



HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

FY2017

Contract Period: March 1, 2017 - December 31, 2017

REQUEST FOR PROPOSALS

FOR

HOUSING SERVICES:

Tenant Based Rental Assistance, Short-term Rent, Mortgage and Utility Assistance, Housing Information, Supportive (Case Management), and Facility-Based Housing

RFP OPENING DATE: November 14, 2016

RFP CLOSING DATE: January 13, 2017

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4027
St. Louis, MO 63103
(314) 657-1556**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

**FY2017 HOPWA
REQUEST FOR PROPOSALS**

ATTENDANCE RECOMMENDED
PLEASE RSVP!

DATE: Friday, December 2, 2016

TIME: 1:00 P.M. – 3:30 P.M.

LOCATION: City of St. Louis Department of Health
1520 Market Street Room 4051
Large Conference Room
St. Louis, MO 63103

CONTACT: Mr. Phillip Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street – Room 4078
St. Louis, MO 63103
314-657-1556

Estimated Schedule:

Date/Time	Activity
Monday, November 14, 2016	Request for Proposal Released
Wednesday, November 30, 2016	Deadline for Pre-Bidder's Conference Questions
Friday, December 2, 2016	Recommended Pre-Application Conference
Wednesday, December 14	Deadline for Final Questions
Friday, January 13, 2017 @ 4:00 PM	Due Date for Applications
Thursday, February 16, 2017 @ 2:00 pm	Selection by Professional Services Agreement Committee
Wednesday, January 1, 2017	Contract Start Date
Sunday, December 31, 2017	Project Completion Date

**APPLICATION FOR FUNDING
FOR
HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA)**

The HOPWA Request for Proposal reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with the provision of the following service types as defined by the United States Department of Housing and Urban Development:

- Tenant Based Rental Assistance
- Short Term Rent, Mortgage, and Utility Assistance
- Housing Information
- Supportive Services (Case Management)
- Facility Based Housing Assistance

More information about each service category and anticipated deliverables is provided in Attachment A. Applicants may submit proposals in response to one or any combination of the aforementioned service categories. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

1. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning Monday, November 14, 2016 from Phillip Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://www.stlouis-mo.gov/government/procurement.cfm>, or by contacting Mr. Johnson at (314) 657-1556 or JohnsonP@stlouis-mo.gov.

All questions must be submitted in writing no later than Wednesday, November 30, 2016 to Maggie Hourd-Bryant, Grants Administrator, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email Hourd-BryantM@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

One (1) bound original, five (5) paper copies bound, one (1) copy unbound, and one (1) CD in Microsoft Word or PDF of the proposal must be submitted to the Grants Administration office by 4:00 p.m. Friday, January 13, 2017. **Late or incomplete proposals will not be accepted.** Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Windows XP (Microsoft Word versions 95, 97, and XP and/or Adobe Acrobat pdf). ***NOTE: CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA)

The United States Department of Housing and Urban Development (HUD), Office of Community Planning and Development (CPD) awards formula based HOPWA program funds to the St. Louis TGA to address the housing needs of low-income individuals living with HIV/AIDS and their families.

The St. Louis Transitional Grant Area (TGA)	
Missouri Counties:	St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Lincoln
Illinois Counties:	Clinton, Jersey, Madison, Monroe, St. Clair, Bond, Calhoun and Macoupin

Funds awarded under the HOPWA program via subcontracts established with DOH as a result of this RFP may be invested in the following service categories at their respective funding levels (estimates) and corresponding return on investment:

- **Tenant Based Rental Assistance (TBRA) - \$805,459**
(estimate and subject to change based on the availability of funds and services funded).
Unduplicated Persons to be Served: 168
- **Short Term Rent, Mortgage and Utility Assistance (STRMU) - \$421,515**
(estimate and subject to change based on the availability of funds and services funded).
Unduplicated Persons to be Served: 110
- **Housing Information - \$135,310**
(estimate and subject to change based on the availability of funds and services funded).
Unduplicated Persons to be Served: 900
- **Supportive Services (Case Management) - \$245,323**
(estimate and subject to change based on the availability of funds and services funded).
Unduplicated Persons to be Served: 208
- **Facility Based Housing - \$130,858**
(estimate and subject to change based on the availability of funds and services funded).
Unduplicated Persons to be Served: 40

Respondents may propose to provide one or any combination of the aforementioned services within a single proposal. **Respondents competing to provide TBRA, STRMU, and/or Facility Based services MUST bid on supportive services in the form of Case Management (at minimum .5 FTE position primarily focused on transitioning HOPWA clients to self sufficiency).**

Services funded by HOPWA must also ensure program funds are used as a “payer of last resort.” This means that HOPWA funds cannot be used to provide or support services reimbursable under other local, state, and/or federal programs. Successful applicants will be expected to have a process for ensuring HOPWA funds are used as payer of last resort and that they verify client eligibility based on HIV status, income, demonstrated need for services etc.

