

**REQUEST FOR PROPOSALS (RFP)**

**Housing Opportunities for Persons With AIDS**

 **(HOPWA)**

**CITY OF CHARLOTTE**

**HOUSING & NEIGHBORHOOD SERVICES DEPARTMENT - HOUSING SERVICES**

**DATE ISSUED: June 6, 2025**

**SUBMISSION DEADLINE: June 20, 2025**

**TABLE OF CONTENTS**

[1 REQUEST FOR PROPOSALS (RFP) INSTRUCTIONS 2](#_Toc199404779)

[1.1 Public Notice 2](#_Toc199404780)

[1.2 Overview 2](#_Toc199404781)

[1.3 TBRA Program Administrator 2](#_Toc199404782)

[1.4 RFP Schedule and Proposal Submission 2](#_Toc199404783)

[1.5 Evaluation Criteria & Process 3](#_Toc199404784)

[1.6 Proposal Format & Contents 4](#_Toc199404785)

[2 REPRESENTATIONS, CONDITIONS, AND OTHER REQUIREMENTS 5](#_Toc199404786)

[2.1 Communications 5](#_Toc199404787)

[2.2 Duties and Obligations of Firms in the RFP Process 5](#_Toc199404788)

[2.3 Addenda 5](#_Toc199404789)

[2.4 No Collusion, Bribery, Lobbying or Conflict of Interest 5](#_Toc199404790)

[2.5 Public Records 5](#_Toc199404791)

[2.6 Cost of Proposal Preparation 6](#_Toc199404792)

[2.7 Advertising 6](#_Toc199404793)

[2.8 Financial Capacity 6](#_Toc199404794)

[2.9 Ownership of Work Products 6](#_Toc199404795)

[2.10 City Rights and Reservations 6](#_Toc199404796)

[2.11 Contract 7](#_Toc199404797)

[3 CONTRACT REQUIREMENTS 8](#_Toc199404798)

[Form 1 – Execution of Proposal 10](#_Toc199404800)

[FORM 2 – COMMERCIAL NON-DISCRIMINATION CERTIFICATION 11](#_Toc199404801)

[Form 3 – NEW Service Provider STAFFING 12](#_Toc199404802)

[Form 4 – NEW Service Provider Application FY2026 13](#_Toc199404803)

[Form 5 – TBRA Program Administrator Application FY2026 19](#_Toc199404807)

# REQUEST FOR PROPOSALS (RFP) INSTRUCTIONS

## Public Notice

The City of Charlotte (City) anticipates allocating approximately **$3,600,000.00** for Housing Opportunities for Persons With AIDS (HOPWA) eligible activities in our eleven-county service area.

The City plans to select one or more agencies to provide HOPWA eligible assistance to individuals and families, in addition to, a Tenant Based Rental Assistance (TBRA) Program Administrator. The City is seeking agencies whose combination of experience and expertise will provide timely, cost-effective services to the City.

Information related to this solicitation, including any addenda, will be posted to the City’s Housing Website at [City of Charlotte - Request for Proposals.](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx) City of Charlotte - Request for Proposals.

For questions related to this RFP, contact:

**Akeem McDuffie,** HOPWA Engagement Coordinator

 City of Charlotte

 Housing & Neighborhood Services

 600 East Trade Street

 Direct Phone: (704) 336-3911

Email: akeem.mcduffie@charlottenc.gov

## 1.2 Overview

The goal of the HOPWA Program is to ensure that affordable housing options and related housing services are available to low-income Persons living with HIV and AIDS and their families achieve and maintain housing stability, thereby avoiding homelessness, and improving their access to, and engagement in, HIV/AIDS treatment and care. The eleven-county service area includes **Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties (NC) and Chester, Lancaster, and York Counties (SC).**

## 1.3 TBRA Program Administrator – Additional Information

A TBRA Program Administrator is a nonprofit organization or governmental housing agencies that receives funds under a contract with the City of Charlotte to administer the TBRA program on behalf of the City by assisting, locating and securing affordable units, dispersing rental and utility assistance and providing case management services. Program Administrator must have financial stability to provide required voucher assistance and supportive services while waiting up to sixty (60) days for reimbursement from the City of Charlotte.

## 1.4 RFP Deadline and Proposal Submission

Proposals are due no later than **Friday, June 20, 2025,** and shall be emailed in PDF form to Akeem McDuffie, HOPWA Engagement Coordinator, at akeem.mcduffie@charlottenc.gov. It is the sole responsibility of the proposer to ensure that the proposal package is received no later than the established due date. Proposals received after the due date will not be considered.

