

# **HHPWS**

Housing, Homelessness Prevention and Workforce Development

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## **HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

US Department of Housing and Urban Development Grant Program

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### **HOPWA SERVICE PROVIDERS REQUEST FOR PROPOSALS (RFP)**

**FY 2024-2025**

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**RIVERSIDE COUNTY, CA**

**March 4, 2023**

**HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE**

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**Riverside, California 92504**

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## Housing, Homelessness Prevention and Workforce Development

### I. BACKGROUND

Riverside and San Bernardino counties became eligible for United States Department of Housing and Urban Development's (HUD), Housing Opportunities for Persons with AIDS (HOPWA) funds in 1993. The City of Riverside was named Grantee by HUD because it had the largest population of any city within the two county Eligible Metropolitan Areas (EMA). The Housing Authority of the County of Riverside (HACR) agreed to serve as Project Sponsor for the County of Riverside and is therefore responsible for procuring services and disbursing HOPWA funds consistent with the City of Riverside's plan as approved by HUD.

The Regulations governing HOPWA funds are found in Chapter 24 of the Code of Federal Regulations, (CFR) Part 574. Please refer to Section 574.300 which identifies the eligible activities utilizing these funds. It states, in part,

*The following activities may be carried out with HOPWA funds:*

- 1) Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;*
- 2) Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);*
- 3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;*
- 4) New construction (for single room occupancy (SRO) dwellings and community residences only).*
- 5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;*
- 6) Short-term rental, mortgage, and utility payments to prevent the homelessness of the tenant or mortgage of a dwelling;*
- 7) Supportive services*
- 8) Operating costs for housing*
- 9) Technical assistance.*
- 10) Permanent housing placement; security deposit assistance and possible first month's rental assistance*
- 11) Short-term facility-based housing*

Contracts awarded will be on cost reimbursement basis for a one-year period beginning **July 1, 2024** through **June 30, 2025** contingent on the availability of funds and Contractor performance.

An amount not to exceed **\$2,353,210.97**\*\* has been allocated for these services for the period indicated. The number of contracts to be awarded will be based on the number of top-rated responsive and responsible proposals received.

While considering the need to continue funding projects for 2024-2025, the HOPWA Review Panel will review the information that was noted during the 2024-2025 HOPWA Agreement between the Housing Authority of the County of Riverside and the City of Riverside.

*\*\*Actual contract awards are contingent upon funds available from HUD for fiscal year 2024-2025*

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### **II. AVAILABLE FUNDING AND PROJECT PERIODS**

Funds to provide one or more of the nine (9) service priorities listed above are available as follows:

<b><u>YEAR</u></b>	<b><u>AMOUNT</u></b>	<b><u>PROJECT PERIOD</u></b>
<b>FY 2024-2025</b>	<b><u>\$2,353,210.97**</u></b>	<b>July 01, 2024 to June 30, 2025</b>

*\*\*Actual contract awards are contingent upon funds available from HUD for fiscal year 2024-2025*

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### **III. SERVICE CATEGORIES**

The following categories of services are eligible for funding. The populations of concern for all categories of service, except for category 2, are persons living with Acquired Immunodeficiency Syndrome (AIDS) or related diseases, who are low income, and their families. Special populations of concern are identified where applicable.

#### **1. SHORT-TERM RENT, MORTGAGE, UTILITY ASSISTANCE**

**Definition:** Provides rent, mortgage and utility payments to enable individuals to remain in their own dwellings.

**Unit of Service:** One unit of service consists of a week of tenant-based assistance or one week of rent, mortgage, and/or utility assistance.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually). Refer to the Appendix for Client Eligibility financial assistance criteria.**

#### **2. SHORT-TERM FACILITY-BASED HOUSING**

**Definition:** Short-term supported housing includes facilities to provide temporary shelter to eligible individuals. A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals; A short-term supported housing facility assisted under this part must, to the maximum extent practicable, provide each individual living in such housing the opportunity for placement in permanent housing or in a living environment appropriate to his or her health and social needs.

**Unit of Service:** Facilitation of hotel/motel vouchers shall be reported in terms of days of service. A short-term supported housing facility may not provide residence to any individual for more than 60 days during any six month period.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually). Refer to the Appendix for Client Eligibility financial assistance criteria.**

#### **3. PERMANENT HOUSING PLACEMENT**

**Definition:** Provision of services included, but not limited to:

Security deposit assistance, application and credit check fees, one-time utility connection fees, first & last month's rent

**Unit of Service:** One unit of service consists of one documented payment where the consumer received one of the services listed above.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 and 24 CFR 574.310 (b) (2) (updated annually).**

#### **4. SUPPORTIVE SERVICES**

**Definition:** Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling,

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day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals

**Unit of Service:** One unit of service consists of a service provider appointment, appropriately documented, where the consumer received one of the services listed above.

### **5. TENANT-BASED HOUSING ASSISTANCE**

**Definition:** An eligible tenant pays a portion of his/her income toward his/her rent, including utilities, and a local Housing Authority pays the balance to the landlord.

**Unit of Service:** One unit of service consists of a month of tenant-based assistance.

**The service provider must comply with other terms and limitations described in 24 CFR 574.330 (updated annually).**

### **6. HOUSING ACQUISITION, REHABILITATION, CONVERSION, LEASE AND REPAIR OF FACILITIES TO PROVIDE HOUSING AND SERVICES**

**Definition:** All housing purchased with HOPWA funds must meet HUD specifications listed in 24 CFR 574. Applicants may request funds to fully fund or partially fund a given project. Should partial funding be requested, applicants must demonstrate the capacity to continue to fund the project.

### **7. PROJECT-BASED RENTAL ASSISTANCE**

**Definition:** A PHA enters into an assistance contract with the owner for specified units and for a specified term. The PHA refers families from its waiting list to the project owner to fill vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance.

**Unit of Service:** One unit of service consists of a month of project-based assistance.

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### **IV. ELIGIBLE APPLICANTS**

The populations of concern for all categories of service is a person with acquired immunodeficiency syndrome or related diseases who are a low-income individuals, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services, as described in § 574.300(b)(1). Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases, as provided in § 574.300(b)(9).

Pursuant to HOPWA regulations, entities eligible for direct financial assistance through this RFP are public agencies, private nonprofit entities, including community-based organizations, hospices, and homeless health centers. Private for-profit entities are also eligible to receive funding if such entities are the only available provider of quality housing or support services in the area.

Each applicant must have the capacity to enter into a contract with the Housing Authority of the County of Riverside and shall be appropriately licensed by the State of California (if required based on the services that the applicant proposes to provide). The applicant shall be able to demonstrate the capability to perform all elements of the proposed work, including both direct services and administrative ability.}



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### **V. TIMETABLE**

The following timetable will be used for the fiscal year 2024-2025 funding process. Please keep in mind the timetable below may need to be adjusted contingent upon funds available from HUD.

