

# 2526 DSHS HOPWA RFP TECHNICAL ASSISTANCE WEBINAR



Presented By:

Tiffany Shepherd, MPH- Executive Director

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Marcus D. Benoit, PhD- Housing and Community Development Manager

# PURPOSE OF THE WEBINAR



To provide an overview of the requirements for the RFP and a review of the questions and forms required to be answered and completed, including common mistakes from previous RFP submission.



To offer an opportunity for applicants to ask questions.



*The exclusion of an item within the RFP from this presentation does not signify its removal from the RFP.*

# ACRONYMS

HUD: U.S. Department of Housing and Urban Development

DSHS: Texas Department of State Health Services

HOPWA: Housing Opportunities for People With HIV

HSDA: HIV Service Delivery Area


TRG: The Houston Regional HIV/AIDS Resource Group

RFP: Request For Proposals

DSHS HOPWA: The funds covered by this RFP.

 **HUD:** Federal agency responsible for handling HOPWA funds.

 **Recipient:** Agency funded by HUD to administer HOPWA funds (DSHS).

 **Administrative Agency (AA):** Subgrantee of DSHS who handles the “local” administration of the grant (TRG).

 **Subrecipient/Project Sponsors:** Agency funded through a contract with the AA to provide the services directly to clients.

# TERMINOLOGY



# IMPORTANT DATE

**LETTERS OF INTENT MUST  
BE SUBMITTED BY  
MONDAY, JUNE 9, 2025  
5:00 P.M., CENTRAL STANDARD TIME**

**NO PROPOSALS WILL BE REVIEWED WITHOUT A CORRESPONDING LETTER OF INTENT!**

# LETTER OF INTENT

Please submit a letter addressed to Tiffany Shepherd, Executive Director, which includes the following information:

- Applicant name
- HSDA To Be Served
- Service(s) that applicant will incorporate in its proposal. Only include service(s) that you propose in your budget
- List the dollar amount (\$) the applicant will apply for in each service
- Authorized signature

# LETTER OF INTENT

You may email your letter to Tiffany Shepherd at [tshepherd@hivtrg.org](mailto:tshepherd@hivtrg.org). It is **YOUR** responsibility to ensure receipt of the letter.

You may mail your letter of intent to 3700 Buffalo Speedway, Suite 250, Houston, TX 77098. It is **YOUR** responsibility to ensure receipt of the letter.