The City reserves the right to adjust the schedule and to add/remove specific events to meet the unique needs of this Project. Any changes will be reflected on the City’s Housing Website at [[City of Charlotte - Request for Proposals.](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx)](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx)

## 1.5 Evaluation Criteria & Process

The City will review each proposal based on the following, but not limited to:

* Overall agency experience with working with the identified population
* Responses to narrative questions.
* Proposed program budget and outcomes

Evaluations will focus on identifying the relative strengths, weaknesses, deficiencies, and risks associated with each Proposal. The City reserves the right to obtain clarification or additional information with any Agency in regard to its Proposal.

The City reserves the sole right to select the most qualified agency on the basis of best overall value that is most advantageous to the City.

Agencies who submit proposals will be notified of the selection results. Final recommendation of any selected Agency is subject to the approval of City Council or City officials.

## 1.6 Proposal Format & Contents

Interested Agencies must complete and submit one (1) original copy of each of the following based on your application status. (\*Indicates a city provided form or format)

* **NEW HOPWA Funding Applicant (Service Provider)**
* Form 1 - Execution of Proposal\*
* Form 2 - Commercial Non-Discrimination Certification\*
* Form 3 – NEW Service Provider Staffing Form\*
* Form 4 – NEW Service Provider Program Application\*
* New/Returning Budget Worksheet\*
* Current Agency Audit
	+ (Note: Agencies exempt from federal threshold requirements (as defined in 2 CFR Part 200) may submit financial statements in lieu of an annual audit. Financial Statements should include your agency’s: balance sheet, income statement and cash flow statement.
* Form 990 (nonprofit agencies only)
* **RETURNING HOPWA Funding Applicants (Service Provider)**
	+ Form 1 - Execution of Proposal\*
	+ Form 2 - Commercial Non-Discrimination Certification\*
	+ New/Returning Budget Worksheet*\**
	+ Current Agency Audit
		- (Note: Agencies exempt from federal threshold requirements (as defined in 2 CFR Part 200) may submit financial statements in lieu of an annual audit. Financial Statements should include your agency’s: balance sheet, income statement and cash flow statement.
	+ Form 990 (nonprofit agencies only)
* **TBRA Program Administrator Applicants**
	+ Form 1 - Execution of Proposal\*
	+ Form 2 - Commercial Non-Discrimination Certification\*
	+ Form 5 – TBRA Program Administrator\*
	+ Form 6 – TBRA Program Administrator Application\*
	+ TBRA Program Administrator Budget Worksheet\*
	+ Current Agency Audit
		- (Note: Agencies exempt from federal threshold requirements (as defined in 2 CFR Part 200) may submit financial statements in lieu of an annual audit. Financial Statements should include your agency’s: balance sheet, income statement and cash flow statement.
	+ Form 990 (nonprofit agencies only)

**END OF SECTION ONE**

# REPRESENTATIONS, CONDITIONS, AND OTHER REQUIREMENTS

## 2.1 Communications

All communication of any nature with respect to this RFP shall be addressed to the City Staff identified in section 1.1 this RFP. With the exception of communications with noted staff for this RFP, prospective firms and their staffs are prohibited from communicating with elected City officials, City staff and any selection committee member regarding this RFP or submittals from the time the RFP was released until the selection results are publicly announced. Violation of this provision may lead to disqualification of the firm’s proposal for consideration.

## 2.2 Duties and Obligations of Firms in the RFP Process

Interested firms are expected to fully inform themselves as to all conditions, requirements, and specifications of this RFP before submitting a proposal. Firms must perform its own evaluation and due diligence verification of all information and data provided by the City. The City makes no representations or warranties regarding any information or data provided by the City. Firms are expected to promptly notify the City in writing to report any ambiguity, inconsistency, or error in this RFP. Failure to notify the City accordingly will constitute a waiver of claim of ambiguity, inconsistency, or error.

## 2.3 Addenda

In order to clarify or modify any part of this RFP, addenda may be issued and posted at the City’s official website at [City of Charlotte - Request for Proposals](https://charlottenc.gov/HNS/Housing/RFP/Pages/Requests%20For%20Proposals.aspx). Any requests for information or clarification shall be submitted in writing to the Contracts Administrator listed in this RFP by the deadline for questions.

