibility, at a minimum, includes: income documentation, family size documentation, description of the family's income in terms of percent of federal poverty level not more than 500% of FPL, HIV-positive status, proof of residence within the Commonwealth of Virginia service delivery area, and lack of other payer sources.

If the Vendor chooses to obtain eligibility determination second-hand from other providers and/or relies on those providers to screen for other payer sources, it

nevertheless retains the responsibility for accuracy of this information and bears the risk of cost disallowance should second-hand information be incorrect. Organizations that are unwilling or unable to meet the eligibility determination standard will not be considered for awards.

### 3. Grievances

The Vendor shall develop and implement an agency grievance procedure that is sensitive to the needs of its client population. The Vendor must provide a copy of its client grievance resolution procedures prior to signing the grant agreement with NVRC. The Vendor shall inform clients of their rights and responsibilities, and about resources that exist to assist them when they wish to grieve.

### 4. Reports

The Vendor will respond capably to all program and fiscal reports required by NVRC. These may include monthly, quarterly, annual and final reports. All reports must contain the required information in the format determined by NVRC. Reports may include the following:

- a. Client based demographic data.
- b. Count of the number of new and unduplicated clients that received various RFP funded services by service unit during a reporting period.
- c. Programmatic narrative information.
- d. Service outcomes – e.g. obtained housing, found a job, kept medical appointments, reduced viral load, etc.
- e. An annual report
- f. Financial expenditure reports and supporting documentation.
- g. Funds leveraged from other payers or funding streams in serving program clients

Vendor will be required to implement the use of a client-based data system called Northern Virginia CAREWare.

### 5. Records

The Vendor shall maintain organized and easily retrievable case files on all clients and services, including HIV/AIDS diagnosis, proof of residency within the Commonwealth of Virginia, income documentation, and other required documentation such as the IHP, initial and periodic assessments (if appropriate); and the ongoing progress records of each client. Records shall be maintained to ensure confidentiality and security consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable privacy statutes.

The Vendor will keep accurate documentation of all activities of the program. Fiscal and programmatic records of the program will be maintained for a period of not less than five

years. Vendors that become involved in an audit or external review must maintain project records past five years until such review/audit is concluded.

The Vendor will ensure that for the conduct of routine monitoring (i.e. site reviews and program evaluation) NVRC and its designees have access to client files.

The Vendor will have written policies to guide service delivery, to include, but not be limited to:

1. Service Provision Policies, including: HIPAA, client confidentiality, release of information procedures, health & safety, (i.e. universal precautions,) complaint and grievance resolution process, referral making process, as well as written protocols for documenting services provided, and case notes.
2. Service delivery standards which conform to the definitions/priorities incorporated into this RFP, any Ryan White Part B Service Standards which NVRC may deem applicable, and any additional service standards that may be adopted for housing related programs.

## Administrative Requirements

### 1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation from the Vendor through these funds.

- a. The Vendor shall maintain documentation that staff possesses adequate training and competence to perform the duties which they have been assigned.
- b. The Vendor shall maintain a complete written job description covering each position funded through the grant, which must be included in the project files and be available for inspection on request. When hiring staff for this grant project, the Vendor shall obtain written documentation of relevant work experience and personal references.
- c. The Vendor that uses individual contracted workers and/or individual consultants must have signed and dated written contractual agreements governing the work of these individuals in a contract file.
- d. The Vendor shall maintain an individual personnel file for each project staff member. Personnel files must be available to NVRC upon request.

- e. The Vendor shall provide orientation sessions for each project staff member with respect to administrative procedures, program goals, policies and practices to be adhered to under the grant agreement.
- f. The Vendor shall demonstrate appropriate supervision of project staff and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV housing and other relevant services.

## 2. Collaboration Agreements, Memoranda of Understanding (MOUs), and Subcontracts

Collaboration Agreements, MOUs, and subcontracts that describe how organizations will work together to ensure desirable housing and health outcomes among clients are important for your program.

