



2020

**REQUEST FOR PROPOSAL (RFP)**

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

Please respond to each of the following questions. Please keep responses brief and to the point. Please do not attach additional information to this application unless requested. Unsolicited information will not be considered for review. Please limit answers to space provided unless specified- Application **MUST** be completed in full with all required documents in order to be considered for funding.

The deadline to submit all HOPWA applications electronically is by 5:00 p.m. on January 7, 2021. Applications should be submitted electronically to [OHCD@jacksonms.gov](mailto:OHCD@jacksonms.gov). To submit your application electronically, please follow the instructions below:

1. Subject Line – put “2020 HOPWA Application and Agency Name”
2. Send your application package in two different file attachments. 1<sup>st</sup> file attachment should include the application proposal only; the 2<sup>nd</sup> file attachment should include all supporting documentation listed on page 3 of this RFP.

**ADDITIONAL INFORMATION**

**The City of Jackson will not consider any incomplete applications or applications received after the deadline.** Applicants should take this into account and submit applications electronically as early as possible to avoid risk brought about by unanticipated delays or delivery-related problems.

All applications must be typed. **No hand-written applications will be accepted.**

**SEE PAGES 11-12 OF HOPWA RFP INSTRUCTIONS TO COMPLETE HOPWA APPLICATION**



This should be the first sheet of the application packet, when submitted.

## AGENCY INFORMATION

Name of Agency/Organization:			
Project Title:			
Mailing Address:			
Project Address:			
Board President:		Executive Director:	
Address:		Address:	
City:	ZIP Code:	City:	ZIP Code:
County:		County:	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
Email Address:		Email Address:	
Total amount requested from FY 2017 ALLOCATION		\$	
DUNS Number:			
Federal Tax Identification Number:			

<i>Type of agency:</i>	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't/Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<i>Date of incorporation:</i>			<i>Federal Tax ID number:</i>		
<i>Agency DUNS number:</i>			<i>Annual operating budget:</i>		
<i>Number of paid staff:</i>			<i>Number of volunteers:</i>		

### MISSION STATEMENT:

## SUPPORTING DOCUMENTATION

**ALL APPLICANTS** must attach the following documents as a 2<sup>nd</sup> file attachment to be considered for funding. Any application proposal missing any of the below supporting documentation (with the exception of the Policy and Procedures Manual) will not be rated by the rating/review committee)

\_\_\_ **Bylaws and/or Constitution**

\_\_\_ **Articles of Incorporation**

*Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.*

\_\_\_ **Current list of Board of Directors (names, addresses, telephone number)**

*A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member.*

\_\_\_ **A copy of most recent Board approved Budget**

\_\_\_ **A copy of minutes must include grant submittal approval**

*Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.*

\_\_\_ **Job descriptions and resumes for staff involved in the proposed activity**

(Directors, Fiscal Officer, Project Manager, etc.)

\_\_\_ **Organizational Chart of Agency Board & Staff**

*An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the project fits into the organizational structure, and identifies any staff positions for administration of the project.*

\_\_\_ **Local Government Certification/Support Letter (if Applicable)**

\_\_\_ **Purchase or Lease Agreement for Building (If Applicable)**

\_\_\_ **Evidence of Financial Accountability (recent copy of financial audit)**

*Attach a copy of your latest audit or financial review if one was completed. (Include only one copy.)*

\_\_\_ **Policy and Operational Procedures Manual (DO NOT SUBMIT WITH PACKAGE- IF APPROVED YOU WILL BE REQUIRED TO SUBMIT MANUAL LATER)**

*Policies are clear, simple statements of how your organization intends to conduct its services, actions or business. Procedures describe how each policy will be put into action in your organization. Each procedure should outline:*

- *Who will do what*
- *What steps they need to take*
- *Which forms or documents to use.*

\_\_\_ **Evidence of non-profit status (501(c)3 Status from U.S. I.R.S., Mississippi Secretary of State Non-profit in Good Standing)**

*Non-profit organizations must submit tax-exemption determination letter from the Federal Internal Revenue Service.*