Qualifications: Applicants must have experience administering housing programs with federal and state funds and should be familiar with Ryan White Part A and Part B, HOPWA and grantee-approved client-level data management system. Applicants should be able to demonstrate their ability to leverage community-wide housing resources and their knowledge of and participation in HUD's Continuum of Care and additional opportunities for permanent housing. Successful applicants will demonstrate their history of working with underserved/hard-to-reach individuals with HIV/AIDS or other populations.

Providers not funded to provide HOPWA program services in FY2016 or prior must demonstrate their history of, or describe plans for, coordinating services and cooperating with other agencies providing HIV/AIDS-related services. All programs/organizations applying for this funding must be linked with and aware of other housing providers and demonstrate capacity/ability to collaborate/coordinate with other housing programs available within the TGA (i.e., Ryan White Part A and B, Shelter Plus Care, HUD Section 811 Programs, HUD Supportive Housing Program). The program/organization plan must be consistent with recommendations presented in the St. Louis TGA HOPWA Annual Action Plan.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organization's existing programs or services designed to serve people living with HIV.
- C. A summary of the proposed program ability to attain the overarching HOPWA program objective to provide decent, safe, and affordable and budget request.

IV. PROGRAM NARRATIVE (Maximum of 22 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 22 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through F). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material. **Section IV (A. – F.) must be completed for EACH service category responded to. Applicants are allowed to exceed the page limitation by 5 pages per additional service category competing for. Respondents competing to provide TBRA, STRMU, and/or Facility Based services MUST bid on supportive services in the form of Case Management (at minimum .5 FTE position primarily focused on transitioning HOPWA clients to self sufficiency).**

A. Capability of the Applicant (10 Points)

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

B. Target Population (10 Points)

- Describe your organization's experience working with the St. Louis TGA PLWH/A population.
- Describe how your organization will assess housing needs of the PLWH/A population.
- Identify unmet needs and barriers for carrying out this service in the St. Louis TGA. Describe how your organization will address unmet needs and barriers.

C. Service Delivery (30 Points)

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

D. Critical Service Delivery Issues (15 Points)

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

Financing of HIV/AIDS care

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

Cultural and Linguistic Capacity

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

Access to and maintenance in primary care.

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

E. Collaboration and Coordination (15 Points)

See Attachment B for definitions of collaboration and coordination to guide your responses on collaborative efforts.

Description of involvement in systems of HIV care and support within the TGA

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

Description of plans to coordinate with other providers

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

F. Improvement and Evaluation (10 Points)

- Describe the agency's evaluation/improvement efforts; including plans to evaluate, monitor and adjust delivery of program services to ensure quality services provided to PLWH/A.
- Provide the Housing Opportunities for People Living with AIDS outcome indicators to be used and how they will be assessed (Attachment C).
- Describe the staff involved in the evaluation/improvement process.
- Explain how PLWH/A will be included in the evaluation/improvement process.

V. BUDGET AND FINANCIAL DATA (10 points)

A. Budget Narrative and Budget

1. Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 7% of the total direct service charges to the contract. The components of administrative costs must also be explained in the narrative.

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

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

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

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

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

Subcontracts: Sub-contracts are not required as part of the application submission.

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

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

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

B. Financial Information

Provide the following financial documents:

- a. A copy of your program/organization budget for the most recent fiscal year.
- b. A summary of your current 2015/2016 contracts, including the funding sources.
- c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
- d. Listing of governing body members and officers, as applicable.
- e. Most recent audited financial report. Report must be from within the previous three years.