Collaboration Agreements/MOUs:

- a. must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the RFP.
- b. must be signed and dated by both parties within six months of the proposal and include an effective term that runs at least through the end of March 2020.

## 3. Administrative Policies/Procedures

The Applicant will have written policies to guide personnel matters, fiscal management, and other program operations. Policies may include but are not limited to:

- a. Personnel Policies will feature: staff qualifications, job descriptions, performance review policies, supervision, standards of professional behavior, training, continuing education, cultural sensitivity, as well as maintenance of personnel files with the staff person's application, resume, references, personal interview notes, and applicable licenses and certifications.
- b. Fiscal/Operating Policies will describe: financial management systems and processes for tracking grant funds and paying employees, contractors, and suppliers; audit procedures and auditing firm selection criteria; licenses; certifications; Continuity of Operations Plans (COOP); and emergency operations.
- c. Program Policies will include: confidentiality, eligibility, client termination, client grievance procedures, program participant agreement, as well as service standards operationalized for use.

## 4. Facility Requirements

- a. **Regulations.** The Vendors' facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use.

- b. **Emergency Back-up Site.** The Vendor shall submit the address of the identified facility for use as a back-up during a catastrophic event of the primary facility.
- c. **Handicapped Access.** All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act of 1990, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

#### 5. Use of Funds

The Vendor shall use funds awarded through this procurement only to support the eligible services defined in this RFP. Funds detailed in this RFP cannot be used to provide cash and or direct financial assistance to individuals with HIV disease.

#### 6. Insurance

The Vendor shall show proof of all insurance coverage required by law as indicated in the Grant Agreement Terms and Conditions section of this RFP. Applicants that receive a Letter of Intent to Award under this RFP must meet the insurance requirements prior to provision of any service.

#### 7. Audits

The Vendor at any time before final payment, and in accordance with federal, state and local laws thereafter, will be required to keep all financial records for at least five years. NVRC may have the Applicant's expenditure statements and source documentation audited. For additional audit requirements see the Terms and Conditions section of the RFP.

## Section 7. Review and Selection of Proposals

### Review Process and Funding Decisions

Proposals will be reviewed by NVRC staff (technical review panel) and a panel of HIV, housing, human service experts, and service consumers (external reviewers). The proposals will be scored based on the criteria below. Applicants should review and keep these criteria in mind as they prepare their proposals, as these criteria offer guidance on what will be considered a successful proposal. Each proposal will be reviewed on the merits of the service delivery plan proposed within it as well as the overall administrative sufficiency, quality management and linkages to other resources described.

### Technical Review Panel

The technical review panel will be composed of NVRC staff members who will examine each application for technical accuracy, consistency with local and federal guidelines described in this RFP, cost effectiveness, and program eligibility.

## External Review Panel

The external review panel will be composed of neutral, qualified individuals, including unaligned PLWH. Reviewers will be selected for their experience in HIV care, housing, human services, health planning and evaluation, and employment services, as appropriate. The review panel will review and score each proposal.

Award amounts are dependent upon available funds, proposal scores, and feasible number of projects to be accomplished within the \$500,000 budget for 2019. NVRC shall make final funding determinations.

## Scoring Criteria

Applicants' submissions will be reviewed against the following specific scoring criteria listed below.

**Note:** 100 represents a perfect score on a proposal.

### Criterion A. Organizational Capacity and Experience (Total 20 Points)

Applicants will be scored on the extent to which the Applicant's proposal demonstrates past and current experience and organizational structure that is likely to lead to success in the delivery of proposed services. This includes any unique niche, knowledge and relationship to the community to be served. It also includes critical systems that will support quality and efficiency in service performance. Data and evidence of current capacity or past performance are critical to strong applications. This section will be reviewed in conjunction with **Attachment C: Linkages Summary Table**. Specific areas of review include:

1. Applicant belongs to one of the types of organizations that is eligible to apply.
2. Soundness of the Applicant's administrative infrastructure, including but not limited to fiscal management and accounting systems, current clean audit, etc.
3. Diversity and extent of funding supporting the organization's activities, as described in **Attachment D: Other Sources of Funding** and demonstrated capacity to implement and maintain service delivery and administrative operations under a cost-reimbursement grant.
4. Demonstrated experience connecting/maintaining proposed service population(s) in: (1) HIV medical care, (2) assisted and market-rate housing, (3) federal state/local/private job training programs, and (4) wraparound support services. Relevant experience and expertise of key management and front-line staff.