## 2.4 No Collusion, Bribery, Lobbying or Conflict of Interest

By responding to this RFP, the Agency shall be deemed to have represented and warranted that the proposal is not made in connection with any competing Agency submitting a separate response to this RFP and is in all respects fair and without collusion or fraud. Furthermore, the Agency certifies that neither it, any of its affiliates or subcontractors, nor any employees of any of the foregoing has bribed or lobbied, or attempted to bribe or lobby, an officer or employee of the City in connection with this RFP.

## 2.5 Public Records

Upon receipt by the City, each proposal becomes the property of the City and is considered a public record except for material that qualifies as “Trade Secret” information under North Carolina General Statute 66-152 et seq. Proposals will be reviewed by the City’s evaluation committee, as well as other City staff and members of the general public who submit public record requests after a selection result has been announced to the public. To properly designate material as a trade secret under these circumstances, each Agency must take the following precautions: (a) any trade secrets submitted by the Agency should be submitted in a separate, sealed envelope marked “Trade Secret – Confidential and Proprietary Information – Do Not Disclose Except for the Purpose of Evaluating this Proposal,” and (b) the same trade secret/confidentiality designation should be stamped on each page of the trade secret materials contained in the envelope.

In submitting a proposal, each Agency agrees that the City may reveal any trade secret materials contained in such response to all City staff and City officials involved in the evaluation process and to any outside consultant or other third parties who serve on the evaluation committee or who are hired by the City to assist in the evaluation process. Furthermore, each Agency agrees to indemnify and hold harmless the City and each of its officers, employees and agents from all costs, damages and expenses incurred in connection with refusing to disclose any material that the Agency has designated as a trade secret. Any Agency that designates its entire proposal as a trade secret may be disqualified from consideration.

## 2.6 Cost of Proposal Preparation

The City shall not be liable for any expenses incurred by any Agency responding to this RFP. Firms submitting a proposal in response to this RFP agree that the materials and submittals are prepared at the firm’s own expense with the express understanding that the Agency cannot make any claims whatsoever for reimbursement from the City for the costs and expense associated with preparing and submitting a proposal. Each Agency shall hold the City harmless and free from all liability, costs, claims, or expenses incurred by, or on behalf of, any person or Agency responding to this RFP.

## 2.7 Advertising

In submitting an RFP, proposer agrees not to use the results therefrom as part of any commercial advertising without prior written approval of the City of Charlotte.

## 2.8 Financial Capacity

The selected Agency must have the financial capacity to undertake the work and assume associated liability.

## 2.9 Ownership of Work Products

The City shall have exclusive ownership of all intellectual property rights in all documents and other work product prepared by, for, or under the direction of the selected Agency pursuant to any contract under this RFP (collectively, the “Intellectual Property”), including without limitation the right to copy, use, disclose, distribute, and make derivations of the Intellectual Property for any purpose or to assign such rights to any third party. The Intellectual Property shall be prepared in the City’s name and shall be the sole and exclusive property of the City, whether or not the work contemplated therein is performed. The City will grant the Agency a royalty-free, non-exclusive license to use and copy the Intellectual Property to the extent necessary to perform the contract.

## 2.10 City Rights and Reservations

The City expects to select one or more agencies but reserves the right to request substitutions of any key team member, including staff and subcontractors. The City reserves the right to contact any agencies for any additional information including but not limited to experience, qualifications, abilities, equipment, facilities, and financial standing. The City reserves the right to modify any part of this RFP as issued with an addendum. The City, at its sole discretion, reserves the right to reject any or all responses to the RFP, to cancel the RFP, to re-advertise for new RFP responses either with identical or revised specifications, or to accept any RFP response, in whole or part, deemed to be in the best interest of the City. The City reserves the right to waive technicalities and informalities.

A response to this RFP shall not be construed as a contract, nor indicate a commitment of any kind.

The City of Charlotte reserves the sole right to award a contract or contracts to the most qualified firm(s) on the basis of best overall proposal most advantageous to the City. The City of Charlotte is therefore not bound to accept a proposal on the basis of lowest price. The City of Charlotte also reserves the right to make multiple awards, based on experience and qualifications if it is deemed in the City’s best interest.

## 2.11 Contract

The contents of this RFP and all provisions of the successful proposal deemed responsive by the City of Charlotte may be incorporated, either in whole or in part, into a contract with the City of Charlotte and become legally binding when approved and executed by both parties. The final negotiated contract may include the scope of work as outlined in this RFP along with the successful firm’s submittal and any additions or deletions made at the discretion of the City as a result of the RFP process.