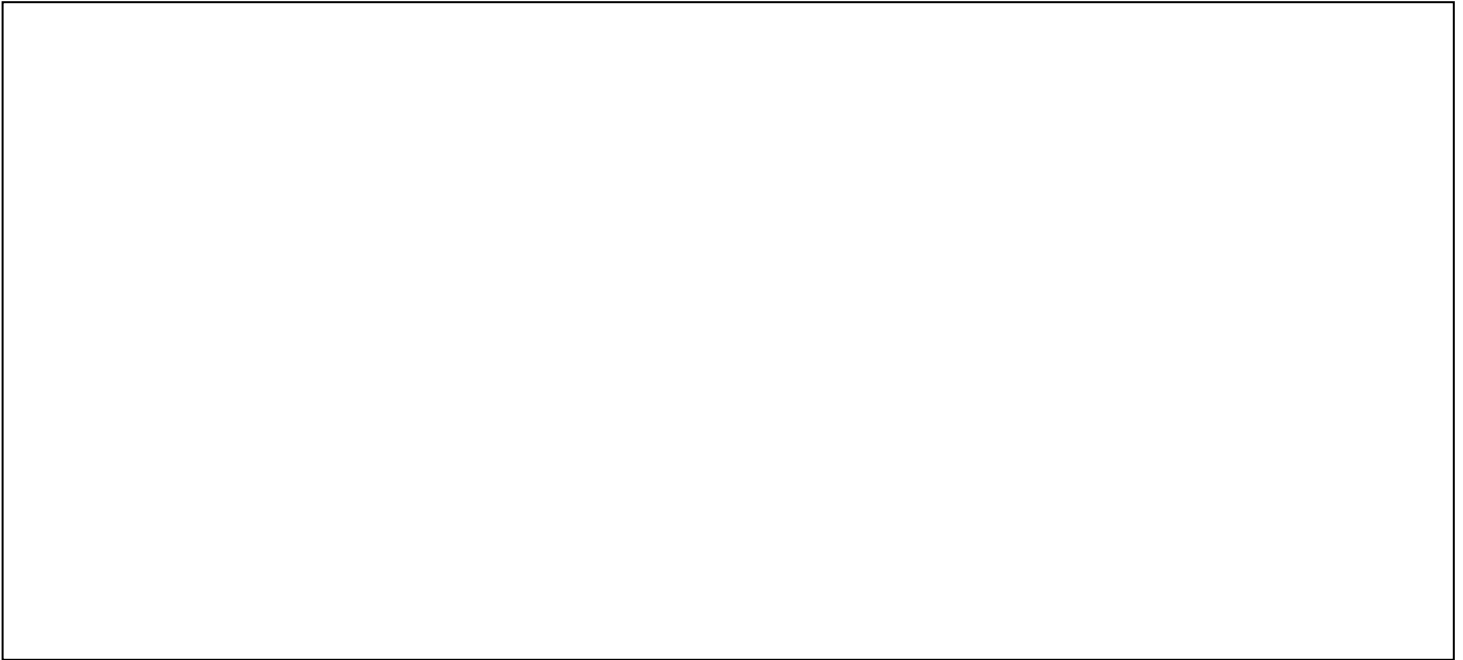
**\*\*A COMPLETE APPLICATION CONSISTS OF ALL THE ABOVE DOCUMENTS AND SIGNED CERTIFICATION FORM. FAILURE TO ATTACH ANY OF THE ABOVE DOCUMENTS AND SIGNED CERTIFICATION FORM WILL RESULT IN YOUR APPLICATION NOT BEING REVIEWED BY THE RATING COMMITTEE AND INELIGIBLE FOR FUNDING.**