- f. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
- IRS Tax Determination Letter
 - Articles of Incorporation

VI. OTHER REQUIREMENTS

Other Requirements:

- g. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- h. M/W/DBE Participation: It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company. (Attachment D)
- i. Living Wage Requirements: Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment D), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached "Living Wage Acknowledgement and Acceptance Declaration" (Attachment E) with the bid [proposal] will result in rejection of the bid [proposal]. A successful bidder's [proponent's] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations. (Attachment E)

Copies of the Ordinance and Regulations are available upon request from The Department of Health. A copy of the Living Wage Bulletin now in effect is attached.

VII. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the

project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	10 Points
Target Population	10 Points
Service Delivery	30 Points
Critical Service Delivery Issues	15 points
Collaboration and Coordination	15 Points
Improvement & Evaluation	10 Points
Budget and Financial Data	10 Points
Total	100 Points

VIII. RFP TERMS

A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:

- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
- To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
- To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
- To modify specific terms and conditions in this document prior to execution.
- The City reserves the right to renew the contract for an additional one year term for up to two consecutive years.

B. Contents of Proposals: All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS REQUEST FOR PROPOSALS

APPLICATION COVER SHEET

APPLICANT INFORMATION																			
1) LEGAL NAME:																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>																		
3) PAYEE Mailing Address (if different from above):																			
Check if address change <input type="checkbox"/>																			
4) Federal Tax ID No.:																			
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> City</td> <td style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</td> <td style="width: 33%;"><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td></td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning																	
<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____																		
7) COUNTIES SERVED BY PROJECT:																			
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON																		
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Phone: Fax: E-mail:																		
11) FINANCIAL OFFICER																			
Name: Phone: Fax: E-mail:																			
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Title: Phone: Fax: E-mail:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 14) DATE																		

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet _____

III. Project Abstract _____

IV. Program Narrative _____

A. Capability of Applicant

Services/Experience _____

Service Population Demographics _____

Staff Training/Orientation _____

IT Capabilities _____

B. Target Population

Experience with PLWH/A _____

Assessment of Needs _____

Gaps/Barriers _____

C. Service Delivery

Service Description _____

Management/Staffing Plan _____

(Attach organizational chart and resumes of key staff.)

Referral Process _____

D. Critical Service Delivery Issues

Financing HIV/AIDS Care _____

Cultural and Linguistic Competency _____

Access and Maintenance in Care _____

E. Collaboration & Coordination

HIV Care Involvement _____

Coordination _____

*Service Integration/Letters of Support/Memorandums of Understanding/Contracts/
Letters of Intent [May be included as attachment(s)]*

F. Quality Improvement and Evaluation

Evaluation Plan _____

Attachment C _____

V. Budget and Financial Data

Budget Narrative and Budget

- 1. Budget and Narrative _____

- 2. **Financial Information (Attachments)**
 - a. Organization’s Budget _____
 - b. Contracts-Sources (2015/2016) _____
 - c. Outside Funding _____
 - d. Listing of Board Members _____
 - e. Current financial report _____
 - f. If applicable, 501(c) 3 _____

VI. Other Requirements

- a. Current business license _____
- b. Statement of M/W/DBE Participation _____
- c. Living Wage Declaration Form _____

PROPOSAL ATTACHMENTS

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this grant if awarded)
- **Letters of Support/Memorandums of Understanding/Contracts/Letters of Intent**
- **Financial Information (as stated in Section V.)**
- **Other Requirements Documentation (as stated in Section VI.)**

Attachment A: Anticipated Deliverables by Service Category

NOTE: Quantitative goals are based on full award and subject to change relative to the amount of funds appropriated considering that multiple organizations are selected to provide any given service category.

Facility-Based (Residential/Transitional Housing): Funds allocated to the Facility Based service category are limited to the operation of the selected facilities. This includes maintenance (as defined in OMB Circular A-122 and with written approval from Grants Administration as well as appropriate supporting documentation with invoice), security, operation, insurance, utilities, furnishings, equipment, supplies, and other approved incidental costs. Property and equipment purchased under this contract are subject to the approval of Grants Administration and must be purchased in accordance with 24 CFR 84. Contractor's objective is to serve **40** households with Facility-Based funds.

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

Tenant-Based Rental Assistance (TBRA): On-going rent subsidies, but not to the extent that such is perceived as permanent assistance, to income-qualifying PLWA throughout the TGA. Contractor's objective is to serve **168** households with TBRA funds.

- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>
- The rental amount standard shall be no more than the published fair market rent (FMR), Section 8 Housing Choice Voucher Payment Standard or the HUD-approved community-wide exception rent for the unit size; additionally, on a unit by unit basis, the grantee may increase that amount by up to 10% for up to 20% of the total units assisted.
- The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.
- Based on HOPWA regulations 574.310(d) households must pay as rent, the higher of 10% of their gross income or 30% of their monthly-adjusted income per HOPWA income guidelines and eligibility standards.

Short Term Rent, Mortgage and Utility Assistance: Emergency assistance to households residing in rental or mortgaged units, with written documentation verifying their tenancy, and who do not receive another type of rental subsidy. Contractor's objective is to serve **110** households with STRMU funds.

- STRMU is short-term, emergency homelessness prevention, "needs-based: funding intended to assist persons with HIV/AIDS who cannot meet their monthly housing expenses due to unexpected situations related to their HIV/AIDS.
- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>.

- Specific forms of assistance to be allowed under this category are rent, mortgage and utility payments only.
- Assessment of housing and utility needs and financial circumstances must be conducted with each request.
- STRMU payments may not more than 21 weeks in any 52 week period.
- Assistance must be connected to individual housing and case management plans to identify solutions to stable housing and improve access to care, benefits and income.
- Housing plans should be regularly updated to address the on-going needs of the household.
- Supportive services should be provided or connected through referrals by project sponsors to help achieve housing goals.

Supportive Services: HUD/DOH expects that program participants will need varying levels of supportive services in order to attain and maintain self sufficiency and receive appropriate levels of care. Contractor is required to ensure program participants have access to adequate supportive services, including case management services, as supplied by well qualified service providers/program staff on a continual basis. Case Management services include client assessment, eligibility determination, and referral to housing an HIV-related services/programs meeting clients' assessed needs. The Case Manager shall adhere to HIV case management meetings, WAIVER/SPPC Team meetings upon request, and submit monthly activity reports to the HOPWA Grantee by the 10th of the month for the previous month. This information is currently reported in the Grantee approved client level database and/or Provide. If the data system is not available or not functioning, a written report will be required. Contractor's objective is to serve **208** households with Case Management funds.

- Case management services include, but are not limited to, health, mental health, drug and alcohol abuse treatment and counseling, psycho-social case management, gaining access to state and federal government benefits and services, referral services to assist an eligible person to locate, acquire, finance and maintain housing.
- Clients' gross household income must be below 80% area median income guidelines (AMI) as published and updated each year by HUD at: <http://www.huduser.org/DATASETS/il.html>.
- Contractor should have adequate documentation of supportive service activities to back up reporting and demonstrate the eligibility of clients.
- Records (including participant files) demonstrate which services were provided to whom
- Shows that eligible services were provided to eligible participants, per grant agreement
- Backs up data reported to grantee and to HUD
- Services provided are consistent with participant needs assessments and housing plans

Project Sponsor Must:

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

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

Housing Information: Funds appropriated to this line item are available to provide housing coordination services, information, and referral to assist program participants in the achievement of housing goals related to locating, acquiring, financing and maintaining housing. Housing Information/Coordination services relate directly to the attainment of stable housing for program participants and include, but are not limited to, health, mental health, drug and alcohol abuse treatment and counseling, psycho-social case management, gaining access to state and federal government benefits and services, referral services to assist an eligible person to locate, acquire, finance and maintain housing meeting clients' assessed needs. Housing Coordinators shall adhere to HIV case management meetings, all WAIVER/SPPC Team meetings, and submit monthly activity reports to the HOPWA Grantee by the 10th of the month for the previous month. This information is currently reported in the Grantee approved client level database and/or Provide. If the data system is not available or not functioning, a written report will be required. Contractor's objective is to serve **900** households with Housing Information funds. Activities may include housing counseling, housing advocacy, housing search assistance, etc. Housing Information Services are available to any HIV+ person, regardless of income.

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

Project Sponsor Must:

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

Attachment B: Collaboration Continuum

The various levels for working together:

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

Collaboration Continuum



Reference: Himmelman, A.T. (1992). *Communities Working Collaboratively for a Change*.

Attachment C: Implementation Plan

Please complete the following table for each service category you are competing for. You will need to make duplicate tables and enter the specific service category title (e.g. Facility Based). The outcomes are established by HUD and will not change from service category to service category. State the program related objectives and activities supportive of achieving each outcome (1-3) and state the program goal and how performance will be measured.