Release of RFP	MARCH 4, 2024
Applications Due Date	<b>MARCH 22, 2024 at 5:00 p.m.</b>
Review/Grading Process	APRIL 20, 2024
Award Announcements	JUNE 1, 2024
Contract Effective Date	JULY 1, 2024

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### VI. EVALUATION PROCESS

Applications are reviewed and scored based upon evaluation criteria. A panel of reviewers will review all complete applications submitted. Scores assigned by reviewers will significantly affect the level of an applicant's grant award. Based upon federal requirements, persons with an apparent or actual conflict of interest are prohibited from participation as panel reviewers. This prohibits employees or agents of agencies or programs from reviewing applications in any service category for which the agency has submitted an application for funding.

To be considered, all proposals must be submitted in the manner set forth in this proposal. **It is the Proposer's responsibility to ensure that its proposal arrives on or before the specified time.** No late applications will be considered. **Complete and timely** applications will be reviewed by the service review panel and scored based on the degree to which each proposal meets the following criteria:

#### Agency Description and Capability

General Agency Description .....	5 points
Administrative Capability .....	5 points
Collaboration and Linkages.....	5 points
Past Performance.....	5 points
Summary of Agency Funding Sources.....	4 points
Quality Assurance .....	<u>1 point</u>
	25 points

#### Description of Local Needs

Population in Need .....	5 points
Service Needs .....	15 points
Needs Assessment Activities.....	10 points
Barriers/Access Problems.....	<u>5 points</u>
	35 points

#### Categorical Services to be provided

Description of Proposed Services.....	10 points
Addressing Needs of Target Population.....	5 points
Geographic Service Area and Data Collection.....	5 points
Experience and Qualifications.....	15 points
Scope of Work.....	5 points
Monitoring and Evaluation.....	5 points
Budget .....	<u>5 points</u>
	50 points

**Total** **110 points**

The amount of the HOPWA award will be determined by the Project Sponsor through a **committee of funding reviewers**. No employee of an agency or program submitting an application for funding

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will participate on the funding review group.

The amount of the HOPWA award will depend upon the applicant's average numerical score on its application as determined by the objective review panel. **Additionally, HACR may exercise discretion in approving the final amounts awarded to agencies, based upon additional factors, including the agency's fiscal performance and compliance with previous contract awards. Note, that this year additional points will be awarded for agencies providing field based HOPWA Case Management Services/Supportive Services.** The HACR reserves the right to make adjustments to agency awards based upon any grievance adjudication.

The award of a contract and full implementation of services will be solely at the discretion of the HACR. It will be contingent upon a successful applicant meeting all requirements expressly or implicitly specified in this RFP.

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## **VII. APPLICATION REQUIREMENTS**

### **A. Application Deadline and Instructions for Submission**

The deadline for submitting the FY 2024-2025 HOPWA application is **FRIDAY, MARCH 22ND, 2024. Applications must be received by the HACR by 5:00 p.m.** Applicants must provide **one complete signed original and one additional signed copy emailed** of their grant application. Failure to submit all required copies will result in a disqualification of the application for review and award purposes. Facsimile or electronically transmitted proposals will not be accepted since they do not contain original signatures. Postmarks will not be accepted in lieu of actual receipt. Late proposals will not be considered.

#### **Send or deliver applications to:**

HOPWA Program  
Housing Authority of the County of Riverside  
5555 Arlington Avenue  
Riverside, CA 92504  
Attn: Elizabeth Gehrig OR Gina Marasco

**Note the contents on the outside of the envelope as “HOPWA Grant Application” please also list your agent’s name.**

### **B. General Information and Organization of the Application**

When preparing your application, please adhere to the following:

1. All copies of the application must be unbound.
2. The font and point size (at least 12 per inch) of the print must be readable.
3. The application must contain a Table of Contents.
4. The application must contain the Application Checklist (Form C).
5. The application must utilize the headings and sub-headings specified in this RFP.
6. Application sections must be completed in the order requested in this RFP.
7. The pages of the application must be numbered consecutively.

The requirements in Part VII are **mandatory** for every agency application. Failure to submit all required information will result in a disqualification of the application for review and award purposes. Utilize the enclosed checklist (Form C) to assist in submitting a complete application.

The HOPWA application is modular in nature. Applicant agencies must submit two complete applications, one original and one copy emailed. The application consists of four general sections: Agency Information and Certifications (Section 1), Narrative Agency Description and Capability (Section 2), Description of Local Need (Section 3), and Program Service Narrative and Budget (Section 4). Sections 1 and 2 are submitted once only. **Separate Sections 3 and 4 must be submitted for each unique service category. Section 4 must respond to the issues described in Section 3.**

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### C. Application Sections

#### Section 1: Agency Information, Agreement, and Certification

Complete Form A: Agency Information.

#### Section 2: Agency Description and Capability:

Please **limit this section to two (2) pages total**, excluding Table 1 (Summary of Agency Funding Sources).

a. General Agency Description:

5 Points

The purpose of this section is to briefly describe your agency or program's organization's mission and/or vision and aggregate staffing and volunteers.

Briefly describe the *current* services being delivered to persons and families living with HIV and AIDS through your agency.

Briefly describe the *history* of providing HIV-related services through your agency. Please specify the types of services provided and the general geographic area(s) served.

b. Administrative Capability

5 Points

The HACR requires that agencies/contractors receiving HOPWA funding provide routine fiscal, programmatic, and client-related data. These requirements are described in Appendix A. The requirements include invoicing timely as well as the requirements to submit with the invoice a participant profile for each individual served. Provide a description of how the agency currently meets or plans to meet these requirements. Address the following sections separately: Administrative Reporting Requirements and Client Eligibility.

c. Collaboration and Linkages :

5 Points

The provision of housing and support services occurs within a community planning context that encompasses other sources of HIV care funding, consumer, service providers, and private and public agencies. Describe how your agency or program collaborates with local, state, or federal planning bodies, consumer groups, and other service providers (Don't just submit a list of "Collaborating Agencies.") This description **must** include linkages within the County of Riverside and services available to Riverside County residents.

d. Past Performance:

5 Points

Describe your agency or program's experience in providing HOPWA related services or

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other similar services in the past. Please make sure to include the amount of time your agency or program provided these services and a summary of the scope of services provided.

Include a description of the efforts made to achieve health equity in service provision.

Include a description of efforts made to reduce structural barriers within your agency to improve client access to services.

e. Summary of Agency Funding Sources

4 Points

Use Table 1, Summary of Agency Funding Sources, to identify all sources of funds (federal and non-federal) used by your agency in support of any HIV/AIDS services delivered by the organization. Indicate whether provision of the service proposed under this RFP is contingent upon receipt of other proposed funding sources. If provision of the service proposed under this RFP service is contingent upon receipt of other proposed funding sources, describe those sources and the process used to receive those funds. Explain how the proposed services, as described in this application, will change if the other funding does not become available.

f. Quality Assurance

1 Point

Assuring the quality of care provided to eligible clients under HOPWA is a priority of the federal funding agency and the Grantee. Provide a description of the general quality of care and other quality assurance activities that are a routine part of your agency's service delivery system.

### **Section 3: Description of Local Need:**

#### **PLEASE ONLY SUBMIT ONE SECTION 3**

The purpose of this section is to describe the current local need for the specific HIV-related services in your agency or program's service area for which you are seeking funds. **Please limit this section to two (2) pages total.**

a. Population in Need:

5 Points

Briefly describe the population in need of the proposed HIV-related services in service area. This includes age, gender, race/ethnicity, HIV risk factor data or estimates, and any other relevant information.