# Section I – Summary, Goals, Linkage, Need, & Collaboration

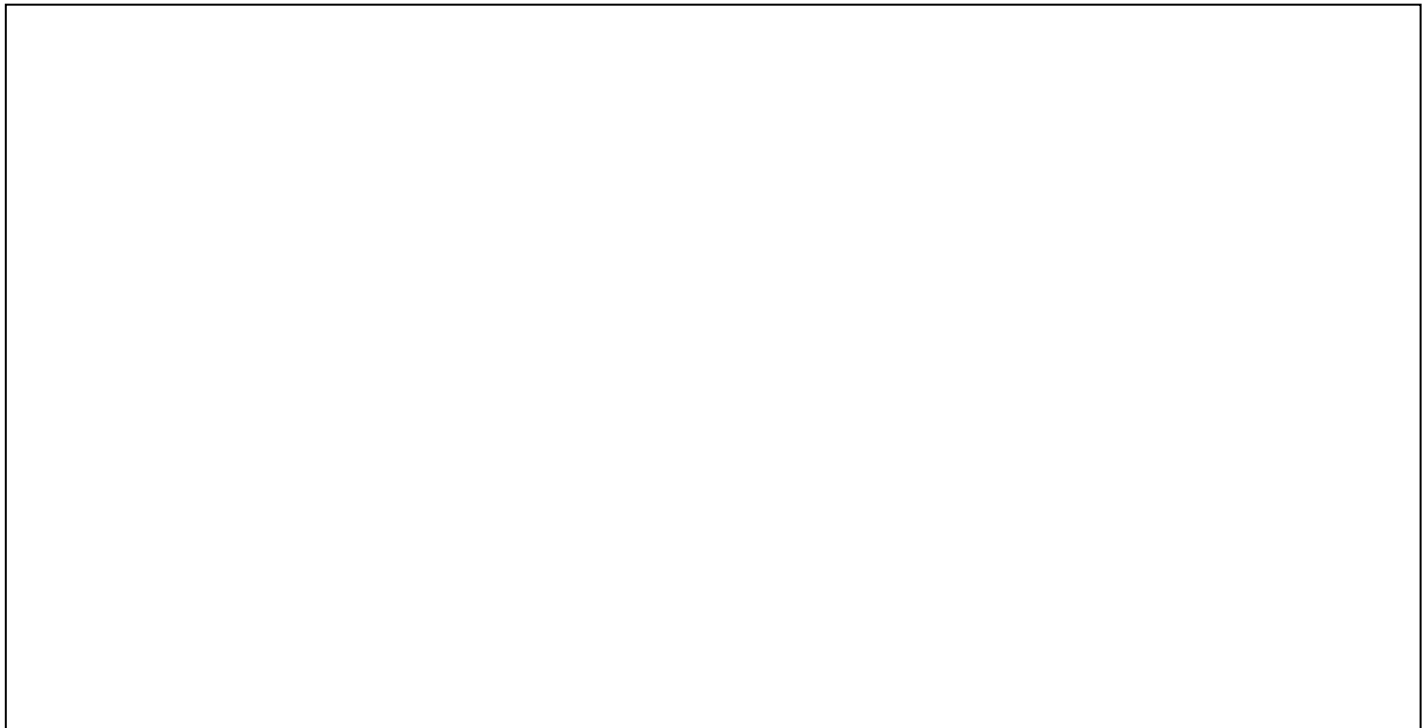
(SEE PAGES 11-12 OF HOPWA RFP INSTRUCTIONS TO COMPLETE HOPWA APPLICATION)

