

ATTACHMENTS

Request for Proposals

for Innovative Housing Assistance Programs

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

Table of Contents

Attachment A: Letter of Intent to Apply..... 3

Attachment B: Applicant Profile 4

Attachment C: Linkage Summary Table5

Attachment D: Other Sources of Funding Table7

Attachment E: Scope of Services.....9

Attachment F: NVRC Budget Form and Budget Narrative10

Attachment G: Proposal Receipt12

Attachment H: Assurance & Certifications13

Attachment I: Assurance Receipt16

Attachment A Letter of Intent to Apply

This form must be submitted to NVRC by fax at (703) 642-5077 or via email to reception@novaregion.org by 5PM on September 11, 2019.

Dear NVRC:

The purpose of this letter is to inform you that our organization is interested in applying for funding under the RFP for Innovative Housing Assistance Programs (I-HAP)

Applicant Name	
Mailing Address	
City, State, Zip	
Contact Person Name and Title	
E-mail	
Phone	
Does your I-HAP propose to include:	
<input type="checkbox"/> Housing Referral	
<input type="checkbox"/> Limited-term Housing with Comprehensive Support	
<input type="checkbox"/> Limited-term Utility Assistance	
My organization intends to apply for I-HAP as:	
<input type="checkbox"/> Lead Agency in a Collaborative <input type="checkbox"/> Single Agency with MOUs	

The geographic coverage area of the proposal will be: _____

Signature _____

Date _____

Attachment B

Applicant Profile

Package contains:			<input type="checkbox"/> Original Application <input type="checkbox"/> Original Assurances <input type="checkbox"/> Copy Application <input type="checkbox"/> Copy Assurances <input type="checkbox"/> Electronic Application
APPLICANT NAME:			
Contact Person			
Title:			
Street Address:			
City, State ZIP:			
Telephone:			
Fax:			
Email Address:			
Applicant's Authorized Official: (Board Chair/ Exec Director /CFO)			

I-HAP Components to be provided (please check all that apply)		Funds Requested
<input type="checkbox"/> Housing Referral		\$
<input type="checkbox"/> Limited-term Housing with Comprehensive Support		\$
<input type="checkbox"/> Limited-term Utility Assistance		\$

Attachment C Linkages Summary Table

DIRECTIONS

1. Applicants must complete Attachment C to detail their ability to assure a continuum of care. For all applicants that are awarded funds, the information on the attached table will be verified and monitored.
2. Applicants should pay particular attention to the specific linkage requirements noted for each service category in the service category descriptions section. If a linkage is not required, please indicate "NA" (for not applicable) in the space provided.
3. Applicants may use additional sheets to list linkages if necessary.
4. Column 1 lists the various service categories funded through the RFP and related services.
5. In Column 2, applicants should place a check mark in the space provided if they provide or propose to provide that service directly. If they do not provide the service directly, leave the space blank.
6. In Column 3, applicants should list both Ryan White funded and non-Ryan White funded organizations with whom they have collaborative agreements and linkages for the given service categories.
7. In column 4, the applicant should type "yes" or "no," indicating whether or not there is an established Memorandum of Understanding (MOU) with the listed agency or individual.
8. In column 5, the applicant should type "yes" or "no," indicating whether or not there is an established contract with the listed agency or individual.

Attachment C Linkages Summary Table

Applicant Name:

Service Component	Provide Directly	Provide Through Linkage (Name Organizations)	Established MOU (Yes/No)	Signed Contract (Yes/No)
RFP FUNDED SERVICES				
Housing Referral				
Limited-term Housing with Comprehensive Support				
Limited-term Utility Assistance				
RELATED SERVICES				
Outpatient Ambulatory Health Services (HIV-medical care)				
Medical Case Management				
Support Services				
Employment Services				
Life Skills Training				
Budget & Credit Counseling				
Emergency Financial Assistance – single rent payment, hotel stay				
Short-term Rent Payments				
Other – please specify				

Attachment D

Other Sources of Funding Table

Directions:

Use Attachment D to provide information on the services provided by the Applicant organization and the sources of funding that support those services. The information used in Attachment D should be current and correct as of the last calendar or agency fiscal year, whichever is easier.

In the first column, a list of service categories is presented -- those eligible for funding under this RFP as well as other related services that may be necessary for client housing and healthcare success.

If your organization provided any of these, please list the value of resources applied from the various sources to each applicable service category as of the last calendar or agency fiscal year, whichever is easier.