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b. Service Needs:

15 Points

Why does the population need the services you are proposing to provide? Briefly describe the types of services needed in Riverside County by persons and families living with HIV. Include relevant data that backs up these assertions. A proposed service may not be funded if the need for the service cannot be communicated effectively.

c. Barriers/Access Problems

5 Points

Does another agency provide the proposed services? If another agency already provides this service, why is it insufficient? Briefly describe any general barriers (language, hours of operation, transportation, agency location, etc) to receipt of services or any special access problems for your agency's area(s).

### **Section 4: Categorical Services To Be Provided:**

#### **PLEASE ONLY SUBMIT ONE SECTION 4**

**Please limit Section 4 to three (3) pages**, excluding Table 2 (Scope of Work) and Budget Detail Information (Line Item Budget and Narrative Justification format). **Please limit Budget Justification and Narrative to 1 page.**

Label Section 4 in the center of the page as follows:

Applicant Agency:

County:

Service Category 1:

Service Category 2:

Service Category 3:

(More "Service Category" lines may be added as needed)

a. Description of Proposed Services

10 Points

Using the categories of service described in Part III; provide a list of the services your agency proposes to deliver. Briefly describe how the proposed services respond to the identified needs as described in Section 3, above.

If client eligibility for the service your agency proposes to deliver is different from the standard in Appendix A, describe your agency's criteria and the reason for variance from the standard.

**Services provided using vouchers.** Agencies proposing to provide vouchers for services (e.g., hotels/motels) must describe how vouchers will be provided and used, any specific prohibitions on use of the vouchers (e.g., no cash trade-in), and the means by which the agency plans to ensure appropriate use and control of the vouchers.

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Voucher programs must be administered in a manner which assures that vouchers cannot be readily converted to cash.

**Examples of administrative controls:** Provider agencies may have recipients sign an agreement stating that they will use vouchers only for approved items, or providers may preprint vouchers with required control language.

- b. Geographic Service Area and Data Collection: 5 Points

Describe the geographic area to be covered by the proposed service. Relate this to the service needs identified in Section 3, above. Briefly state any access barriers that may be encountered and plans to address those barriers. Please list all Riverside County office locations.

It is a requirement by the funding agency that client specific data (i.e., age, gender, race/ethnicity, annual income, number living in home) be collected and entered into the **Homeless Management Information System (HMIS)**. Describe how sociodemographic data on clients served will be collected and reported to the Project Sponsor to assure EMA compliance with the federal service delivery requirement. Please include the timeframe from data collection to data entry.

- c. Experience and Qualifications 15 Points

If a new service category for the agency is being proposed, or if the agency has not previously received HOPWA funding support for this service, describe what activities the agency will undertake to develop and implement service capacity. This may include the acquisition of staff, facility, etc.

If the agency has provided HOPWA funded service in this category, describe the agency's history of service delivery including length of time, number of clients, locations, success, or proposed programmatic changes to increase success and decrease barriers, etc. Previous contract performance will be reviewed in awarding points under this category for current and past Riverside County HOPWA providers.

Briefly describe any participation in local or state planning activities related to the service.

- d. Scope of Work 5 Points

The scope of work defines service objectives, implementation activities, and progress reporting for the service category.

Complete Table 2, Scope of Work.

Please complete a scope of work for each service category for which the agency is applying.



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The Objectives column of Table 2 is to include the number of units of service to be delivered. Unit of service definitions are included with each service category in Part III. It must also include the number of unique clients to be served and a description of the clients to be served (to correspond with section 3 of submittal). Please also include the type of service to be delivered (see Part III of RFP) and the date by which these services are anticipated to be delivered. Using *only* these definitions, specify service delivery objectives for Table 2 as follows:

By June 30, 2025, provide \_\_\_\_\_ units of \_\_\_\_\_ to \_\_\_\_\_ unique clients.

*Example:* By June 30, 2025, a minimum of 400 units of housing assistance will be provided to 80 Riverside County residents living with HIV (In this example, the applicant must define a “unit of housing assistance”).

This format will be used in final agency contracts for HOPWA funded services.

e. Monitoring and Evaluation of Services 5 Points

Describe planned activities to monitor the provision of services, including reporting of service units, and unduplicated client data. Describe the methods planned for identifying and correcting problems and/or improving service delivery. Describe your agency’s current or planned use of required client surveys to address quality of care for the proposed service category.

f. Line Item Service Budget and Narrative Budget Justification: 5 Points

Line Item Budget:

Please complete ONE line item budget for all monies requested.

Using Table 3 as a standard format, provide a line item budget with narrative justification for the funds requested to support the proposed service delivery. Each budget must use the following object class categories, consistent with current federal requirements. All charges to the contract must be in accordance with applicable Federal Office of Management and Budget cost principles (Appendix D, Funding Restrictions).

Narrative Budget Justification:

Provide a written description of and justification for all budget lines as follows:

1. Eligible HOPWA Services: This category should include client related services as described in detail on page 1. Narrative information required for each category of service is provided in Table 3, below.
2. Personnel: List all personnel whose salaries are to be paid in whole or in part with HOPWA funds. Use the format provided in Table 3, below. The personnel listed should be crucial to the daily operation of the HOPWA-funded service. For each

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position, provide the job title, a brief description of the duties and responsibilities as they relate to the HOPWA funded work (job descriptions or the qualifications for the position are not acceptable); annual salary, percentage of time to be devoted to and paid for by this grant; the amount to be charged to the grant; (if the position is vacant, so indicate and provide an estimated date when the position will be filled). HACR will reimburse for staffing costs based on actual time incurred in providing HOPWA services. All staff time is to be billed directly to the service provided by that staff member. Describe how this data is to be collected.

3. Fringe Benefits: Provide the aggregate amount of fringe benefits. It is not necessary to provide the calculations for arriving at the specific amount.
4. Other needed supplies for direct program delivery: Provide a general description of the types of items classified as supplies, which are needed to operate the HOPWA program. Computer software should be included in this category. Supplies must be related to the provision of STRMU, Supportive Services, Permanent Housing Placement, etc.

Please note that the only costs eligible for reimbursement are direct services provided. No Indirect costs will be reimbursed.

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### **VIII. GRIEVANCE PROCEDURES**

Providers eligible to receive HOPWA funding that submit an application for funding have the right to file a grievance against the Project Sponsor. The Grievant must submit a written protest to the Project Sponsor within five (5) days of receipt of a letter indicating the funding status of the proposal. Such protests shall clearly state the ground for the protest and the relief sought. The grievance shall be decided by a Housing Authority Representative who shall furnish the decision to the Grievant in writing. The decision of the Housing Authority Representative shall be final and conclusive unless determined by the court of competent jurisdiction to have been fraudulent or capricious, or arbitrary, or so grossly erroneous as necessarily to imply bad faith.