**END OF SECTION TWO**

# CONTRACT REQUIREMENTS

* 1. **Client Eligibility**

Clients assisted with HOPWA funds must meet the following eligibility criteria:

* Individuals that are medically diagnosed with HIV/AIDS and their families.
* With the exception of receiving Housing Information Services only, eligible individuals and their families must be at eighty percent (80%) or below of Area Medium Income (AMI).
* All eligible individuals and their families must live within the designated MSA which includes Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union (NC) and Chester, Lancaster, and York Counties (SC).
	1. **Data Entry**

### Agencies will be required to enter client, services, and financial information as outlined into the City of Charlotte designated database.

* 1. **Program Monitoring**

Agencies shall be subject to on site and/or desk review monitoring during contract period as identified by risk analysis process by the City of Charlotte.

* 1. **Training**

In addition to training on the designated database, Agencies may be requested to participate in

funding specific trainings as outlined by the City. (Note: staff time is a reimbursable expense under an eligible activity, however, the cost of the training and/or mileage to trainings may not be eligible for reimbursement.)

* 1. **Billing, Reporting and Compliance**

During the contract performance period, Agencies will be required to follow the City of Charlotte’s Invoicing and Reimbursement Procedures which outline the require billing documents based on funded activities. Documentation to include, but not limited to, payment documentation, client eligibility, services provided and payroll information, if applicable to service provided. Monthly and/or quarterly reports on service outcomes may also be required.

(Note: Specific documents and reporting formats will be outlined in contract).

* 1. **Insurance Requirements**

Agencies must have the financial capacity to undertake the work and assume associated liability. The City shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of agency and/or subcontractor providing such insurance. Agencies will not be able to commence any services in connection with contract performance period until it has obtained all of the foregoing types of insurance, and such insurance has been approved by the City. Additionally, agencies shall not allow any subcontractor to commence services on its subcontract until all similar insurance required of the subcontractor has been obtained and approved.

The selected Agency will be required to provide certificates of insurance evidencing the following coverage:

* Worker’s Compensation - As required by the laws of North Carolina or South Carolina, as well as employer’s liability coverage with minimum limits of $500,000.00, covering all of the Subrecipient’s employees who are engaged in any work under the contract.
* Commercial General Liability - Comprehensive Broad Form in the amounts of $1,000,000 bodily injury each occurrence/aggregate and $1,000,000 property damage each occurrence/aggregate or $1,000,000 bodily injury and property damage combined single limits each occurrence/aggregate.
* Directors & Officers Liability Insurance – Not less than $1,000,000 per claim, to protect Subrecipient against negligent acts, errors, or omissions in performing services under this agreement.
* Fidelity Bond Insurance (Employee Dishonesty) – Employee Fidelity Insurance coverage no less than $50,000.
* Automobile Liability - Covering all owned, hired and non-owned vehicles, used in connection with the contract. The minimum limits shall be $1,000,000.00 bodily injury each person, each accident and $1,000,000 property damage, or $1,000,000 combined single limits each occurrence/aggregate.

The City of Charlotte shall be named as additional insured under the commercial general liability insurance for operations and services rendered under Contract. Certificates of all required insurance shall be furnished to the City upon request and updated certificates should be submitted no later than (15) days after expiration.

**END OF SECTION THREE**

# Form 1 – Execution of Proposal

The person executing the Proposal, on behalf of the Company, being duly sworn, solemnly swears (or affirms) that neither s/he, nor any official, agent or employee of the Company has entered into any agreement, participated in any collusion, or otherwise taken any action which is in restraint of full and open competition in connection with any proposal or contract, that the Company has not been convicted of violating North Carolina General Statute 133-24 within the last three years, and that the Company intends to do the work with its own bona fide employees or subcontractors and is not proposing for the benefit of another company.

Submission of a response to this RFP constitutes certification that the Company and all proposed team members are not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Project by any State or Federal department or agency. Submission is also agreement that the City will be notified of any change in this status.

NC General Statute 133-32 and City Policy prohibit any gift from anyone with a contract with the City, or from any person seeking to do business with the City. By execution of this Proposal, you attest, for your organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

The information contained in this Proposal, including its forms and other documents, delivered or to be delivered to the City, is true, accurate, and complete. This Proposal includes all information necessary to ensure that the statements therein do not in whole or in part mislead the City as to any material facts.