NOTE: The selected provider will work with Grants Administration and Planning Council to finalize program outcomes and objectives in accordance with the Missouri Statewide Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2017-2021

(<http://stlplanningcouncil.com/files/Missouri-Statewide-Integrated-HIV-Prevention-and-Care-Plan-2017-2021-FINAL.pdf>)

Service Category: Facility Based Housing			
Outcome 1: Maintain stable housing arrangements			
Objective(s)	Activity	Goal	Measure
Outcome 2: Reduce the risk of chronic homelessness			
Objective(s)	Activity	Goal	Measure
Outcome 3: Improve access to care			
Objective(s)	Activity	Goal	Measure
Provide in full detail the tasks and activities used to accomplish the above goals and objectives:			

Attachment D: Minority Business Enterprise and Women Business Enterprise

MINORITY BUSINESS ENTERPRISE AND WOMEN BUSINESS ENTERPRISE (MBE/WBE) PARTICIPATION

It is the policy of the City of St. Louis to ensure maximum utilization of minority and women's business enterprises in contracting and the provision of goods and services to the City, its Departments, agencies and authorized representative and to all entities receiving City funds or city-administered government funds while at the same time maintaining the quality of goods and services provided to the City and its sub-recipients through the competitive bidding process. The provision of this Policy shall apply to all contracts awarded by the City, its Departments and agencies and to all recipients of City funds or City-administered government funds and shall be liberally construed for the accomplishments of its policies and purposes.

1. **Definitions:** As used in this requirement, "Minority Business Enterprise" or "MBE" and "Women Business Enterprise" or "WBE" are defined as follows:
 - a. "Minority Business Enterprise" or "MBE" means a small business concern as defined in Small Business Act, 15 U.S. C., as amended that is 51 percent owned by a minority or, in the case of a corporation, at least 51 percent of the stock of which is owned by one or more individuals who are minorities; and whose management and daily business operation are conducted by one or more individuals who are Asian American, African American, Hispanic American or Native American and located in the St. Louis Metropolitan Area.
 - b. "Women Business Enterprise" or "WBE" means a small business concern as defined in the Small Business Act, 15 U.S.C., as amended that is 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more individuals that are women.
2. **Goal:** A goal of 25% MBE and 5% WBE utilization has been established in connection with this contract. This goal is based on the original contract amount and remains in effect throughout the term of this Agreement. If an award of this contract is made and the MBE/WBE participation is less than the contract goal, the Contractor shall continue good faith efforts throughout the term of this contract to increase MBE/WBE participation and to meet the contract goals.
3. **Obligation:** The Contractor agrees to take all reasonable steps necessary to ensure that MBEs/WBEs have a maximum opportunity to participate in contracts and subcontracts financed by or through the DOH provided under this Agreement. The Contractor shall not discriminate on the basis of race, color, national origin, or sex in the award or in the performance of contracts financed by or through the DOH.
4. **Eligibility:** Contractor should contact the City of St. Louis DBE Program Office to obtain a list of eligible MBEs/WBEs and to determine the eligibility of the MBE/WBE firms it intends to utilize in this contract.
5. **Counting MBE/WBE Participation Toward Goals:** MBE/WBE participation toward the attainment of the goal will be credited on the basis of the total subcontract prices agreed to between the contractors and subcontractors for the contract items being sublet as reflected on the MBE/WBE Utilization Plan.