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## **APPENDIX**

- A. Administrative Reporting Requirements**
- B. Client Eligibility**
- C. Standard Contract Provisions**
- D. Funding Restrictions**
- E. Policies and Procedures**

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### **A. Administrative Reporting Requirements**

#### 1. Invoicing

Contractors are required to submit a monthly invoice. The format for invoicing shall follow that of the budget(s) contained within the agency's proposal and final contract. All invoices must be based on *reimbursement for actual costs incurred during the period of reporting*. Invoices are to be submitted no later than **15 days after the close of the period** for which the report is being submitted. Failure to report expenditures in a timely manner jeopardizes grantee compliance with federal requirements related to EMA financial reporting. Agencies must include these requirements in all subcontracts.

#### 2. Participant Profile

**Each invoice shall be accompanied by a participant profile.** Failure to provide data describing those receiving assistance through HOPWA in a timely manner jeopardizes grantee compliance with federal requirements related to EMA performance reporting. Agencies must include these requirements in all subcontracts.

### **B. Client Eligibility**

People living with HIV/AIDS and their families who are within 80% of the Area Median Income.

Contractors must document and maintain records verifying the eligibility of clients receiving HOPWA funded services.

### **C. Standard Contract Provisions**

The following selected contract provisions are applicable to contracts that will be developed with successful applicant agencies. Agencies should review this information in preparation for a possible contract.

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### 1. Indemnification and Insurance:

Contractor shall comply with all applicable laws, rules and regulations. Contractor shall indemnify, save and hold harmless the HACR, its members and their respective agents, servants and employees of and from any and all liabilities, claims, debts, damages, demands, suits, actions, and causes of action of whatsoever kind, nature or sort including, but not by way of limitation, wrongful death, expense of the defense of said parties, and the payment of attorney's fees, arising out of or in any manner connected with the performance by Contractor under this Contract.

Contractor must provide verification that they have a minimum of \$1,000,000 general liability with the City of Riverside and the HACR named as additional insured. Documentation to this effect must be provided to the HACR prior to the disbursement of funds and will be included in the final contract.

Prior to any individual contract award (but not as a part of the proposal submission) the Successful Proposer will be required to provide the following:

1.1 Insurance: Without limiting or diminishing the Proposer's obligation to indemnify or hold the HACR harmless, Proposer shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of the Contract. As respects to the insurance section only, the HACR herein refers to the Housing Authority of the County of Riverside, the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

1.2 Workers' Compensation: If the Proposer has employees as defined by the State of California, the Proposer shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of the HACR.

1.3 Commercial General Liability: Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, employment practices liability, and cross liability coverage, covering claims which may arise from or out of Proposer's performance of its obligations hereunder. Policy shall name the HACR, the County, its Agencies, Districts, Special Districts, Consultants, Departments, their Directors, Officers, Board of Commissioners, employees, elected or appointed officials, agents or representatives as Additional Insureds. Policy's limit of liability shall not be less than \$2,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to the Contract or be no less than two (2) times the occurrence limit.

1.4 Vehicle Liability: If vehicles or mobile equipment are used in the performance of the obligations under the Contract, then Proposer shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence

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combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to the Contract or be no less than two (2) times the occurrence limit. Policy shall name the HACR, the County of Riverside, its Agencies, Districts, Special Districts, Consultants, Departments, their Directors, Officers, Board of Commissioners, employees, elected or appointed officials, agents or representatives as Additional Insureds.

### 1.5 General Insurance Provisions - All Lines:

a. Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

b. The Successful Proposer must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under the Contract. Upon notification of self-insured retention unacceptable to the HACR, and at the election of the County's Risk Manager, Proposer's carriers shall either; 1) reduce or eliminate such self-insured retention as respects the Contract with the HACR, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

c. Proposer shall cause Proposer's insurance carrier(s) to furnish the HACR with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the HACR prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, the Contract shall terminate forthwith, unless the HACR receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. Proposer shall not commence operations until the HACR has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section, showing that such insurance is in full force and effect. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.

d. It is understood and agreed to by the parties hereto that the Proposer's insurance shall be construed as primary insurance, and the HACR's insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

e. If, during the term of the Contract or any extension thereof, there is a material change

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in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of the Contract, including any extensions thereof, exceeds five (5) years; the HACR reserves the right to adjust the types of insurance and the monetary limits of liability required under the Contract, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the Proposer has become inadequate.

f. Proposer shall pass down the insurance obligations contained herein to all tiers of subcontractors working under the Contract.

g. The insurance requirements contained in the Contract may be met with a program(s) of self-insurance acceptable to the HACR.

h. Proposer agrees to notify HACR of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of the Contract.

### 2. Confidentiality:

Contractors shall protect the right of privacy of persons receiving services and shall protect medical and personal records of clients consistent with the Confidentiality of Medical Information Act (Civil Code Section 56 et seq.) and other State HIV/AIDS confidentiality laws.

### 3. Publicity:

Contractor agrees to submit to the HACR, prior to release, copies of any proposed publicity pertaining to HOPWA. The HACR reserves the right to modify or withdraw said publicity. The HACR will respond within five (5) working days of receipt of the proposed publicity.

### 4. Department Audit:

Contractors may be subject to periodic audits by the HACR to determine whether internal accounting and other control systems provide reasonable assurance that: (1) financial operations are properly conducted; (2) financial reports are presented fairly and accurately; (3) applicable laws, regulations, and other grant terms have been complied with; (4) resources are managed and used in an economical and efficient manner; and (5) objectives are being achieved in an effective manner. Any or all of these elements may be reviewed at the discretion of the HACR.

### 5. Quality Assurance/Client Satisfaction:

Contractors will be required to demonstrate how they are complying with minimum quality standards when delivering HOPWA services. Methods for evaluating quality assurance include, but are not limited to, client satisfaction surveys, peer review, and chart review. All methods or processes used to evaluate quality assurance shall describe how the agency will collect data, summarize findings and results, and create a plan of action in response to those findings. Contractors shall evaluate quality assurance in service delivery not less than once per year.



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### 6. Independent Audit:

Nonprofit institutions receiving federal funding of:

1. \$300,000 or more a year shall have a single or program-specific audit conducted for that year in accordance with OMB Circular A-133.
2. Less than \$300,000 a year is exempt from federal audits but must have their records available for review by Federal agencies.

### 7. Standards of Conduct for Employees:

Recipient organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others, such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and bribery.

## **D. Funding Restrictions**

1. Funds may not be used to make payments to recipients of services.
2. Funds may not be used to provide items or services for which payment already has been made, or reasonably can be expected to be made, by third party payers including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. This is subject to federal audit.
3. Equipment must be purchased in accordance with the HACR's Procurement Policy. In the event contractor is dissolved, either voluntarily or involuntarily, or otherwise ceases to carry out the activities for which the contract was made, all supplies and equipment purchased with the contract shall be transferred to the HACR and shall become property of the HACR in its sole and absolute discretion.
4. Subcontracting agencies are not authorized to bill indirect cost for services. All services provided are to be billed to direct service provision.

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### E. Policies and Procedures

**Introduction:** This Housing Opportunities for Persons with AIDS (HOPWA) program is designed for the prevention of homelessness, not the maintenance of an individual’s lifestyle. The Housing Committee of the Riverside/San Bernardino, California eligible metropolitan area (EMA) has determined that limits must be put in place to not only help clients prevent themselves from becoming homeless but for the integrity of the program itself. There is no requirement that individuals make recommended changes. However, if changes are not made, ongoing assistance cannot be approved. Resources must be directed to those in greatest need.