5. Relevant experience with, access to, and history of successful recruitment of the service population(s) and/or similar persons. Sensitivity to diversity and cultural competency.
6. Demonstrated experience working in the geographic service delivery area.
7. Adequate performance on activities previously funded with RWHAP funds or activities similar to those requested in the RFP but funded through other mechanisms.
8. For Applicants for which services listed in the RFP are new to the organization, demonstration of the ways in which experiences with other service programs focusing on low-income, chronically ill people provide an adequate basis for success in the new service area(s) it proposes.

### **Criterion B. Program Description (Total 30 Points)**

This section will be evaluated on the extent to which, and the ways in which, the proposed program is feasible and is likely to improve HIV health outcomes and housing stability. Programs that effectively reach and serve clients with high need, those with a sound technical basis, those that address known challenges and gaps in services, those that strive to build stronger results through innovation and cross-agency collaboration, and those that contribute to the overall quality, scope and impact of I-HAP will rate most highly. This section will be reviewed in conjunction with **Attachment E: Scope of Services** and **Attachment C: Linkages Summary Table**. Specific areas of review include:

1. The Program Description shows creativity and innovation in proposing an array of complementary services and programming to respond to individual client need.
2. The Program Description highlights the comprehensive approach detailed in the RFP requirements, including agencies working closely together to empower clients.
3. The Program Description for I-HAP is thorough and complete. The proposed program includes all the necessary features that the RFP has requested.
4. The Program Description indicates the Applicant's thoughtful understanding of the different types of housing assistance associated with client characteristics and medical/housing need acuity.
5. The Program Description for I-HAP clearly defines how it will contribute to accomplishment of improved medical adherence (e.g. keeping appointments, taking HIV medications appropriately), medical outcomes (e.g. improved viral load, viral suppression), housing stability, and self-sufficiency.

6. Materials provided by the Applicant – forms, policies, etc. – if applicable, give the reviewer confidence in the Applicant’s capacity to implement the program.
7. Demonstrates understanding that newly identified (newly HIV-positive) clients have I-HAP access.
8. Applicant’s discussion of IHPs demonstrates understanding of the content and purpose of these plans.
9. Proposal demonstrates understanding of medical acuity as a determinant for access to I-HAP.
10. Applicant presents evidence of ability to initiate service in a timely fashion.
11. The proposed I-HAP, including Scope of Services, Budget, and MOUs is feasible.

#### **Criterion C. Linkages and Continuum of Care (Total 15 Points)**

This section may be reviewed in conjunction with **Attachment C: Linkages Summary Table** and attached Collaboration Agreements/MOUs. Specific areas of review include:

1. The Applicant has detailed how the organization will provide a comprehensive package of healthcare, housing and support services internally or through formal partnerships. **Attachment C: Linkages Summary Table** substantiates a comprehensive approach.
2. The Applicant documents the strong partnerships that are required for optimal provision of the service which include, but are not limited to healthcare organizations, community organizations, job training providers, and housing providers. Collaboration Agreements/MOUs with partners are substantive, not boilerplate.

#### **Criterion D. Quality Management, Quality Improvement & Evaluation (Total 10 Points)**

This section may be reviewed in conjunction with **Attachment C: Linkages Summary Table** and attached Collaboration Agreements/MOUs. Specific areas of review include:

1. The extent to which organizational systems exist to monitor and evaluate service delivery and produce useful data for reporting and for routine program management and planning. Specific details on data systems are included. Appropriate, well-trained staff members are in place to maintain these activities.