**Reminder:** If you do **NOT** submit your letter of intent, your proposal(s) will **NOT** be reviewed.

# IMPORTANT DATE

## RFP APPLICATION DUE DATE

Thursday, July 17, 2025

5:00 P.M., CENTRAL STANDARD TIME

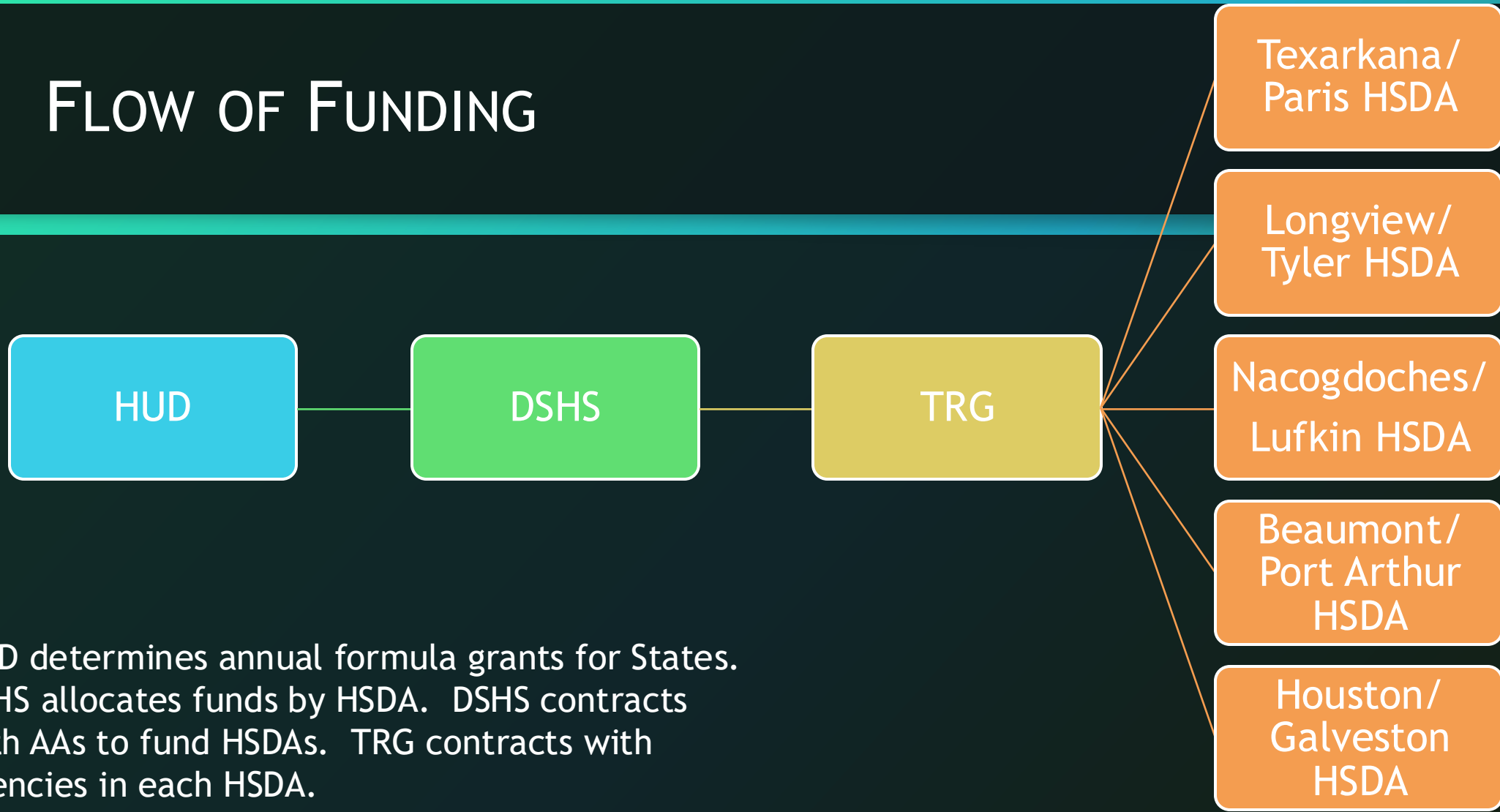
3700 BUFFALO SPEEDWAY, SUITE 250

HOUSTON, TEXAS 77098

- SUBMIT ONE (1) PRINTED ORIGINAL AND FIVE (5) PRINTED COPIES AND ONE (1) ELECTRONIC COPY ON OR BEFORE INDICATED DUE DATE



# FLOW OF FUNDING



HUD determines annual formula grants for States. DSHS allocates funds by HSDA. DSHS contracts with AAs to fund HSDAs. TRG contracts with agencies in each HSDA.

# COUNTIES IN HSDA

|                                  |   |
|----------------------------------|---|
| <b>Galveston</b>                 | Brazoria, Galveston, Matagorda  |
| <b>Houston</b>                   | Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, Wharton                       |
| <b>Beaumont/<br/>Port-Arthur</b> | Hardin, Jefferson, Orange   |
| <b>Lufkin/<br/>Nacogdoches</b>   | Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler  |
| <b>Longview/<br/>Tyler</b>       | Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, Wood |
| <b>Texarkana/<br/>Paris</b>      | Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, Titus  |

Texarkana/Paris

Longview/Tyler

Nacogdoches/Lufkin

Houston

Beaumont/  
Port Arthur

Galveston



# Allocations



## Service Area and Projected Allocations

- This chart identifies the Houston HSDA, counties to be served, approved program activities and the project allocation.
- Applicant must apply for all services in the Houston HSDA, including housing case management.
  - This helps to ensure program fidelity and continuity.
- Allocations listed are based on level funding.

| HSDA: HOUSTON   |                    |
|---|--------------------|
| COUNTIES TO BE SERVED: Harris, Fort Bend, Wharton, Austin, Colorado, Waller, Liberty, Chambers, Montgomery, San Jacinto   |                    |
| PROGRAM ACTIVITIES (APPLICANT MUST APPLY FOR ALL SERVICES IN HSDA)  | PROJECT ALLOCATION |
| <ul style="list-style-type: none"><li>• Tenant-Based Rental Assistance (TBRA)</li><li>• Short-Term Rent, Mortgage, and Utilities (STRMU)</li><li>• Permanent Housing Placement (PHP)</li><li>• Supportive Services</li><li>• Project Sponsor Administration</li></ul> | \$530,000.00       |