**Goal:** The goal of this policy is to prevent homelessness among persons living with HIV/AIDS.

#### Objectives:

1. To assist HOPWA clients in maintaining safe, sanitary and affordable housing; including the maintenance of utility service.
2. To promote sound financial planning for HOPWA clients.
3. To foster self-sufficiency and independence among HOPWA clients.
4. To ensure that HOPWA funds are utilized only for financial hardships that could lead to homelessness or displacement.
5. To increase stability among HOPWA clients designed to promote adherence to medical regimens.

#### Definitions:

**Person Living with HIV/AIDS** – Any person with proof (laboratory test result or a letter from a licensed physician) indicating that individual has serologic evidence of infection with the human immunodeficiency virus (HIV) or has been diagnosed with the acquired immunodeficiency syndrome (AIDS).

**Family** – A household composed of two or more related persons. The term family also includes one or more person(s) living with another HOPWA-eligible person or persons who are determined to be important to the eligible individual’s care or wellbeing. Household also includes the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with HIV/AIDS at the time of his or her death.

**Low Income** – Household income levels are established on an annual basis by the United States Department of Housing and Urban Development (HUD). Income Limits are as follows:

#### Maximum Annual Household Income by Number of Persons Living in Household – 80% AMI

*Effective May 15, 2023*

One	Two	Three	Four	Five	Six	Seven	Eight
\$52,200	\$59,650	\$67,100	\$74,550	\$80,550	\$86,500	\$92,450	\$98,450

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The income of all adult persons who live within a given residence must be included in the calculation of household income. The only exception is for certified caregivers. Proper documentation is required. A caregiver's income is to be excluded from the calculation of household income.

**Hotel/Motel Emergency Assistance** – Hotel/motel Emergency Assistance Program provides short term motel/hotel vouchers for homeless HIV positive households who can quickly transition to a permanent housing opportunity. This shelter is for persons who would otherwise be homeless. The program is also open to already-homeless HIV positive households who are unable to access emergency shelter programs due to medical issues. Vouchers are provided on a first come first serve basis. Applicants must provide documentation of HIV status, documentation of income/financial emergency and proof of homelessness. No individual is eligible for more than 21 weeks of assistance in any 52 week period.

**Permanent Housing Placement** – Eligible expenses include first month's rent, last month's rent, security deposits, credit checks fees, application fees, one-time utility hook-up fees, utility and rent arrears (when determined as a barrier to establish housing), rental insurance (limited to the first month or initial payment period only). Total cost of rental assistance (first month's rent, last month's rent, and security deposit) is not to exceed 2 months of rent cost. Like STRMU assistance, this service is often combined with case management and other supportive services so that clients have the necessary tools to successfully maintain their housing.

If PHP can only assist with first month's rent and/or last month's rent if required for occupancy AND if the program participant does not have an ongoing housing subsidy whether HOPWA or an alternative subsidy. A good-faith effort is expected to reclaim security deposit funds. This is considered "program income."

Staff time to administer PHP is also an eligible expense.

Please see section regarding Unit Qualifications below.

**Short-term Rent, Mortgage, and Utilities (STRMU) Assistance** – Payment of rent, mortgage and utilities payments to prevent homelessness of the tenant or mortgagor of a dwelling. No individual is eligible for more than 21 weeks of assistance in any 52-week period. STRMU assistance is often provided with other supportive services to ensure that the household receives a full range of services to stabilize their situation and reduce future episodes of housing instability

**Supportive Services** - The Supportive Services program provides housing case management, assistance with accessing entitlement programs and other services such as mental health care, substance abuse treatment, food vouchers and transportation assistance which improve housing stability and access to care. A wide variety of agencies offer HOPWA Supportive Services in the Riverside – San Bernardino EMSA. Some agencies serve exclusively HIV/AIDS households while others are traditional social service agencies that provide HOPWA services to eligible households. The grantee and lead agencies have taken great care in ensuring that the needs of underserved communities are met, and clients have a variety of choices when selecting a service provider

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**Project Based Rental Assistance (PBRA)** - The PBRA program provides funding to landlords who rent a specified number of affordable apartments to HOPWA households. The rental subsidy is therefore tied to the unit not to the household. This program is offered at the Vista Sunrise apartments in the City of Palm Springs. The Vista Sunrise apartment community serves exclusively persons with HIV/AIDS. The complex is located within walking distance to the Desert AIDS Project service campus which includes medical care and social services. Residents also have access to an onsite case manager. Persons interested in the PBRA program can contact Desert AIDS Project, at 760.323.2118, ext. 215. Currently there is a waiting list for the PBRA program which is maintained by staff at Desert AIDS Project. The waiting list is prioritized by date and time of registration.

**Project Based Rental Assistance HOPWA Acquisition Project** - Riverside County HOPWA has 11 units (10 in Palm Springs and one in Riverside) to provide permanent housing for HOPWA eligible households. Vacancies are filled by households on the HOP TBRA waiting list

**Tenant-based Rental Assistance (TBRA)** – Payment of rent to low-income households to permit HOPWA eligible individuals to remain within their homes. The amount of rent will be determined in accordance with HOPWA regulations, 24 CFR 574.310 and 24 CFR 574.320. The TBRA program allows households the freedom to choose housing in the community that suits their individual needs. The Housing Authority of the County of Riverside and the San Bernardino County Housing Authority administer the HOPWA TBRA program locally. The demand for the TBRA program far exceeds the number of rental subsidies that are available. For this reason, each Project Sponsor maintains a waiting list for their county’s TBRA subsidies. Interested parties complete an initial application to register for the waiting list. Both waiting lists are prioritized by date and time of registration. As spaces become available, applicants are selected from the waitlist and then eligibility is determined. To support households in need of the TBRA assistance, Riverside County has leveraged assistance by giving stable TBRA applicants no longer needing supportive services the opportunity to transition to a Section 8 Voucher: therefore, free up space on the HOPWA TBRA Program.

**Housing Information Services (HIS)** - Housing Information Services is a one-stop number that provides housing referrals and information to PLWHA, relatives or friends seeking assistance for person living with HIV/AIDS, service providers, surviving family members, and the public. In Riverside County this service is offered by staff at the Housing Authority of the County of Riverside (951/343-5630) and in San Bernardino County, Foothill AIDS Project (800/448-0858) provides this service.

**Sub-Contractors** – Desert AIDS Project (DAP), Foothill AIDS Project (FAP), Catholic Charities and Young Scholars for Academic Empowerment (DBA TruEvolution). All of these agencies work together to provide the following services throughout the region: housing information and counseling; housing resource identification; project and tenant-based rental assistance, short-term rent, mortgage and utility assistance; housing case management; emergency motel vouchers; linkages to a range of supportive services including health care, mental health services, drug and alcohol treatment, benefits assistance, navigation services, financial management and life skills

**Grantee** – The Grantee for the Riverside/San Bernardino, CA EMA is the City of Riverside. The Grantee representative is:

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Michele Guzman, Project Manager (951) 826-5371, City of Riverside Housing Community and Economic Development Department, 3900 Main Street, 5<sup>th</sup> Floor Riverside, CA 92522

**Project Sponsor** – The Project Sponsor for Riverside County is the Housing Authority, County of Riverside. The Project Sponsor representative is:

Elizabeth Gehrig (951)343-5630, Housing Authority County of Riverside, 5555 Arlington Avenue, Riverside, CA 92504

### **Initial Assessment:**

1. All contractual obligations for documentation for HOPWA eligibility will be met. Refer to agency contract, attachments or side letters with the Project Sponsor for HOPWA services.
2. The housing case manager will make an initial assessment of client eligibility and need for emergency housing assistance, short-term housing and utilities assistance, or tenant-based assistance. The intent is to establish an accurate account of the client's finances and financial plan.