## 1.1. *Project Description/Executive Summary*

**1.2. Goals and Objectives of the Proposed Program (Outcomes, Indicators, and Strategies)**

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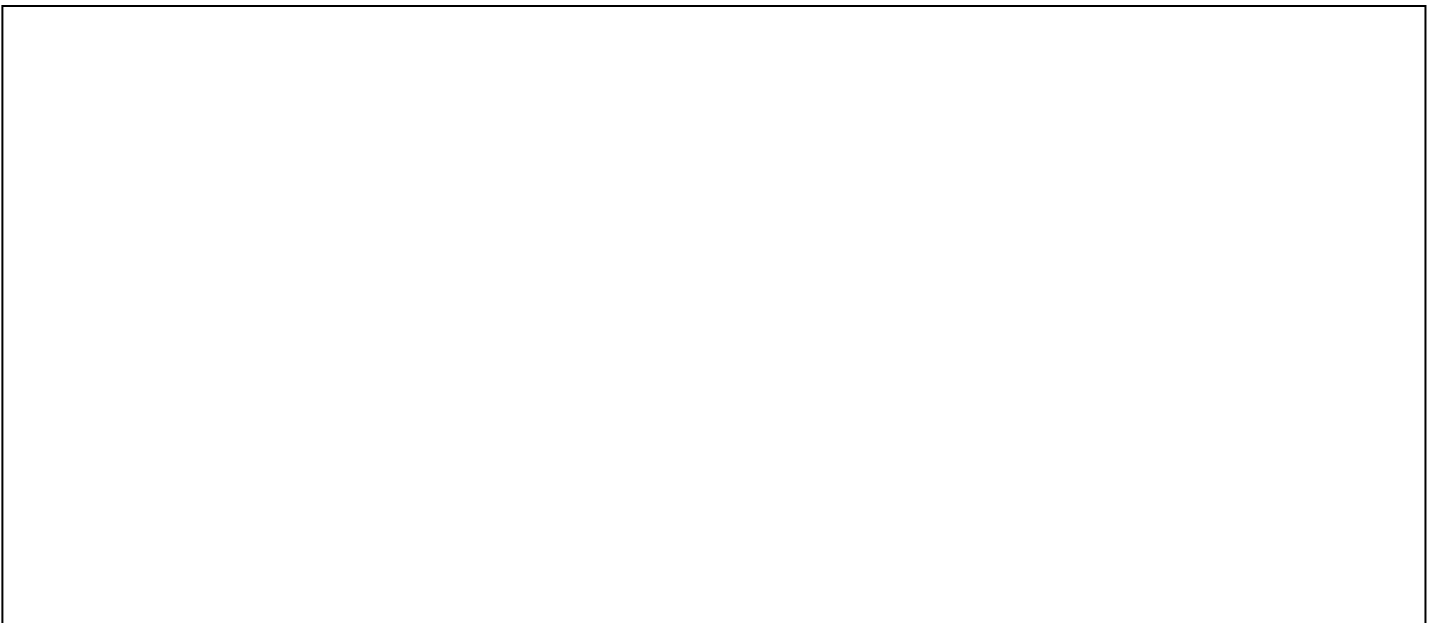
**1.3. Linkage to Care**

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#### **1.4. Demonstration of Need**