# Overview of Expectations

# INTRODUCTION

Applications are requested for one HIV Service Delivery Areas (HSDAs):

**Houston HSDA Only**



Specific counties covered under each HSDA are listed in Appendix A. *Service may only be provided to clients who reside within the counties listed in Appendix A.*



*Applicants must designate which HSDA they are proposing to serve (Form A, Form C).*

# INTRODUCTION

HOPWA Project Period: September 1, 2025-August 31, 2028

Initial contract period: 09/1/25-08/31/26

The allocations contained in this RFP are based on level funding from overall DSHS HOPWA Allocations for the service area.



# ELIGIBLE APPLICANTS

- Eligible applicants for this program are governmental, public and private non-profit entities located within the five HSDAs. Eligible entities may include, but are not limited to:
  - City and/or county health departments or districts;
  - Non-profit community-based organizations; and/or
  - Public or private non-profit hospitals.
- **For-profit entities may be funded if such entities are the ONLY available provider in the area.**
- Individuals are not eligible to apply.
- **No funded agency may refuse service to any eligible client who resides in the HSDA.**

# Fundable HOPWA Activities

Permanent Housing  
Placement Services  
(PHP)

Short-Term Rent,  
Mortgage, and  
Utilities (STRMU)  
Assistance Program

Tenant-Based  
Rental Assistance  
(TBRA) Program

Supportive  
Services Program  
(Housing Case  
Management)

Project Sponsor  
Administration  
(7% cap)

# Fundable HOPWA Services

Appendix B (DSHS HOPWA Services) contains a listing of those services that are allowed to be funded by DSHS HOPWA funds. Funds awarded through this RFP will **ONLY** fund services contained in Appendix B.

*Proposing other services will result in disqualification of the applicant.*

Five service activities are funded under Appendix B.

# HOPWA Service Definition- PHP

Permanent Housing Placement Services (PHP): PHP services may be used to help households access and establish permanent residence in which continued occupancy is expected. PHP can be used as a standalone service or in conjunction with other HOPWA or non-HOPWA housing assistance services. Eligible PHP housing assistance costs include: Application fees, administrative fees, first and/or last month's rent or prorated rent (when required for occupancy and no ongoing housing subsidy, whether via HOPWA or another program, is expected) security deposit and other initial move-in costs related to credit, rental, and criminal background checks. Assistance cannot exceed the value of two months' rent for the new unit.



# HOPWA SERVICE DEFINITION-STRMU

**Short-Term Rent, Mortgage, and Utilities (STRMU) Assistance:** STRMU provides short-term, rent, mortgage, and utility payments for households experiencing a financial crisis related to their HIV health condition or a change in their economic circumstances. STRMU helps prevent homelessness by enabling households to remain in their own homes.

STRMU is designed to prevent households from becoming homeless by helping them remain in their own dwellings, and when utilized together with other efforts, including access to health care services, case management, benefits counseling, and employment or vocational services, works to stabilize assisted households.

Short-term assistance for a period not to exceed 21-weeks of assistance in any 52-week period.

# HOPWA SERVICE DEFINITION-TBRA

**Tenant-Based Rental Assistance (TBRA) Program** (similar to Housing Choice Voucher Program (HCVP): TBRA provides an ongoing and portable rental subsidy that helps households obtain or maintain permanent housing, including assistance for shared housing arrangements, in the private rental housing market until they can enroll in the Housing Choice Voucher Program (HCVP) or other affordable housing programs. Under TBRA, households select a housing unit of their choice. TBRA pays the difference between the household's calculated monthly rent payment and the rent specified in their lease agreement. The gross rent of the proposed unit cannot exceed the lower of the rent standard or reasonable rent.

# HOPWA SERVICE DEFINITION-SUPPORT SERVICES (HOUSING CASE MANAGEMENT)

**Supportive Services Program:** HCM plays a vital role in HOPWA Supportive Services and can contribute to successful program outcomes for housing stability and access to care. HCM primarily centers around matters related to housing issues, including housing options, stability, and goals. The intensity or level of HCM provided to a household will depend on the household's assessed level of need.