The organization detailed how it will work with NVRC mandated reporting systems.

2. The presence of quality management and/or evaluation plans, or discussion of what such plans might include.
3. The Applicant has presented sound suggestions of concepts to be measured to assess how the funded activities contribute to positive medical outcomes, increased self-sufficiency, and housing stability, including: (1) Increased financial independence (2) lowered risk of homelessness, (3) increased adherence to HIV care/ medication regimens, and (4) improved quality of life.
4. The Applicant explained the organization's provisions for periodic and ongoing continuous staff education and training.

#### **Criterion E. Program Budget and Fiscal Soundness (Total 10 Points)**

The budget and budget narrative will be reviewed by both NVRC staff and external reviewers. Comments on the budget will help guide the negotiation of the budget for those proposals that are recommended for funding.

In evaluating budgets, reviewers will assess:

1. Mathematical soundness – the proposed budget adds up with no math errors
2. Cost efficiency of the services to be provided
3. Sufficient budget narrative, that features clear descriptions of the contribution of each proposed budget item towards achieving the goals of the proposed I-HAP
4. Reasonable allocation methodology on shared costs
5. Support for necessary and appropriate indirect and administrative costs
6. Sufficiency of the proposed budget to accomplish proposed activities.

#### **Criterion F. Other (Total 15 Points)**

Reviewers will also consider:

1. Program's capacity to leverage, pair and supplement the program with non-I-HAP resources.

2. Proposed program will contribute to attainment of VDH IHSP goals (e.g. increase care access, improve health outcomes, reduce HIV-related health disparities).
3. Proposal advances geographic coverage for the I-HAP across Virginia.
4. Proposal demonstrates understanding of funding of last resort.

## Post-Award Activities

Successful Applicants will receive a Letter of Intent to Contract (LOI) from NVRC. The LOI represents the intent of NVRC to enter into agreements to purchase services from successful Applicants once the RFP process has concluded.

Successful Applicants will be required to interact with NVRC staff to review draft contract provisions, prepare final **Attachment E: Scope of Services** and **Attachment F: Budget Format and Budget Narrative Justification** revisions, and sign a grant agreement.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by NVRC and following the procedures determined by the NVRC. If your agency is funded, reporting forms will be provided during the contract/grant negotiation process.

Continuation funding for subsequent non-competitive years is dependent upon the availability of funds for the stated purposes, fiscal and program performance under the first-year grant agreement, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, NVRC priorities, or other relevant sources.

## Additional Assurances for Grants

In addition to the assurance package submitted with the application, there are additional assurances that will be required prior to signature of the grant agreements by successful Applicants. Assurances required at time of application were discussed previously at item **11. Assurances Package**, page 16.

**Additional assurances required prior to signing grant agreements for funds awarded through this RFP, include:**

1. Proof of insurance coverage for: (a) Commercial General Liability, (b) Professional Liability, including medical malpractice, if applicable, (c) Worker's Compensation

Insurance, (d) Comprehensive Automobile Insurance, if applicable for organizations that use personal or company vehicles in activities funded through the RFP.

2. Licenses/certificates for proposed program staff, where applicable
3. Certification of current/active Articles of Incorporation for non-profit organizations.

## Section 8. Grant Agreement Terms and Conditions

The successful Applicant will sign a grant agreement with NVRC specifying the requirements of participation as a Vendor. The following are a few of the terms and conditions contained within the grant agreement.

**Availability of Funds:** NVRC shall be bound to the agreement negotiated with the Vendor only to the extent that funds are available to NVRC for the stated purpose of the grant agreement.

**Client-based Information Systems:** During the term of the grant agreement, Vendors are required to obtain and maintain all hardware, software and training necessary to collect and report all data via the Northern Virginia CAREWare, and/or its successor.