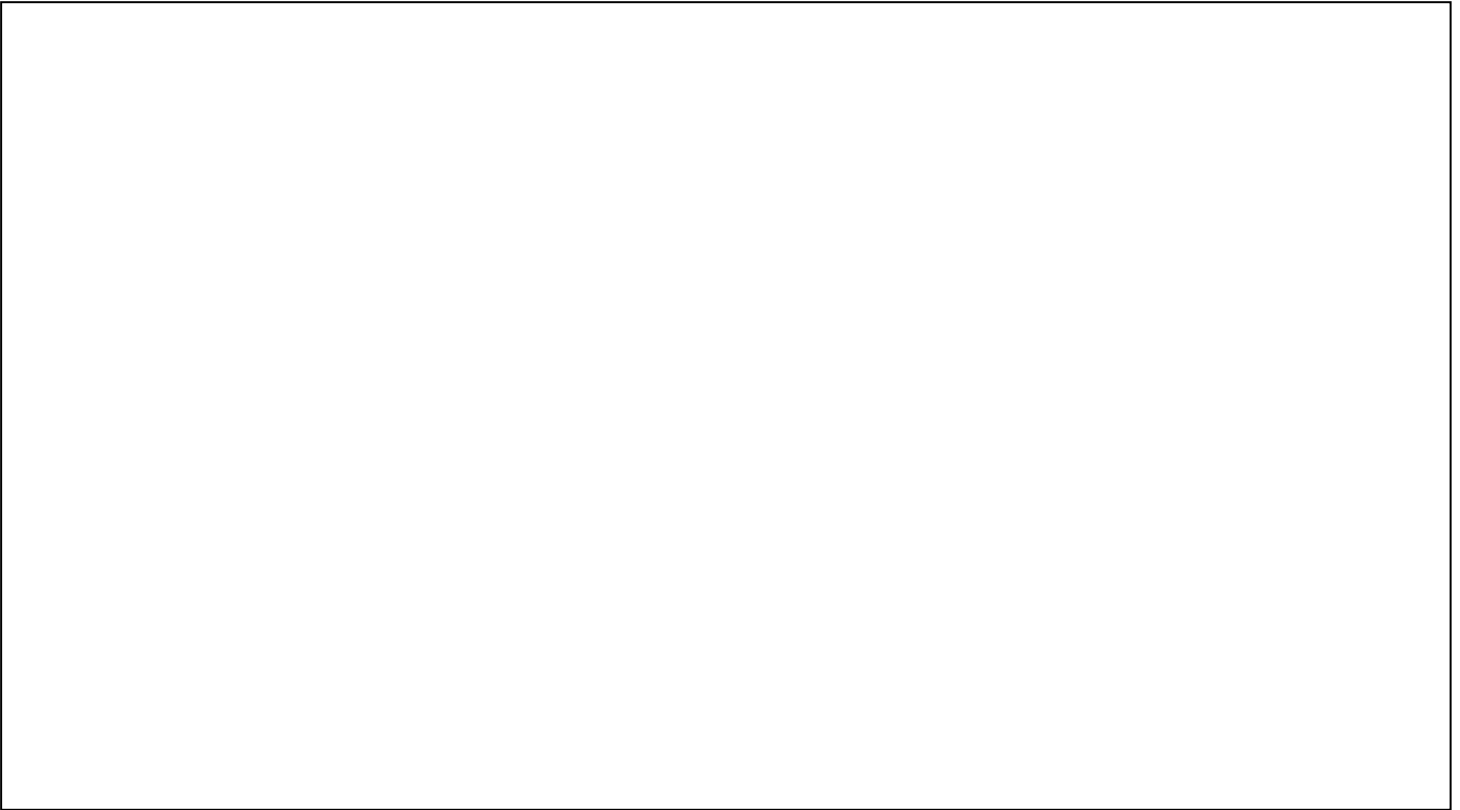
A large, empty rectangular box with a thin black border, intended for the user to provide a demonstration of need.

#### **1.5 Collaboration**

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## Section II – Capacity, Population, Outcomes, & Evaluation

### 2.1. *Organizational Capacity*



### 2.2. **Geographic Region, Target Population, Number of Unduplicated Clients to be served**



### 2.3. Outcomes

### 2.4. *Evaluation*



## Capacity & Experience

(Please attach resume for each individual listed below)

3.1. Who will be the person responsible for the overall oversight of the proposed project (Primary person of contact)?			
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?			
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:			
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	

3.4. Who will be the person(s) responsible for the financial oversight of the HOPWA expenditures and fiscal compliance? Provide no more than two individuals:			
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	

## HOPWA PROPOSED GRANT BUDGET

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

**A. HOPWA ELIGIBLE ACTIVITIES (list total requested amount for each activity)**

<p><b>Facility-Based Housing Assistance</b>      \$ _____</p> <p>Master Leasing</p>	<p><b>Resource Identification</b>      \$ _____</p> <p>(Outreach and relationship building with landlords, creating brochures &amp; web resources, staff time locate &amp; identify available housing)</p>
	<p><b>Rental Assistance</b>      \$ _____</p> <p>Tenant based rental assistance (TBRA)</p>
<p><b>Supportive Services</b>      \$ _____</p> <p>(Housing Assessment &amp; Case Management, Drug &amp; Alcohol Treatment/Counseling, Mental Health Services, Transportation)</p>	<p><b>Short-Term Supported Housing (STSH)</b>      \$ _____</p> <p>(Cost of operating emergency / transitional shelters)</p>
	<p><b>Short-Term Rent, Mortgage and Utility Assistance (STRMU)</b>      \$ _____</p> <p>(Rent, Mortgage and Utility Payments)</p>
<p><b>Administrative Costs</b>      \$ _____</p> <p>(General management, oversight, coordination, evaluation, and reporting)</p>	
<p><b>Total HOPWA Funding Amount Requested</b></p>	<p>\$ _____</p>