# FINANCIAL REQUIREMENTS



# FINANCIAL MANAGEMENT STANDARDS

- Applicants are required to follow Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200);
- Texas Grant Management Standards (TXGMS) (previously the Uniform Grant Management Standards (UGMS)), and
- All statutes, requirements, and guidelines applicable to this funding. The Uniform Guidance can be reviewed at [http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl) and the TXGMS can be found at <https://comptroller.texas.gov/purchasing/grant-management/>.
- Technical assistance in the application of these procedures is available from the Finance Department of TRG upon award of grant.

The Housing Opportunities for People With AIDS (HOPWA) funding mandates a 7% aggregate cap on administrative costs. This cap applies to the total award to the HSDA, not specifically to individual applicants. However, to meet this requirement for the HSDA, each applicant will be expected to **stay within the 7% administrative cost limit**. Administrative activities include:

- Usual and recognized overhead although TRG does not accept usage of an established indirect cost rate. Usual and recognized overhead includes items such as rent, utility, telephone, and other expenses related to administrative staff; expenses such as liability insurance and building-related costs (e.g. janitorial).
- Management and oversight of specific programs funded under this RFP. This includes salaries, fringe benefits, and travel expenses of administrative staff, including financial management staff. This includes direct supervision of program staff. If an administrator also directly supervises program staff, the actual portion of time devoted to that supervision is excluded. *This includes salaries and fringe benefits of staff solely devoted to TCT data entry or management.*

## ADMINISTRATIVE COSTS

# ADMINISTRATIVE COSTS

Applicants must manage HOPWA funds for delivery of HOPWA program services by establishing policies and procedures as required by federal regulations including, but not limited to:

- Management of grant funds: Attention must be given to assuring that HOPWA funds are available throughout the project year and are not expended prematurely. Having knowledge of current caseloads and expenditures by client, waiting lists, and past program experience can be used to effectively plan services.
- Applicants for DSHS HOPWA funds are expected to stay within the HOPWA-mandated 7% administrative cap requirement of HOPWA providers.
- Budgeting grant funds: It is recommended that Project Sponsors budget 1/12 of their annual HOPWA budget per month after the TBRA commitment is determined. In this way, if a Project Sponsor under-spends or over-spends in any particular month, program staff will be able to determine the balance of funds available for the coming months.
- Charging to appropriate contracts: Costs incurred in one contract year cannot be paid with funds from a different contract year.



# ALLOWABLE USE OF FUNDS

DSHS funds may be used for costs directly related to providing housing assistance services for individuals with HIV within the HSDA.

All costs are subject to negotiation with TRG and DSHS.

# INELIGIBLE USE OF FUNDS

Program funds may not be used for the following:

To make cash payments to intended recipients of services;

For acquisition of real property, building construction, alterations, renovations, or other capital improvements;

To duplicate services already available to the target group;

To supplant other funding for services already in place;

For charges which are billable to third party payers, e.g., private health insurance, prepaid health plans, Medicaid, and Medicare; Educational purposes except that health education and risk reduction education is encouraged for HIV-infected individuals.



# HOPWA-SPECIFIC FINANCIAL REQUIREMENTS

# REQUIREMENTS TO FILE IRS FORM 1099 FOR PAYMENTS

- Applicants are required under IRS regulations to report payments made to owners of housing projects (Revenue Rule 88-53) for TBRA, STRMU, and PHP. Payments in excess of \$600 to a person in any calendar year must be reported to the IRS on form 1099-MISC, Box 1, “Rents” (Revenue Rule 88-53).
- In order to comply with this requirement, Applicants must obtain the taxpayer identification number (TIN), social security number (SSN), or employer identification number (EIN) from all entities to which it will make housing assistance payments. To accomplish this, Applicants should issue a W-9 form to all property.
  - Form W-9 must be completed and returned to the Project Sponsor before any rent payments are made. Form 1099-MISC must be completed and issued to each “person” who has been paid \$600.00 or more in rent every calendar year. Persons include individuals and partnerships.
  - The form is not required to be issued to corporations or utility vendors. The form must be issued to the property owner by January 31st and submitted to IRS no later than February 28th. Copies of IRS form W-9 and 1099-Misc as well as detailed instructions on their completion can be obtained from the IRS website, [www.IRS.gov](http://www.IRS.gov).

# CLIENT CONTRIBUTIONS (TBRA)

30 percent of the family's monthly-adjusted income (adjustment factors include the age of the individual, medical expenses, size of household and childcare expenses and are described in 24 CFR §5.611)

10 percent of the family's monthly gross income

If the household is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the household's actual housing costs, is specifically designated by the agency to meet the household's housing costs, the portion of the payment that is designated for housing costs.