**Type of Company:**

|  |  |
| --- | --- |
| **(Check 1 box)** |  **Sole Proprietor**  **Partnership**   **Joint Venture**  |
|  |  **Corporation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(identify the State of incorporation)*  |
|  | *(If joint venture, complete this “Proposal Submission” sheet for each joint venture company and identify the “Name of Joint Venture” on each sheet)*NAME OF JOINT VENTURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  | City of Charlotte Vendor Number: |  |

**ACKNOWLEDGEMENT OF ADDENDA:**

The undersigned acknowledges receipt of the following addenda:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No: |  | Date: |  | No: |  | Date: |  | No: |  | Date: |  |

|  |  |
| --- | --- |
| Company Legal Name: |  |
| Mailing Address: |  |
| City/State/Zip: |  |
| Phone: |  | Email: |  |
|  |  |  |  |

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |
| --- |
| **(Title)** |
| **Date** |

***Proposal is valid for one-hundred-eighty (180) days from the Proposal due date.***

# FORM 2 – COMMERCIAL NON-DISCRIMINATION CERTIFICATION

|  |  |
| --- | --- |
| **COMPANY NAME:** |  |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2026 HOPWA** |

|  |  |
| --- | --- |
| **RFP NUMBER*:*** | **N/A**  |

The undersigned Company hereby certifies and agrees that the following information is correct:

1. In preparing its bid/proposal, the Company has considered all bids/proposals submitted from qualified, potential subcontractors and suppliers and has not engaged in discrimination as defined in Section 2 below.
2. For purposes of this section, *discrimination* means discrimination in the solicitation, selection, or treatment of any subcontractor, vendor, supplier, or commercial customer on the basis of race, ethnicity, gender, age, religion, national origin, disability or other unlawful form of discrimination. Without limiting the foregoing, *discrimination* also includes retaliating against any person or other entity for reporting any incident of discrimination.
3. Without limiting any other remedies that the City may have for a false certification, it is understood and agreed that, if this certification is false, such false certification will constitute grounds for the City to reject the bid/proposal submitted with this certification and terminate any contract awarded based on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies allowed thereunder, including possible disqualification from participating in City contracts for up to two years.
4. As a condition of contracting with the City, the Company agrees to promptly provide to the City all information and documentation that may be requested by the City from time to time regarding the solicitation and selection of subcontractors and suppliers. Failure to maintain or failure to provide such information shall constitute grounds for the City to reject the bid/proposal and to terminate any contract awarded on such bid/proposal. It shall also constitute a violation of the City’s Commercial Non-Discrimination Ordinance and shall subject the Company to any remedies that are allowed thereunder.
5. As part of its bid/proposal, the Company shall provide to the City a list of all instances within the past ten years where a complaint was filed or pending against the Company in a legal or administrative proceeding alleging that the Company discriminated against its subcontractor, vendors, suppliers, or commercial customers, and a description of the status or resolution of that complaint, including any remedial action taken.
6. As a condition of submitting a bid/proposal to the City, the Company agrees to comply with the City’s Commercial Non-Discrimination Policy as described in Section 2, Article V of the Charlotte City Code, and consents to be bound by the award of any arbitration conducted thereunder.

|  |
| --- |
| **Signature of Authorized Representative (or Designee)** |

|  |
| --- |
| **(Print Name)** |

|  |
| --- |
| **(Title)** |

|  |
| --- |
| **(Date)** |

**Form 3 – NEW Service Provider STAFFING**

|  |  |
| --- | --- |
| **COMPANY NAME:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2026 HOPWA** |

List the full names of all **employees** whom you intend to assign to this program. Describe their specific role/responsibility and availability. Add additional pages as necessary.

| **Employee Name & Title** | **Project Role**  | **Availability** | **Education / Experience** |
| --- | --- | --- | --- |
| Example: John Smith, Counselor | Program eligibility client services & counseling | Full time staff assigned 50% to this program | MSW |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Form 4 – NEW Service Provider Application FY2026

| **Agency:** | Click or tap here to enter text. |
| --- | --- |
| **Address:** | Click or tap here to enter text. |
| **Director:** | Click or tap here to enter text. |
| **Agency Contact Information for Application (Name, Phone #, email):** | Click or tap here to enter text. |
| **Total Funding being requested from City for upcoming Fiscal Year** | Click or tap here to enter text. |