**Client Eligibility Determination Requirements:** Vendor can only serve individuals it has confirmed to be eligible – i.e. those individuals who:

- Reside within the Commonwealth of Virginia,
- Have a diagnosis of HIV or AIDS,
- Are ineligible for service, or awaiting service through other payer sources
  - Medicaid, Medicare D, ADAP, PAPs, private insurance, other federal/state/local housing, job training and health care programs, and
- Have a documented family income that does not exceed 500% of Federal Poverty Level, adjusted for family size.

For certain I-HAP components, additional measures of health and housing acuity may be applied to determine client eligibility. Vendor's client eligibility determination procedures may be reviewed by NVRC and costs disallowed for any clients found not to qualify for services or for whom eligibility was not clearly been established.

**Client Satisfaction and Grievance Procedure:** The Vendor will agree to provide information regarding its client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

**Compliance with the Americans with Disabilities Act:** Consistent with the American with Disabilities Act of 1990, all facilities used in providing services funded through the RFP shall be accessible to persons with mobility limitations.

**Compliance with Tax Obligations:** Prior to execution of a grant agreement as a result of this RFP, the Vendor must be in compliance with tax requirements within the jurisdiction in which it is incorporated to do business. Nonprofit organizations must register annually to meet tax exemption requirements.

**Confidentiality:** The Vendor must demonstrate that it will protect the identity of those persons with HIV who are receiving its services. All records and other identifying information are protected by federal and state law and 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. The Vendor will sign a Business Associates Agreement with NVRC (as defined by the HIPAA Privacy Standards).

**Cost Reimbursement Grant Agreement:** Services funded through this RFP are provided on a cost reimbursement basis. As such, the Vendor must be able to initially pay for goods and services within the grant to be reimbursed by NVRC following satisfactory invoicing and reporting.

**Drug-Free Workplace:** The grant agreement shall contain a provision requiring the Vendor to abide by the certifications contained in this announcement.

**Grant Agreement Attachments:** The Vendor will be required to prepare a final scope of services, line-item project budget, and project work plan, to submit with the signed grant agreement.

**Records Management & Audits:** The Vendor will retain all books, records and other documents relative to its program for a period of at least five (5) years. Funds of the program are to be managed using GAAP and consistent with the relevant OMB circulars. Vendor will undertake an annual independent audit, including an A-133 audit if it receives more than \$750,000 in federal funds annually from any combination of sources.

**Insurance Requirements:** During the term of the grant, all Vendors will be required to obtain and keep in force commercial general liability insurance, professional liability insurance (on employees and contractors), automobile insurance, and workers' compensation insurance, and medical liability insurance, as applicable, covering bodily

injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence (\$1,000,000 for medical malpractice). All Certificates of Insurance must list the specific applicable dollar amounts as described herein.

**Monitoring and Review by Funders:** Vendor will open its records to NVRC, or its designees, for the purposes of program monitoring, which may include viewing: client records, actual service delivery vs. goal, actual number of clients served vs. goal, service quality, eligibility determination, fiscal processes and records, client grievances and the like. Vendor will protect client confidentiality during such monitoring or site visits.

**Quality Management/Quality Assurance:** The Vendor will initiate its own and participate in NVRC-sponsored quality management activities. These activities may include reporting data to substantiate Vendor status on the various approved performance measures.

**Reports:** The Vendor will be required to submit monthly, quarterly, annual and closeout reports as per the form and schedule provided by NVRC. Accurate and timely reporting is a requisite to payment.

**Service Delivery Standards:** Vendor will provide services consistent with Federal (HRSA), state, and local standards for the funded service area. In the absence of approved, local service standards the parameters described in this RFP apply.

**Unallowable Purchases:** Vendor acknowledges that funds provided through the RFP may not be used for: clothing, funeral/burial expenses, property tax payments, pet foods, land purchase/improvement, HIV pre-exposure prophylaxis, inpatient hospital services, vehicle purchase, foreign travel, or costs associated with development of a risk pool, nor may funds be used to make cash payments to Vendors develop materials promoting intravenous drug use or sexual activity, non-targeted marketing promotions about HIV services, broad-scope awareness programs, or influencing a member of Congress or other federal personnel.