6. Post Award Compliance: If the contract is awarded on less than full MBE/WBE goal participation, such award will not relieve the Contractor of the responsibility to continue good faith efforts to maximize participation of MBE's/WBE's during the term of the contract.
7. Substitution of MBE/WBE Firms After Award: The Contractor shall conform to the scheduled amount of MBE/WBE participation. When a listed MBE/WBE is unwilling or unable to perform the items of work or supply the goods or services specified in the MBE/WBE Utilization Plan, the Contractor shall immediately notify the City of St. Louis DBE office prior to replacement of the firm.
8. Good Faith Efforts: When the MBE/WBE goal cannot be met, the Contractor shall document and submit justification utilizing the form titled "Contractor's Good Faith Efforts Report" and provide a statement as to why the goal could not be met.
9. Award Procedure and Documentation: The Contractor is required to submit with its bid the following information to demonstrate the Contractor's intended participation by MBEs/WBEs or to demonstrate that good faith efforts have been made to attain the MBE/WBE goal. The information to be furnished shall consist of:
 - a. The names and addresses of the MBE/WBE firms to be used on the contract.
 - b. A list of bid items of work to be performed or goods and services provided by the MBE/WBE or "The Contractor's Good Faith Efforts" Report and a statement as to why the goal could not be met.
10. Record Keeping Requirements: The Contractor shall keep such records (copies of subcontracts, paid invoices, documentation of correspondence) as are necessary for the DOH to determine compliance with the MBE/WBE contract obligations. The DOH reserves the right to investigate, monitor and/or review actions, statements and documents submitted by any contractor, subcontractor, or MBE/WBE.
11. Reporting Requirements: The Contractor shall submit quarterly reports on MBE/WBE involvement to the DOH. Actual payments to MBEs/WBEs will be verified. These reports will be required until all DBE subcontracting activity is complete or the MBE/WBE goal has been achieved.
12. Applicability of Provisions to MBE/WBE Contractors: These provisions are applicable to all contractors including MBE/WBE contractors. A bid submitted by a MBE/WBE contractor shall be presumed to have met the prescribed goal. If the MBE/WBE contractor intends to sublet any portion of the contract, the MBE/WBE contractor shall comply with provisions regarding contractor and subcontractor relationships.

Attachment E: Living Wage Ordinance, Bulletin and Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE COMPLIANCE PROVISIONS: This contract [agreement] is subject to the St. Louis Living Wage Ordinance 65597 and the Regulations associated therewith, copies of which are attached hereto and incorporated herein by this reference. The Ordinance and Regulations require the following compliance measures, and Contractor hereby agrees to comply with these measures:

1. **Minimum Compensation:** Contractor hereby agrees to pay an initial hourly wage to each employee performing services related to this contract [agreement] in an amount no less than the amount stated on the attached Living Wage Bulletin. The initial rate shall be adjusted each year no later than April 1, and Contractor hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued.
2. **Notification:** Contractor shall provide the Living Wage Bulletin to all employees, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees within thirty (30) days of contract execution for existing employees and within thirty (30) days of employment for new employees.
3. **Posting:** Contractor shall post the Living Wage Bulletin, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees, in a prominent place in a communal area of each worksite covered by the Contract.
4. **Subcontractors—Service Contracts:** Contractor hereby agrees to require Subcontractors, as defined in the Regulations, to comply with the requirements of the Living Wage Regulations, and hereby agrees to be responsible for the compliance of such Subcontractors. Contractor shall include these Living Wage Compliance Provisions in any contract with such Subcontractors.]
5. **Term of Compliance—Service Contracts:** Contractor hereby agrees to comply with these Living Wage Compliance Provisions and with the Regulations for as long as work related to this contract is being performed by Contractor’s employees, and to submit the reports required by the Regulations for each calendar year or portion thereof during which such work is performed.]
6. **Reporting:** Contractor shall provide the Annual Reports and attachments required by the Ordinance and Regulations.
7. **Penalties:** Contractor acknowledges and agrees that failure to comply with any provision of the Ordinance and/or Regulations and/or providing false information may result in the imposition of penalties specified in the Ordinance and/or Regulations, which penalties, as provided in the Ordinance and Regulations, may include, without limitation, per order of the City Compliance Official, the following:
 - Suspension and/or termination of the contract, subcontract, lease, concession agreement or financial assistance agreement by the City.
 - Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis.
 - Barring the Contractor or CFAR from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full.
 - Liquidated damages payable to the City of St. Louis in the amount of \$500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.

LIVING WAGE ADJUSTMENT BULLETIN

ST. LOUIS LIVING WAGE ORDINANCE

NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2016

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.60** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are not provided to the employee, the living wage rate is **\$16.87** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Fringe benefit rate defined under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$4.27** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and are effective as of **April 1, 2016**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health & Human Services, or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <https://www.stlouis-mo.gov/government/city-laws/ordinances/ordinance.cfm?%20ord=65597> or obtained from:

City of St. Louis Living Wage Program Office
St. Louis, Missouri
(314) 426-8106

Dated: February 5, 2016

Living Wage Ordinance Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____