Applicants must pay the balance of the rent up to the lesser of the contract rent or the most current Fair Market Rent (FMR) value or reasonable rent for comparable units in the area. Any documentation used to determine assistance must be documented in the client's file. HOPWA funds must not be given directly to a client. For current FMR table <https://www.huduser.gov/portal/datasets/il.html>

# HUD DATASETS RESOURCE PAGE

## *Area Median Income*

- *All Applicants must use the current Area Median Income when assessing income. Household annual gross income cannot exceed 80 percent of area median income per the household's county of residence (24 CFR §574.3)*
- *Income Limits Table:*  
<https://www.huduser.gov/portal/datasets/il.html>

## *Gross Rent (TBRA)*

- *The gross rent of TBRA- or TSH-assisted units cannot exceed the rent standard. The DSHS HOPWA Program uses Fair Market Rent (FMR) for the unit size per the household's county of residence as the rent standard.*
- *Fair Market Rent (FMR) Table:*  
<https://www.huduser.gov/portal/datasets/fmr/smallarea/index.html>
- *You can also see the DSHS website:*  
<http://www.dshs.state.tx.us/hivstd/hopwa/default.shtm>

# ESTABLISHING ANNUAL STRMU CAPS

- Applicants may choose to implement annual STRMU caps per client as needed based on availability of HOPWA funds, clients' needs, and waitlists. AAs are required to establish a written policy to ensure that Project Sponsors apply the annual STRMU Cap in a uniform, consistent, and non-discriminatory manner.
- If caps are established, they must be in concurrence or approval with the AA and comply with the established DSHS Annual STRMU Cap formula
  - Annual STRMU Cap formula (no less than one month of the rent standard for the unit size per the household's county of residence and no more than the Project Sponsor's budgeted STRMU funds per household per year).

*Applicants must propose any annual caps as part of this application. A Narrative Justification (no more than 2-pages) must accompany any proposed annual caps. (does not count in narrative page limit)*



# GENERAL REQUIREMENTS

# CONFIDENTIALITY

- The “Health and Safety Code” of the State of Texas provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. All employees, volunteers and members of the Board of Directors of applicant agencies are required to sign statements of confidentiality assuring compliance with applicable laws.
- All release of confidential information forms must be in compliance with The Resource Group’s policy on Exchange/Release of Information (available upon request). Prior to exchanging information with any other agency or entity, Applicants must first secure a release of information from the client. Consent must be completed and signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be signed annually. In the absence of specific written authorization, no information identifying an individual’s HIV status may be disclosed by the Applicant to ANY individual or organization.

# CONFIDENTIALITY

- HOPWA-Specific: Confidentiality of all records is required. Project Sponsors are required to have a written confidentiality policy and assure confidentiality of client name, information, and records. All information obtained in connection with the examination, care, or services provided to any client shall not be disclosed without the client's signed consent. There may be exceptions to client disclosure as required by law. Care must be taken to assure confidentiality by having the Project Sponsor's correspondence, envelopes, and checks to landlords, utilities, etc., not reveal that the client is receiving assistance due to HIV/AIDS. This can be accomplished by establishing a checking account for the provision of HOPWA assistance using a neutral account name such as "Housing Fund" or "Assistance Fund." Confidentiality requirements are set forth under the HUD regulations, 24 CFR 574.440.



# DSHS HOPWA PROGRAM EXPECTATIONS



# DSHS HOPWA GUIDANCE

- DSHS has issued the DSHS HOPWA Program Manual (*9/2024 or most recent revision*) which outlines specific program requirements including but not limited to:
  - Ensuring Access to the HOPWA Program
  - Collaboration with HUD Housing Choice Voucher (Section 8) Housing Program
  - Policy to Apply and Track Applications for Housing Choice Voucher (Section 8) Housing
  - Failure to Accept Housing Choice Voucher (Section 8) Housing
  - Rent Reasonableness/Fair Market Value
  - Determining Eligibility of Applicants
  - Tracking 21-Weeks Limit on STRMU Assistance
  - Fair Housing Act
  - Smoke Detectors
  - Surviving and Remaining Family Members
  - Termination of Assistance

# HUD PROGRAM GUIDANCE

The HOPWA program rules in 24 Code of Federal Regulation (CFR) Part 574 provide general standards for eligible housing activities such as client eligibility, housing quality standards, and standards regarding resident rent payments as provided under the United States Housing Act of 1937. Standards for shared housing are referenced in 24 CFR Part 882, Subpart C. Other applicable CFRs are:

- Lead-based paint poisoning notification requirements, 24 CFR Part 35, Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and 24 CFR Part 574 Subpart G Section 574.635;
- Smoke alarm requirements, Section 31 of the Federal Fire Prevention and Control Act of 1974; and
- Record keeping requirements, 24 CFR 574 Subpart F Section 574.530.
- HOPWA Program Manual, (9/2024 or most recent revision)



# OTHER REQUIREMENTS

# ASSURANCES & CERTIFICATIONS

- Applicants must submit current, signed, and dated assurances adhering to the following (a copy of these forms is included in the Forms Section):
  - Administrative Information
  - Nonprofit Board Member and Executive Officers Assurance
  - HIV Contractor Assurances



## ALL applicants must submit the following CURRENT documents:

- Board of Directors List identifying officers, addresses, emails, phone numbers and occupations
- Board of Directors By-Laws
- Articles of Incorporation
- IRS Non-Profit Determination Letter
- Current Financial Audit in accordance with the OMB Circular A-133 or most recent financial audit.

OTHER  
REQUIRED  
DOCUMENTS

# OTHER REQUIREMENTS

Copies of ALL *Assurances*, *Certifications*, and *Required Documents* MUST be kept on-file at the applicant's business office for review by Resource Group staff at annual on-site reviews. Required documents should be sent to The Resource Group when revised and/or altered.

Non-compliance with all *Assurances*, *Certifications*, and *Required Documents* could result in the suspension or termination of funding; therefore, it is imperative that the applicant read, understand, and comply with these documents.

# POLICIES OF DSHS



All applicants must agree to abide by all applicable policies adopted by the Texas Department of State Health Services.



These policies are available on the DSHS website at:  
<http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>.

# REPORTING REQUIREMENTS



# PROGRAM REPORTING

## Quality management reporting

- In an effort to evaluate the quality of services being provided, funded agencies will be required to collect and report information in accordance with the established outcome measures for each HSDA. Quarterly updates on quality management activities are reported as part of the Unified Quarterly Report.

## Unified Quarterly Report

- Funded agencies will be required to collect and maintain relevant data documenting the progress toward the contract goals and objectives as well as any other data requested by TRG. Such data is reported in the Unified Quarterly Report. This report consists of narrative updates on various requirements and expectations conducted during the period. Funded agencies will need to respond thoroughly and thoughtfully to each question of the report, as applicable.

# PROGRAM REPORTING

## CLIENT -LEVEL DATA REPORTING

- Funded agencies must submit the required client-level data (CLD) through the approved CLD system to support its monthly reimbursements. CLD includes, but is not limited to, PLWH served per provider/service, basic demographic information, relevant medical markers and co-morbidities, and service encounters. On a monthly basis, applicants will be required to submit a TCT Statistical Analysis Report (STAR) with its monthly expense reports.

## DATA IMPROVEMENT PLAN

- TRG requires that all funded agencies submit a Data Improvement Plan that outlines how they will ensure that the client-level and service utilization data being entered is complete and accurate. The plan will identify specific data elements and, areas of improvement to be addressed in each quarter and establish quantifiable benchmarks to achieving improvement. The plan will be monitored as part of the Unified Quarterly Report.

## PROGRAM REPORTING

### HOPWA Semi-Annual Report

| Reporting Periods                       | Due Dates  |
|---|------------|
| September-February (6-months)           | March 31   |
| September-August (12-months cumulative) | October 15 |

## SEMI-ANNUAL HOPWA REPORTS

DSHS requires that The Resource Group and all its HOPWA funded agencies submit the required HOPWA Semi-Annual Reports that includes de-identified client level data reporting for clients served per provider, basic client demographics, program expenditures, and types of services provided. This report is required to be submitted according to the schedule shown.

# FINANCIAL REPORTING

## VARIANCE REPORTS

- The Finance Director will issue a variance report to any applicant that is ten (10%) percent below or above the targeted spending level for each funded service category after six, nine and eleven months. A response to the report is required no later than 10 days after receipt of the report. Failure to submit these reports can result in a hold placed on monthly reimbursement. The Houston Regional HIV/AIDS Resource Group will provide contractors with forms to use for this report. These reports are to be sent via email.