Applicant Name:

Attachment D Other Sources of Funding Table

As of Calendar Year: _____ (list year) – OR—As of Agency Fiscal Year, starting: _____ (list month/year)

Date Prepared: _____

Service Component	Ryan White	CDC	HOPWA	Other HUD	SAMHSA	Veterans Admin	Local or State	Private	In-Kind	Other
	Housing Referral									
Limited-term Housing w/ Comprehensive Support										
Limited-term Utility Assistance										
Outpatient Ambulatory Health (HIV)										
Medical Case Management										
Support Services										
Employment Services										
Life Skills Training										
Budget & Credit Counseling										
Emergency Financial Asst. – rent or short hotel stay										
Short-term Rent Payments										
Other – Please Specify										
TOTAL										

I certify that this information is correct and complete for the applicant organization as of Update Date

Name	Title	Signature	Date
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Attachment E: Scope of Services

Agency Name:		Date:	
Service Category	Description of Sub-Service Categories	Target	Service Award Amt.
Limited-term Housing with Comprehensive Support	# of Clients to be Served		\$
	# of Units - Eligibility Determination or Reassessment		
	# of Clients - Intake (new client) with Acuity assessment		
	# of Units - Housing Costs Paid (# clients x months)		
	# of Clients - Engaged in MCM		
	# of Units - Support Service/skills building activities used by clients		
	# of Clients - Actively working on Individual Housing Plan goals		
	# of Clients - With improved appt keeping/medication taking behaviors		
	# of Clients - With decreased viral load		
	# of Clients - Attaining viral suppression		
	# of Clients - Trained in Health Literacy/Medical Adherence		
	# of Clients - Trained in Housing Literacy		
# of Clients - Linked to Housing outside I-HAP			
	# of Units - Total Combined Units Projected		
Limited-term Utility Assistance	# of Clients to be Served		\$
	# of Units - Eligibility Determination or Reassessment		
	# of Clients - Intake (new client) with Acuity assessment		
	# of Units - Utility Costs Paid (# clients x months)		
	# of Clients - Engaged in MCM		
	# of Clients - With improved appt keeping/medication taking behaviors		
	# of Clients - With decreased viral load		
	# of Clients - Attaining viral suppression		
	# of Clients - Actively working on Individual Housing Plan goals		
	# of Clients - Linked to/maintaining Housing outside I-HAP		
		# of Units - Total Combined Units Projected	
Housing Referral	# of Clients to be Served		\$
	# of Units - Eligibility Determination or Reassessment		
	# of Clients - Perform an intake (new client)		
	# of Units - Perform an assessment for need and acuity		
	# of Units - Individual Housing Plan (SMART-IHP) Completed		
	# of Units - Individual Housing Plan (SMART-IHP) Reassessed w/ client		
	# of Clients - Met SMART IHP goals		
	# of Units - Housing search training and assistance		
	# of Units - Housing placement assistance		
	# of Clients - Establishing/re-establishing residency (without/outside I-HAP)		
	# of Units - Special exceptions, appeals, advocacy for clients		
	# of Units - Linkage to Employment Assistance/Life Skills Training		
	# of Units - Linkage to MCM		
	# of Units - Linkage to OAHS		
	# of Units - Linkage to Other Services		
	# of Units - Financial Training - Budgeting/Debt Mgmt/Credit Repair, etc.		
	# of Units - Training Health Literacy/Medical Adherence		
# of Units - Training in Housing Literacy			
	# of Units - Total Combined Units Projected	0	\$
Total Service Award Amount			\$ -

****Instructions:**

1. Save blank template for use for various future revisions.
2. Complete each service & subservice category funded. **DO NOT DELETE UNUSED ROWS.**
3. Make sure amounts funded for each category and total funded amount matches award.
4. Formulas exist to add 'UNITS' within each sub-service category and service dollar amounts. **DO NOT OVERWRITE FORMULAS.**

Attachment F: NVRC Budget Form and Budget Narrative

Provider Name:		Date:	
Service Area:			
Please provide justification for each service area at the bottom of the budget sheet.			
Overall Service Summary			
	Budget	Admin	Service
Total Budgeted Personnel	\$0	\$0	\$0
Consultants & Experts Subtotal	\$0	\$0	\$0
Occupancy Subtotal	\$0	\$0	\$0
Travel & Transportation Subtotal	\$0	\$0	\$0
Supplies & Minor Equipment Subtotal	\$0	\$0	\$0
Client Costs Subtotal	\$0	\$0	\$0
Communications Subtotal	\$0	\$0	\$0
Other Direct Costs Subtotal	\$0	\$0	\$0
Indirect Costs Subtotal	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0

Personnel Schedule													
Position Title	Site	Option No. 1	FTE	Option No. 2	Hours per Month	Monthly Wage	No. of Mo.	Salary Budget Amount	Benefits Ratio %	Benefits Budget Amount	TOTAL BUDGETED PERSONNEL	Admin Portion	Service Portion
		Annual Salary		Hourly Wage									
								\$0		\$0	\$0		
								\$0		\$0	\$0		
								\$0		\$0	\$0		
								\$0		\$0	\$0		
								\$0		\$0	\$0		
								\$0		\$0	\$0		
								\$0		\$0	\$0		
TOTAL		\$0	0.00%					\$0	0.00%	\$0	\$0	\$0	\$0