**PROJECT PROPOSED BUDGET**

<b>PROJECT REVENUE SOURCES</b> (List all sources leveraged by this HOPWA grant)	<b>AMOUNTS</b>
Agency Fundraising	\$ _____
Donations	\$ _____
Government Grants & Loans	\$ _____
Non-Government Grants & Loans	\$ _____
Foundation Awards	\$ _____
Fees for Services	\$ _____
Other Income	\$ _____
<b>Total</b>	<b>\$ _____</b>

<b>BUDGETED ACTIVITIES</b>	<b>FY 2020 HOPWA Budget</b>	<b>Other Project Funds</b>	<b>Total Project Budget</b>
<b>A. Facility-Based Housing Assistance</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
Leases (Master)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
<b>B. Resource Identification</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> Party Contracts	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
<b>C. Rental Assistance (TBRA)</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
<b>E. Short-Term Housing (STSH)</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
<b>F. Short-Term Rent / Mort/ Utility Assistance (STRMU)</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
<b>G. Supportive Services</b>	\$ _____	\$ _____	\$ _____
Salaries & Fringes	\$ _____	\$ _____	\$ _____
Contract & Professional Services	\$ _____	\$ _____	\$ _____
<b>I. Administrative Costs</b>	\$ _____	\$ _____	\$ _____
<b>V. TOTAL EXPENDITURES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

## PART IV – Certifications

The following certifications apply to all sub-recipients. Funding will be denied if your organization is unable to comply with the following federal requirements.

### THE APPLICANT HEREBY AGREES TO THE FOLLOWING:

- A. The figures, facts, representations, and documents presented in this application are true and correct to the best of the applicant's knowledge.
- B. The submission of this application has been authorized by the governing board of the applicant. Date of board approval: \_\_\_\_\_
- C. For all HOPWA programs and projects, the applicant will conduct its operation in accordance with the following requirements:
  - 1) Refrain from discrimination against any program participant/beneficiary, applicant or employee because of race, color, religion, sex, national origin, familial status, age, political beliefs or affiliations, or handicaps, and comply with the Equal Employment Opportunity (EEO) clause required in all federally funded contracts.
  - 2) When applicable, comply with Section 3 requirements for providing opportunities to low income residents for training and employment.
  - 3) Provide the City of Jackson with monthly progress reports of activities funded by HOPWA funds. Such reports will include activity progress report and participants data.
  - 4) Maintain records to verify information regarding persons or households who participate or benefit from the grant funded activity including, but not limited to: income, racial/ethnic group, gender of the head of household and residence.
  - 5) Demonstrate compliance with federal standards for financial management systems and source documentation and disburse funds in accordance with Uniform Administrative Requirements of OMB Circular A-110 (non-profits), which govern financial management systems program monitoring, property management and procurement.
  - 6) Keep books and records in accordance with cost principles of OMB Circular A-122 (non-profits) and requirements of A-110 and A-133.
  - 7) Retain financial records, supporting documents, statistical records and other records pertinent to the program/program funded and make them available to the City, the U.S. Department of Housing and Urban Development or their designated representative(s) for a period of four years.

8) Maintain time distribution records for all HOPWA funded employees working on eligible and non-eligible activities.

D. Comply with contractual requirements as set forth by the City of Jackson for HOPWA programs to include but are not limited to the following:

- 1) Have an agency personnel policy including an affirmative action plan or an equal opportunity statement.
- 2) Submission of an audit
- 3) Be subject to at least one monitoring visit.

This application for funding has been reviewed and approved.

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Executive Director

Date

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President, Board of Directors

Date