## QUARTERLY FINANCIAL REPORTS (FSR 269A)

- Quarterly financial reports are required no later than 30 days after the end of each grant quarter for agencies. The report will show actual agency expenses for the quarter, number of units of service provided, and program income, if any. The purpose of the report is to determine whether the reimbursement rate is in excess of the agency's actual unit cost. Agencies are not permitted to make a profit with grant funds.



# FINANCIAL REPORTING

- FINAL REPORT
  - A final financial report is required within 30 days after the end of the budget period if all allowable costs have not been recovered or if a refund needs to be made of excess monies if costs incurred were less than funds received. No expenses will be considered for reimbursement unless submitted by this deadline. A check for excess monies received must accompany the final financial report.

# Additional Activities

Applicants applying for funding must agree to participate in all applicable Community Planning processes mandated by DSHS, including, but not limited to the following:

- Coordinate community input procedures as needed, including publicizing relevant meetings, establishing stakeholder panels, etc.
- Participate in meetings to establish and update service category priorities for the allocation of funds based on data collected by the AA and through planning activities;
- Participate in the establishment and/or updating of allocation plans for each service category based on data collected by the AA and through planning activities;
- Participate in meetings and correspondences to develop and update a regional comprehensive service delivery plan that coordinates and integrates HIV health and support services for people infected with or at risk for HIV and families affected by HIV;
- Collaborate with TRG in planning for and implementing a comprehensive assessment of HIV/AIDS service needs for the planning area every three years and supplemental needs assessment activities in the interim years;
- Collaborate with TRG in conducting needs assessment activities in each HSDA in accordance with requirements of DSHS and HRSA.

# COMMUNITY PLANNING PROCESS

# MEANINGFUL ENGAGEMENT

- Applicant applying for funding must agree to encourage consumer participation, including, but not limited to the following:
  - Develop and maintain a Consumer Advisory Board (CAB) of at least three consumers who can provide feedback on a quarterly basis.
  - Document and report all consumer activities (i.e. duties, opportunities, trainings, workshops, and consumer meetings) including but not limited to Consumer Advisory Board (CAB) meetings and focus groups.
  - Actively involve consumers in the development, implementation and evaluation of funded programs.
  - Document and provide information on any client problems or complaints that arise and how they are addressed. Develop and maintain evidence and documentation of identified issues, barriers, and topics related to service delivery changes and the improvements made to systems based on this information.
  - Actively involve consumers as partners in their care and treatment planning.



# GRANT APPLICATION INSTRUCTIONS

# IMPORTANT DATE

## RFP DUE DATE

**THURSDAY, JULY 17, 2025**  
**5:00 P.M., CENTRAL STANDARD TIME**

3700 Buffalo Speedway, Suite 250  
Houston, TX 77098

# NUTS & BOLTS

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This section contains instructions for writing your application. Forms specified have been included in the Forms Section of this announcement and should be inserted in the application as noted.

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Omission of any or all forms may be cause to reject your proposal in its entirety.

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Your completed application must follow this outline with the required information provided in the ORDER shown.

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All proposals are submitted in two separate sections

# GRANT SECTIONS

## Section

### Section I

- Contains Forms A-G listed.

## Section

### Section II

- Contains The Assurance and Certifications and Other Required Documents.

## SUBMIT

SUBMIT ONE (1) PRINTED ORIGINAL AND FIVE (5) PRINTED COPIES AND ONE (1) ELECTRONIC COPY ON OR BEFORE INDICATED DUE DATE



# Nuts & Bolts

- All proposals must be:
  - In English
  - Submitted using standard size **black** Times New Roman font no smaller or larger than 12 point (colored print is **not** allowed)
  - On 8 1/2" by 11" paper
  - Text must be double-spaced (*only forms may be single spaced*) and have margins of one inch on all sides.
  - All pages must include page numbers on ALL pages (including all forms, title pages, and all appendices); and
  - Printed only on one side of each page.