Consultant/Contractual								Admin Portion	Service Portion
Item	Unit	Unit Cost	Number	Budget					
								\$0	\$0
								\$0	\$0
								\$0	\$0
TOTAL								\$0	\$0

Occupancy Schedule								Admin Portion	Service Portion
Facility	Site	Unit	Unit Cost	Number	Budget				
								\$0	\$0
								\$0	\$0
								\$0	\$0
								\$0	\$0
TOTAL								\$0	\$0

Travel / Transportation Schedule								Admin Portion	Service Portion
Item	Unit	Unit Cost	Number	Budget					
								\$0	\$0
								\$0	\$0
								\$0	\$0
TOTAL								\$0	\$0

Supplies								Admin Portion	Service Portion
Item	Site	Unit	Unit Cost	Number	Budget				
								\$0	\$0
								\$0	\$0
								\$0	\$0
TOTAL								\$0	\$0

Client Cost Schedule								Admin Portion	Service Portion
Item	Site	Unit	Unit Cost	Number	Budget				
								\$0	\$0
								\$0	\$0
								\$0	\$0
TOTAL								\$0	\$0

ATTACHMENT H: ASSURANCES & CERTIFICATIONS

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant organization. These assurances and certifications reflect requirements for recipients of this federal funding.

A. Applicant Representations

1. The Applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with Northern Virginia Regional Commission (NVRC) on behalf of the organization;
2. The Applicant can maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant is current on payment of all federal and Virginia taxes, including Unemployment Insurance taxes and Workers' Compensation premiums;
5. The Applicant has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by NVRC, the Applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a negligent, fraudulent or dishonest act committed by Applicant or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions;
8. The Applicant either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant can comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this RFP.

11. The Applicant has a satisfactory record of integrity and business ethics;
12. The Applicant either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant is in compliance with the applicable Virginia licensing and tax laws and regulations;
14. The Applicant is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder;
15. The Applicant meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant agrees to indemnify, defend and hold harmless NVRC, and their authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the NVRC on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant shall comply with all applicable Virginia and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
6. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
7. Executive Order 12459 (Debarment, Suspension and Exclusion);
8. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
 - 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
 - 2) Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
 - 3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
9. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
10. Local and Virginia Human Rights ordinances;
11. Title VI of the Civil Rights Act of 1964;
12. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and

C. Mandatory Disclosures

1. The Applicant certifies that the information disclosed in the table that follows is true at the time of submission of the proposal for funding and at the time of award if funded. If the information changes, the successful Applicant shall notify the NVRC within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. Applicant Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends \$750,000 or more in federal funds within the recipient’s last fiscal year, must have an annual audit conducted by a third – party. In the Applicant’s last fiscal year, were you required to conduct a third-party audit?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
B. Covered Entity Disclosure. Principals or key personnel of the Applicant organization or any of its agents who will participate directly, extensively and substantially in the proposal, pre-award negotiation or the administration or management of the funding, or any agent of the above, comply with the Virginia State and Local Governments Conflicts of Interest Act.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
C. Executive Compensation Cap: Effective January 6, 2019 the Executive Level II (EL II) DHHS salary cap is set at \$192,300 annually. The Applicant agrees to abide by this salary limit for employees working on the program.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
D. Does the Applicant organization have a federally-negotiated Indirect Cost Rate Agreement? If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
E. No key personnel or agent of the Applicant organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the NVRC award.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this proposal for funding and if considered for funding by NVRC, to negotiate and accept terms of Agreement on behalf of the Applicant organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with NVRC, if funded; and I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the proposal for funding or at the time of issuance of award, whichever is the latter.

Signature: _____
 Printed Name: _____ Title: _____
 Agency Name: _____ Date: _____

ATTACHMENT I

Assurances Receipt

**RFP for Innovative Housing Assistance Programs (I-HAP)
AFFIX TO "ORIGINAL" Assurance Package**

APPLICANT NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING Assurance Pkg.: _____
(please print name)

Statement of Assurance Receipt

This certifies that two Assurance Packages: one (1) original and one (1) copy were delivered to VDH.

Received by: _____ on _____
(Signature of Receiving Staff) Date/Time

Assurance Receipt

RFP for Innovative Housing Assistance Programs (I-HAP)

APPLICANT NAME: _____

CONTACT TELEPHONE NUMBER: _____

REPRESENTATIVE DELIVERING Assurance Pkg.: _____
(please print name)

Statement of Assurance Receipt

This certifies that two Assurance Packages: one (1) original and one (1) copy were delivered to VDH.

Received by: _____ on _____
(Signature of Receiving Staff) Date/Time

This section is returned to applicant