### **Ongoing Assessment:**

### **Household Changes:**

Persons deemed necessary to care for a HOPWA-eligible person's health and well-being shall be included in or added to the household for the purpose of protecting and promoting the health and support of the HOPWA-eligible individual.

Verification of income can be met as outlined below:

**For Households Receiving Income:** Each person in the household must provide a copy of income covering four (4) consecutive weeks prior to the date of the application. Only certified caregivers are exempt from this requirement.

The following may be used as proof of income:

- a. Most recent check stubs or pay slips.

OR

- b. A copy of the previous year's income tax return.

OR

- c. Letter from employer on business letterhead stating monthly earnings.

OR

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- d. A copy of current award letter from Social Security, Social Security Disability or Long-term Disability. Bank statements will be accepted only if the source of income is clearly identified in the document itself.

OR

- e. Verification of income from another reliable third-party source such as Work Number, DPSS report, etc.

**For Households Not Receiving Income:** Each person in a household with no income must provide one or more of the following:

- If unable to work due to disability, a copy of disability application submitted.

OR

- A copy of “pending” letter from Social Security.

OR

- A letter from a licensed physician stating the nature of the disability which has resulted in an inability to work and the expected length of time (including dates) that the person will be unable to work.

OR

- Proof of application to Unemployment Benefits.
- A completed Zero Income Certified Statement can be used in the event that all 4 of the abovementioned methods are unavailable and a good faith effort has been made to request/obtain the necessary documents.

AND

- A copy of the most recent income tax return.

3. If the client is determined to be delinquent in filing income tax returns, an immediate referral is to be made to legal services. Low-cost legal services are available through Inland County Legal Services (888) 245-4257 in Riverside or (800) 226-4257 in Indio.

4. Client may be required to sign an agreement allowing the housing case manager to request a credit report from “Tenant Credit Reporting”, “Consumer Credit Line” or a comparable agency. The credit report will be maintained on file by the case manager.

5. Client will be required to provide documentation of other assets including properties owned (other than primary residence), insurance policies including but not limited to Life, AD&D, Death insurance policies, and investment and retirement accounts.

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6. Utilizing the information collected, the housing case manager will complete a financial fact sheet showing all income for the applicant.

7. Income inclusions and exclusions shall fall in accordance with 24 CFR 5.609(b) and (c). For a complete list of exclusions, the CFR ought to be referenced. Frequent income exclusions as follows:

- Income of a live-in aide
- Income received for employment from children (including foster children) under 18 years of age
- Payments received for the care of foster children or foster adults
- The full amount of student financial assistance paid directly to the student or to the educational institution
- Temporary, nonrecurring or sporadic income (including gifts)
- Earnings in excess of \$480 for each full-time student 18 years or older (excluding the head of household and spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

8. The housing case manager will then determine qualification for funds and the need for funds. Major considerations will include:

### **Qualification for Funds**

- Annual household income does not exceed the figure established by HUD pertaining to the 80% AMI.
- Other assets shall not exceed identified county-wide norms for persons living with HIV/AIDS (i.e., Medically Indigent Services Program or Medi-Cal eligible, one automobile, one primary residence). No secondary residences, rental/income properties, including timeshares, or vacation clubs are allowed.
- Demonstration (i.e. copies of income tax returns, credit report, automobile registration) that the client has provided accurate and complete information. Evidence of misrepresentation or fraud will result in a denial of the request for assistance.
- Individuals must reside and/or work within Riverside County.
- Individuals must show proof of HIV+ diagnosis.

Need for Funds

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- Potential for becoming homeless, including the maintenance of utility service.
- Demonstration that the reason(s) for requiring assistance was/were beyond the client's control. It is recognized that this is highly subjective and therefore, must be documented in client record.

The housing case manager must consider the total clinical picture of the client before deciding if the client needs funds (i.e., active substance abuse, mental health issues, or compulsive gambling). For purposes of determining eligibility, spending beyond or in lieu of basic necessities such as food, rent/mortgage, utilities and clothing does not demonstrate sound financial planning. The housing case manager must have clear, complete documentation, including referrals to supportive services before the request can be approved.

8. Applicants who are in the Housing Options Program, Section 8, Shelter Plus Care, other subsidized living programs or residing in properties owned by or subsidized in any other manner are ineligible for assistance funds under HOPWA.

9. Move-in costs such as security deposits are allowable under supportive services assistance. To be eligible for assistance, the client must be a tenant on a valid lease for the property in which they will be residing or have been residing for a time before seeking the HOPWA assistance. The maximum allowable security deposit assistance is two times the asking rent.

10. Application for rental housing (credit checks) fees is an allowable expense under the supportive services and assistance.

11. The maximum duration of short-term housing and utilities assistance is 21 weeks in any 52-week period. The total amount of assistance in that 12-month period shall not exceed \$2,600.00.

### **Ongoing Assessment**

Each request for assistance is to be evaluated on its own merit. At the time of each request, complete documentation of the need for funds must be provided. In addition to the documentation required for contract compliance, the client must provide the following:

- Proof of income
- Copies of receipts for all bills paid or canceled checks, if applicable, or any other documentation that verifies that income was spent for living expenses, (i.e., rent, utilities, food, medical expenses, transportation, etc.)

The housing case manager will assess the appropriateness of expenditures beyond the necessities of daily living (i.e., rent, mortgage, food and clothing). This decision can be based upon multiple factors including whether the expense was necessary, whether the expense was a one-time problem, a chronic situation, or an unavoidable emergency.

If the client cannot provide clear documentation with the statements of living expenses, the request is to be denied unless the client agrees to seek financial counseling within four weeks. Credit



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counseling is available through Springboard Nonprofit Consumer Credit Management at (800) 431-8157. Verification of participation in credit counseling and a financial plan must be provided to the housing case manager.

Should the housing case manager question a client's capacity to live within the financial plan, he/she may request that the client re-visit a credit counselor within four weeks. Should the client refuse to do so, the request for assistance is to be denied.

After 16 of the 21 allowable weeks of either rent/mortgage or utility assistance is provided in a 52-week period, the housing case manager will review the financial plan to evaluate why the client cannot live within the plan. The housing case manager will require that the client take action to live within a reasonable financial plan before issuing any further funds. This could include such actions as: recommending that the client seek legal counsel to determine if a declaration of bankruptcy is appropriate; move to more affordable housing; enter a drug counseling and treatment program; cancel some or all credit cards; discontinue some services (i.e., cable television, pager subscriptions, magazine subscriptions, music subscriptions, or movie/TV show streaming subscriptions, expensive car payments, etc.). If the client refuses to make the changes, the housing case manager will deny the request for assistance.