# Eligible Activities

# *(Note: Supportive Services, STRMU, HIS and Administrative activities will bill reimbursement for actual cost. Operating Expenses for Facility-Based Housing will bill reimbursement through daily rate)*

1. ***Supportive Services*** *include, but not limited to:*
	* Permanent Housing Placement
	* Housing Case Management
	* Mental Health Services
	* Drug and alcohol abuse treatment and counseling (inpatient)\*\*

*(Note: To be eligible to apply for drug and alcohol abuse treatment and counseling (inpatient) funds, no other funds can be available to pay for these services for the HOPWA eligible persons).*

* + Transportation (actual costs for clients to attend housing-related or medical appointments. Bus passes, ride-share, or gas vouchers may be used. Note: Ride-share and gas vouchers may only be used when bus transportation is not available.)

 Note: A full list of Supportive Services is available on the New/Returning Budget Worksheet.

1. ***Short-Term Rent, Mortgage and Utility payment*** ***(STRMU)*** to prevent the homelessness of the tenant or mortgage or of a dwelling. (*Bill for reimbursement of actual cost)*

Note: Service Providers awarded STRMU, serving households in Mecklenburg County, will be required to participate in any Charlotte-Mecklenburg Continuum of Care Homelessness Prevention Workgroup meetings.

1. ***Housing Information Services (HIS)*** include 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. *(Bill for reimbursement of actual cost)*
2. ***Operational Expenses for Facility-Based Housing*** including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and any other incidental Costs. *(Note: The standards listed below are not applicable to facility-based housing programs that are not short-term.)*

Note: Short-term supported housing includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage, and utilities payments to enable eligible individuals to remain in their own dwellings. If grant funds are used to provide such short-term supported housing assistance, the following additional standards apply:

* + A funded facility/program may not provide shelter or housing at any single time for more than 50 families or individuals. This includes HOPWA funded and non-funded assisted households.
	+ A funded facility/program may not provide residence to any individual for more than 60 days during any six- month period.
1. **Administrative Expenses.** Agencies may request up to seven percent (7%) of the awarded amount for activities including general management, oversight, coordination, evaluation, and reporting on eligible activities. *(Bill for reimbursement of actual cost)*

Note: Expenses do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

More information about all HOPWA activities can be found at <https://www.hudexchange.info/programs/hopwa/>.

# Agency and Program Information

Provide description of your agency. If requesting funding for a specific program within your agency, also provide the name and description of the specified program along with your agency’s description:

|  |
| --- |
| **Agency and Program Description (*Please provide a description of agency’s experience in working with HOPWA funded activities and the target population in which you will serve)*:** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe the benefits or results of agency or program activities *(Please describe how activities adequately and appropriately meet anticipated service needs)***  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe your agency’s ability to implement the Program you propose in terms of the agency’s experience in serving people living with HIV and staffing levels, experience, ratios, and qualifications.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Demonstrate your agency’s commitment to serving People Living with HIV and AIDS by describing:****(a) Agency’s approach to Cultural humility.****(b) Agency’s approach to Trauma Informed Services.****(c) Staff’s existing knowledge lived experience and/or demonstrated expertise in serving this community.****(d) Trainings attended (or willingness of agency to provide trainings) on topics related to HIV knowledge and LGBTQ topics (including housing).** |
| Click or tap here to enter text. |

|  |
| --- |
| **What geographic region and target populations will you serve? How many unduplicated clients do you propose to serve?** |
| Click or tap here to enter text. |

|  |
| --- |
| **How will clients apply for assistance to your program? (Please be specific in detailing the process clients utilize to access assistance including application process, methods available [such as phone, online], locations [multiple, mobile], hours of service, etc.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **If applicable, describe any program specific processes clients must utilize to access services from your agency. Include details such as enrollment requirements (e.g., referral from intake worker who is providing other services in your agency, community caseworker referral). Provide reasoning behind program processes describes in this question.** |
| Click or tap here to enter text. |

**Agency Financial & Contract Compliance**

|  |
| --- |
| **Describe the process for ensuring all agency staff understand and will meet HOPWA contract requirements around required reporting and submitting invoices.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **How will your agency determine and document client eligibility? How will your agency decide which clients get assistance from your HOPWA funding if the need exceeds available funding?** |
| Click or tap here to enter text. |

|  |
| --- |
| **How does your agency collect, monitor, and utilize your clients’ feedback about your program?**  |
| Click or tap here to enter text. |

|  |
| --- |
| **What is the timeframe in which activities can be completed (such as, how quickly will checks be written once approved, how long will the approval process take)?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe how your agency will identify, and address duplication of HOPWA funded activities within your agency and across the service area? (Please be specific in your response. Not scored)** |
| Click or tap here to enter text. |

**Connection to the Community**

|  |
| --- |
| **How does your agency collaborate with other entities in the community?**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe agreements your agency/program has for linkages with HIV medical care.**  |
| Click or tap here to enter text. |

|  |
| --- |
| **Specify the community partners that will have a role in the activities you propose, specifically from whom you will receive referrals and to whom you will refer discharged/graduated clients (if applicable). Describe the specific function each partner will perform, and the nature of the commitment each partner makes, to ensure that your project will be assisting people through the continuum towards housing stability.**  |
| Click or tap here to enter text. |

**Certifications**

**Please select all that apply to the Agency:**

**(Note: Missing items 5-15 will not affect application review. However, items will be required prior to entering contract or use of funds if awarded funding through this RFP.)**

☐ 1. Agency is a 501c3 or unit of government.

☐ 2. Agency can meet all reporting requirements under HOPWA.

☐ 3. Agency has no overdue tax debts.

☐ 4. Agency will hold minimum insurance requirements.

☐ 5. Agency has Financial Policy and Procurement Standards.

☐ 6. Agency has a current Conflict of Interest Policy that meets HUD requirements.

☐ 7. Agency has an Anti-Discrimination Policy.

☐ 8. Agency has a Drug-Free Workplace Policy.

☐ 9. Agency has an Environmental Tobacco Smoke-Free Policy.

☐ 10. Agency has an Equal Access Policy.

☐ 11. Agency has a Fair Housing Policy.

☐ 13. Agency has a Termination of Assistance/Grievance Policy for Program Participants.

☐ 14. Agency has a Confidential and Record Retention Policy.

☐ 15. Active registration listed in SAM.gov system.

☐ 16. Agency will complete an annual financial audit meeting requirements outlined in 2 CFR 200.

**Please acknowledge each statement and sign.**

[ ]  To the best of my knowledge and belief, all information in this application is true and correct.

[ ]  I understand that contracts are for one (1) year and that if funds are awarded to my agency

 we will be responsible to spend 100% of the funds within that contract period.

[ ]  I certify that my agency will complete the grant per the proposal provided and in accordance with

 the terms and conditions outlined in the RFP documents.

**Name of Applicant** Click or tap here to enter text.

**Name of Authorized Official** Click or tap here to enter text.

**Title** Click or tap here to enter text.

**Date** Click or tap here to enter text.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **COMPANY NAME:** | **Click or tap here to enter text.** |

**Form 5 – TBRA PROGRAM ADminstrator **

|  |
| --- |
| REQUIRED FORMS |
| Form 3 – Staffing |

|  |  |
| --- | --- |
| **RFP NAME*:*** | **FY2026 HOPWA** |

List the full names of all **employees** whom you intend to assign to this program. Describe their specific role/responsibility and availability. Add additional pages as necessary.

| **Employee Name & Title** | **Project Role**  | **Availability** | **Education / Experience** |
| --- | --- | --- | --- |
| Example: John Smith, Counselor | Program eligibility client services & counseling | Full time staff assigned 50% to this program | MSW |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Form 6 – TBRA Program Administrator Application FY2026

| **Agency:** | Click or tap here to enter text. |
| --- | --- |
| **Address:** | Click or tap here to enter text. |
| **Director:** | Click or tap here to enter text. |
| **Agency Contact Information for Application (Name, Phone #, email):** | Click or tap here to enter text. |
| **Total Funding being requested from City for upcoming Fiscal Year** | Click or tap here to enter text. |

The Tenant Based Rental Assistance (TBRA) Program Administrator will be responsible for overseeing the TBRA program for the eleven-county service area. Responsibilities include but not limited to tracking/allocating vouchers, managing waitlist, reviewing applications, determining participant eligibility, ensuring all move-in documentation and requirements are met and processing rent and utility payments.

# Required Activities

* ***Tenant-Based Rental Assistance (TBRA)*** is a rental subsidy used for eligible households to obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable. Assistance may include utility assistance.
* The City will entertain conversations with the selected agency on the process for reimbursing and/or advance payments to the agencies for TBRA expenses.