### **Terminations:**

The following shall result in the program participant graduating from program:

- For any long-term housing subsidy, if the household gains income such that their full gross rent amount is at or below 30% of their income, they will be authorized to maintain their assistance for 180 days at zero HAP at which point their situation will be reassessed. If it is determined that no further assistance is required, the participant will be terminated at the end of the 180 days. Tenants are not to remain on program with no subsidy for more than 365 days.
- If a program participant receiving a long-term housing subsidy requests to terminate their assistance, it is recommended that a counseling appointment be held to explain the permanency of their decision. If program participant still wishes to terminate their assistance, they may submit a statement in writing with the specified date which they plan to relinquish their assistance.

The following shall result in the program participant being terminated from program:

- For any long-term housing subsidy, if the head of household is absent from the unit for 180 days in a 12-month period, their assistance will be terminated.
- Any tenant who is convicted of violent criminal activity or any additional severe charge (including but not limited to manufacturing or sale of illegal, controlled substances or abuse against a spouse or other household member) is to have their case reviewed by HOPWA coordinator for termination. A "Pretermination of Assistance" letter must be mailed to the convicted individual that provides them with a minimum of 10 days to respond and request a hearing along with evidence that their charge is being cured. If the tenant fails to request a hearing within 30 days of the mailing of the "Pretermination of Assistance," fails to attend

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their Pretermination meeting, and fails to provide evidence of their charges being cured, they are assumed to have forfeited their HOPWA assistance.

If the tenant is absent from the household for 180 days due to time spent in prison, their assistance will be automatically terminated.

- If any member of the household is subject to a registration requirement under a state sex offender registration program, that individual will be deemed ineligible for the HOPWA program per 24 CFR 5.856 as referred to in 24 CFR 574.600. If this individual is the head of household, the other household members will be provided with additional housing opportunities.

If the household is receiving a TBRA subsidy there will be a good faith effort made to transition the remaining household members onto a TBRA certificate or a section 8 subsidy.

- At the expiration of their searching TBRA certificate or at the conclusion of their maximum amount of rental assistance payments, individuals will be terminated from program. If a TBRA certificate holder submits a completed Request for Tenancy Approval (RTA) within one week of voucher expiration, it will be considered on a case-by-case basis whether or not the RTA will be accepted.
- If a tenant on a long-term housing subsidy fails to provide complete and necessary information at the time of a recertification or fails to report changes in income, assets, household, or criminal activity status, a counseling session will be held, and a pretermination of assistance appointment will be held. Proper documentation will be requested. If the tenant is unable to attend the pretermination of assistance appointment but requests to reschedule or requests an extension, the circumstances will be assessed by the HOPWA Coordinator to determine if additional extensions will be provided.

**\*\*CRIMINAL CHARGES ARE NOT IMMEDIATE GROUNDS FOR TERMINATION FROM PROGRAM\*\***

### **VAWA:**

### **Confidentiality:**

In accordance with CFR 574.440 and 24 CFR 5.2007 the names and other personal identifying information of any individuals receiving assistance through the HOPWA program is to be kept in strict confidence.

It is required by to redact names, addresses, social security numbers, dates of birth, and any other personal identifying information of any individuals receiving HOPWA assistance on documentation that could be seen or handled by any individual who has not signed a confidentiality agreement of the HOPWA program.

### **File Retention:**

All hard-copy records are to be kept in compliance with 24 CFR 574.530.

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### Unit Qualifications:

1. All payment standards within Riverside County shall be calculated in accordance with the standards set by the Riverside County Housing Authority's HCV program. This includes both the basic range and circumstances in which the exception to the payment standard is applied.
2. Rent reasonable – prior to the approval of a rental unit, the rent must be deemed comparable to other unassisted units in the surrounding areas. Under the circumstances that no unassisted comparable units are available in the surrounding vicinity, the nearest comparable unit may be utilized.
3. All units must be located within Riverside County.
4. All units must pass HQS inspection standards.
5. Unacceptable units include any mobile homes, RVs, Trailers, or other units otherwise not fixed on a “permanent foundation.” “Permanent Foundation is defined as:
  - a. must be fixed to the ground in a stable manner
  - b. must be connected to permanent utility hook-ups
  - c. must meet local guidelines for mobile or manufactured housing
  - d. must not be a motor home or other similar recreational vehicle with wheels on the ground, capable of relocating and not attached to the earth
6. If a tenant is renting a mobile home that they own, if the home is on a permanent or fixed foundation, HOPWA can assist with space rent in accordance with Riverside County HCV guidelines.

### 7. Lease Requirements:

For all long-term housing subsidies, a lease must be collected. An additional lease is not required to be collected after the original lease collection if the original lease states that the agreement will shift into a month-to-month agreement upon the completion of the lease.

If the move-in date of the lease is prior to the inspection-pass date, the tenant will be fully responsible for payment of rent for those days.

### Inspections:

**Initial Inspections:** All units are required to pass an initial HQS-equivalent inspection prior to the initiation of assistance. If a unit fails inspection the landlord will be provided with 10 days to repair the unit. If repairs are not completed and no correspondence has been had with regards to an expected date of repairs completed, the inspection will automatically fail.

Initial inspections are valid for 60 days from inspection pass date.

**Annual Inspections:** Annual inspections are to be performed on all units of residents receiving long-term rental subsidies. If a unit fails inspection the landlord will be provided with

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10 days to repair the unit. If there are additional time to complete initial repairs is needed, the landlord will be provided an additional 10 days to perform the repairs. If the repairs have not been completed at the time of second inspection and no correspondence has been had with regards to an expected date of repairs completed, inspection will automatically fail. If the inspection fails, the tenant will be provided with a relocation certificate.

**Special Inspections:** Special inspections are to be performed on an as-needed basis.

**Lead-Based Paint:** All lead-based paint requirements shall be kept in accordance with CFR 574.635

### **STRMU Time Limits**

Eligible participants are authorized to receive up to 21 weeks of STRMU assistance in any 52-week period. All agencies administering STRMU funding shall keep detailed record of the total number of STRMU weeks utilized for each HOPWA-eligible household. All subcontracting agencies are to ensure that the household requesting STRMU assistance has not yet received STRMU funds from any other HOPWA provider within Riverside County. If the household has received such funding, the agency is responsible for collecting the information of how many weeks have already been utilized and ensuring that the 21 week cap is not exceeded.

### **Conflict of Interest:**

Please reference 24 CFR 200.318 for complete regulations

The abovementioned states the following:

“No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.”

No employee, officer, or agent is authorized to solicit or accept gratuities, favors, or anything of monetary value from any individuals receiving or applying for HOPWA funding. However, if the financial interest is not substantial or the gift is unsolicited and of nominal value, it may be accepted as a donation to the agency as a whole but may not be utilized in any way for personal advancement or to gain special treatment.

### **Chain of Command:**

#### **Subcontracting Agencies:**

All inquiries or referrals received about the HOPWA program are to be responded to within 48 business hours. For those employees if no response is received, it is appropriate to involve the supervisor of said individual. If supervisors are also non-responsive it is appropriate to involve the HOPWA coordinator.