The City anticipates designating approximately $1,000,000 for 110 TBRA vouchers within the HOPWA service area.

The City expectations is that all households receiving TBRA will receive Case Management services to ensure long-term housing stability.

**Other Eligible Activities**

The following eligible activities may be requested to ensure comprehensive administration of the TBRA program. *(Note: Supportive Services and Administrative activities will bill reimbursement for actual cost.)*

1. ***Supportive Services*** *include, but not limited to:*
	* Permanent Housing Placement
	* Housing Case Management
	* Mental Health Services
	* Transportation (actual costs for clients to attend housing-related or medical appointments. Bus passes, ride-share, or gas vouchers may be used. Note: Ride-share and gas vouchers may only be used when bus transportation is not available.)

A full list of Supportive Services is available on the TBRA Program Administrator Budget

Worksheet.

1. **Administrative Expenses:** To assist with administrative costs, the TBRA program administrator is eligible to receive up to seven (7%) of the awarded amount. Eligible cost includes general management, oversight, coordination, evaluation, and reporting on eligible activities. Note: Expenses do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

More information about all HOPWA activities can be found at <https://www.hudexchange.info/programs/hopwa/>.

**General Oversight/Administration**

|  |
| --- |
| **Describe how your agency will oversee the allocation of vouchers per county, and manage the waitlist for the service area?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Explain how your agency will ensure clients receiving TBRA will be provided/offered case management services.** |
| Click or tap here to enter text.  |

|  |
| --- |
| **Describe your agencies experience in collecting program data and program evaluation techniques that will be implemented to track the efficiency of services provided in the service area.**  |
| Click or tap here to enter text. |

**Service Delivery Administration**

|  |
| --- |
| **Describe the anticipated timeline for securing housing for a household once eligibility for HOPWA Tenant-Based Rental Assistance (TBRA) has been determined.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Describe how your agency will administer the TBRA program in the entire area.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Explain how your agency will ensure that housing units in the HOPWA TBRA program comply with all HOPWA regulations**. |
| Click or tap here to enter text. |

**Organizational Capacity**

|  |
| --- |
| **Describe the administrative and financial department’s capacity to administer HOPWA eligible activities. Include processes and systems established to ensure successful implementation across service area and managing organization operations including financial accounting systems.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Explain how your agency will ensure timely and accurate submission of requested documents to the City and funded agencies.** |
| Click or tap here to enter text. |

|  |
| --- |
| **The HOPWA Program is reimbursement-based. The City aims to reimburse agencies within 60 days of invoice submission. Describe how your agency will continue meeting financial obligations during this time.** |
| Click or tap here to enter text. |

**Certifications**

**Please select all that apply to the Agency:**

**(Note: Missing items 4-15 will not affect application review. However, items will be required prior to entering contract or use of funds if awarded funding through this RFP.)**

☐ 1. Agency is a 501c3 or unit of government.

☐ 2. Agency can meet all reporting requirements under HOPWA.

☐ 3. Agency has no overdue tax debts.

☐ 4. Agency will hold minimum insurance requirements.

☐ 5. Agency has Financial Policy and Procurement Standards.

☐ 6. Agency has a current Conflict of Interest Policy that meets HUD requirements.

☐ 7. Agency has an Anti-Discrimination Policy.

☐ 8. Agency has a Drug-Free Workplace Policy.

☐ 9. Agency has an Environmental Tobacco Smoke-Free Policy.

☐ 10. Agency has an Equal Access Policy.

☐ 11. Agency has a Fair Housing Policy.

☐ 13. Agency has a Termination of Assistance/Grievance Policy for Program Participants.

☐ 14. Agency has a Confidential and Record Retention Policy.

☐ 15. Active registration listed in SAM.gov system.

☐ 16. Agency will complete an annual financial audit meeting requirements outlined in 2 CFR 200.

**Please acknowledge each statement and sign.**

[ ]  To the best of my knowledge and belief, all information in this application is true and correct.

[ ]  I understand that contracts are for one (1) year and that if funds are awarded to my agency

 we will be responsible to spend 100% of the funds within that contract period.

[ ]  I certify that my agency will complete the grant per the proposal provided and in accordance with

 the terms and conditions outlined in the RFP documents.

**Name of Applicant** Click or tap here to enter text.

**Name of Authorized Official** Click or tap here to enter text.

**Title** Click or tap here to enter text.

**Date** Click or tap here to enter text.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**