#### **Project Sponsor:**

All inquiries or referrals received about the HOPWA program are to be responded to by the HOPWA coordinator within 2 business days. If no response is received, the direct supervisor of the HOPWA coordinator: Housing Authority of Riverside County’s Special Programs team lead

# **HHPWS**

## **Housing, Homelessness Prevention and Workforce Development**

Housing Specialist III is to be contacted. If the Housing Specialist III does not respond in an additional 2 business days, Supervising Development Specialist shall be contacted. If no response is received, the chain of command will be followed: Riverside County Housing Authority Deputy Director. Director of Housing and Workforce Solutions.

### **Exceptions:**

Exceptions to these policies and procedures require prior written approval from the Project Sponsor.

# **HHPWS**

Housing, Homelessness Prevention and Workforce Development

## **FORMS AND TABLES**

# HHPWS

Housing, Homelessness Prevention and Workforce Development

## FORM A: AGENCY INFORMATION

### Agency Information:

Agency Name: \_\_\_\_\_

is requesting: \$ \_\_\_\_\_ For \_\_\_\_\_  
(Category)

\$ \_\_\_\_\_ For \_\_\_\_\_  
(Category)

\$ \_\_\_\_\_ For \_\_\_\_\_  
(Category)

\$ \_\_\_\_\_ For \_\_\_\_\_  
(Category)

### Agency Director:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Agency Fiscal Officer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Agency Project/Program Officer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Provider Numbers:

Medi-Cal #: \_\_\_\_\_ Federal Employer I.D. #: \_\_\_\_\_

### Agency Tax Status:

{ } Public (Government/University)

{ } Private, Nonprofit

{ } Other (Specify) \_\_\_\_\_

# HHPWS

Housing, Homelessness Prevention and Workforce Development

## FORM B: AGREEMENT AND CERTIFICATION

1. Agreement: To be completed by all applicants

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge, and further realizes this is a public document which is open to public inspection.

_____	_____
Original Signature	Title
_____	_____
Name (Type or Print)	Date

2. Certification Statement: To be completed by all applicants

I certify that this HOPWA service program will comply with all federal and local requirements pertaining to the program. I understand that the Housing Authority of the County of Riverside will use the materials submitted by this agency as a guideline for program consultation and assessment.

_____	_____
Original Signature	Title
_____	_____
Name (Type or Print)	Date



# HHPWS

## Housing, Homelessness Prevention and Workforce Development

### FORM C: APPLICATION CHECKLIST

The following documents are required to complete a funding application. This list is provided to ensure that all documents have been included in your application package.

**Please submit this checklist with the application.**

Copies of proposal submitted \_\_\_\_\_  
**(one signed original and one emailed)**

**Section 1:** Agency Tables and Certifications

Form A: Agency Information \_\_\_\_\_  
Form B: Agreement and Certification \_\_\_\_\_

**Section 2:** Agency Description and Capability

- a. General Agency Description \_\_\_\_\_
- b. Administrative Capability \_\_\_\_\_
- c. Collaboration and Linkages \_\_\_\_\_
- d. Past Performance \_\_\_\_\_
- e. Table 1: Summary of Agency Funding Sources \_\_\_\_\_
- f. Quality Assurance \_\_\_\_\_

**Section 3:** Description of Local Needs

- a. Population in Need \_\_\_\_\_
- b. Service Needs \_\_\_\_\_
- c. Barriers/Access Problems \_\_\_\_\_

**Section 4:** Categorical Services to be Provided

- a. Description of Proposed Services \_\_\_\_\_
- b. Geographic Service Area and Data Collection \_\_\_\_\_
- c. Experience and Qualifications \_\_\_\_\_
- d. Table 2: Scope of Work \_\_\_\_\_
- e. Monitoring and Evaluation \_\_\_\_\_
- f. Table 3: Line-item Budget and Narrative Justification \_\_\_\_\_

**Section 5:** Additional Documents

- a. Most Recent Audited Financials \_\_\_\_\_
- b. Board of Directors (Roster) \_\_\_\_\_
- c. Verification of 501 (c) 3 status (if applicable) \_\_\_\_\_

# HHPWS

Housing, Homelessness Prevention and Workforce Development

**TABLE 1**

**SUMMARY OF AGENCY FUNDING SOURCES**

Service Category	Total Estimated Budget	HOPWA Funds	Other Federal Funds	State or Local Funds	Other Funds (3rd Party, Private, Client Payments)

*Sample Table 1:*

Service Category	Total Estimated Budget	HOPWA Funds	Other Federal Funds	State or Local Funds	Other Funds (3rd Party, Private, Client Payments)
<i>Case Management</i>	<i>300,000</i>		<i>200,000</i>	<i>100,000</i>	
<i>Housing Assistance</i>	<i>200,000</i>	<i>150,000</i>	<i>50,000</i>		
<i>Primary Medical Care</i>	<i>1,200,000</i>		<i>900,000</i>	<i>300,000</i>	

# **HHPWS**

**Housing, Homelessness Prevention and Workforce Development**

## **TABLE 2**

### **SCOPE OF WORK**

**FISCAL YEAR 2023-2024 HOPWA SERVICES**

The contractor shall accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

SERVICE CATEGORY: \_\_\_\_\_ AGENCY: \_\_\_\_\_

<b>MEASURABLE OBJECTIVES</b>	<b>IMPLEMENTATION ACTIVITIES</b>	<b>TIMELINE</b>	<b>PROGRESS REPORT</b>

# HHPWS

Housing, Homelessness Prevention and Workforce Development

TABLE 3

## LINE ITEM BUDGET/NARRATIVE JUSTIFICATION

FUNDING CATEGORY	AMOUNT
<b>DIRECT SERVICES</b>	
<p><b>Short Term Rent, Mortgage, and Utility Assistance (STRMU)</b>  <i>Please specify the projected number of clients to be served and the average amount of STRMU assistance per household.</i>            _____ # of clients X _____ (average STRMU request)</p>	\$
<p><b>Permanent Housing Placement</b>  <i>Please specify the projected number of clients to be served and the average amount of move-in assistance to be provided to each household.</i>            _____ # of clients X _____ (average move-in costs)</p>	\$
<p><b>Project Based Rental Assistance</b>  <i>Please specify the number of units to be assisted and the average subsidy request.</i>            _____ # of units X _____ subsidy amount X 12 months</p>	\$
<p><b>Short-Term Facility-Based Housing</b>  <i>Please specify the projected number of clients to be served and the average amount of hotel/motel voucher assistance per household along with the expected average number of days with which the agency will assist.</i>            _____ # of units X _____ hotel/motel voucher amount X _____ days</p>	
<p><b>Supportive Services</b>  <i>Please specify the number of clients to be served and the average amount expended on case management services for personnel</i>            _____ # of units X _____ subsidy amount X 12 months</p>	
<p>Position:            _____ FTE X _____ months X annual salary</p>	
<p>Position:            _____ FTE X _____ months X annual salary</p>	
<p>Position:            _____ FTE X _____ months X annual salary</p>	
<p>Fringe Benefits</p>	
<p>Other Needed Supplies for Direct Program Delivery  <i>Please record these in one lump sum</i></p>	
<p><b>Total Direct Services Costs</b></p>	\$
<p><b>TOTAL REQUEST</b></p>	\$