# FINAL DO & DON'TS

|               |   |
|---------------|---|
| Do repeat     | Do repeat each question and answer each question separately and in order. |
| Do submit     | Do submit the required number of copies                                   |
| Do submit on  | Do submit on time or your application will not be reviewed                |
| Do not submit | Do not submit double-sided copies   |
| Do not use    | Do not use photo-reduction  |

# TECHNICAL ASSISTANCE

## Technical Assistance Questions

- ALL technical assistance questions MUST be submitted in writing to:  
Tiffany Shepherd  
The Resource Group  
3700 Buffalo Speedway, Suite 250  
Houston, TX 77098  
[tshepherd@hivtrg.org](mailto:tshepherd@hivtrg.org)
- All technical assistance questions received by 12:00 noon on May 29, June 5, June 12, June 19, June 26, July 3, July 10 will be answered and posted on the TRG website (<https://www.houstonresourcegroup.org/general-4-2>) by 12:00 noon on Friday May 30, June 6, June 13, June 20, June 27, July 4, July 11.



# APPLICATION FORMS



# SECTION I



- Required Forms

- Form A: Face Page
- Form B: Application Checklist
- Form C: Project Sponsor Data Sheet
- Form D: Contact Person Information
- Form E: HOPWA Narrative (15-page limit)
- Form F: Line Item and Categorical Budget (excel spreadsheet)
- Form G: Collaborative Agreement List

# FORM A: FACE PAGE

Please refer to the instruction page for definitions of each indicator.

## FORM A INSTRUCTIONS

This form provides basic information about the applicant and the proposed project, including the signature of the authorized representative. It is the cover page of the request for proposal and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal. Applicant acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

1. **Legal Business Name:** Enter the applicant's legal name.
2. **Physical Address:** Enter the applicant's complete physical address, city, county, state, and 9-digit zip code.
3. **Mailing Address:** Enter the applicant's complete mailing address, city, county, state, and 9-digit zip code.
4. **Payee Name:** Enter the name of the entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract (i.e., fiscal agent). The payee is the corporation, entity, or vendor who will be receiving payments.
5. **Payee Mailing Address:** Enter the payee's complete mailing address, city, county, state, and 9-digit zip code.
6. **Unique Entity Identification (UEI) Number:** Enter the applicant's Unique Entity Identification (UEI) number. The UEI is a 12-character, alphanumeric value. This number is required if receiving ANY federal funds and can be obtained at: <https://sam.gov/content/home>
7. **Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number:** Enter the applicant's Federal Tax Identification Number, Texas State Comptroller Vendor Identification Number, or Social Security Number (nine, fourteen, or nine digits respectively). \*The applicant acknowledges, understands, and agrees that the applicant's choice to use a Social Security number as its vendor identification number for the contract, may result in the Social Security number being made public via state open records requests.
8. **Type of Entity:** Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at [https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.
  - Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)
  - State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
  - Institutions of higher education as defined by §61.003 of the Education Code.
  - Minority Organization is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic



## THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

### FORM A: FACE PAGE

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety. Signature on face page certifies to all HUD, DSHS, and program assurances listed in this application document.

|   |  |  |
|---|--|--|
| 1. Legal Business Name:   |  |  |
| 2. Physical Address:  |  | <input type="checkbox"/> Check if changed  |
| 3. Mailing Address:   |  | <input type="checkbox"/> Check if changed  |
| 4. Payee Name   |  |  |
| 5. Payee Mailing Address:   |  | <input type="checkbox"/> Check if changed  |
| 6. Unique Entity ID Number:   |  |  |
| 7. Federal Tax ID,<br>Texas Comptroller Vendor ID, or<br>Social Security Number*:   |  | <i>*The respondent acknowledges, understands, and agrees that the respondent's choice to use a Social Security number as the vendor identification number for the contract may result in the Social Security number being made public via state open records requests.</i> |
| 8. Type of Entity:  | Check all that apply   |  |
| <input type="checkbox"/> City   | <input type="checkbox"/> Nonprofit Organization*   | <input type="checkbox"/> Individual  |
| <input type="checkbox"/> County   | <input type="checkbox"/> For Profit Organization*  | <input type="checkbox"/> Federally Qualified Health Center   |
| <input type="checkbox"/> Other Political Subdivision  | <input type="checkbox"/> Historically Underutilized Business   | <input type="checkbox"/> State Controlled Institution of Higher Learning   |
| <input type="checkbox"/> State Agency   | <input type="checkbox"/> Community-Based Organization  | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Indian Tribe   | <input type="checkbox"/> Minority Organization   | <input type="checkbox"/> Private   |
| <input type="checkbox"/> Faith-Based Nonprofit*   | <input type="checkbox"/> Other:  |  |
| <i>*If incorporated, provide ten-digit charter number assigned by Secretary of State: </i>  |  |  |
| 9. Proposed Budget Period:  | Start 9/1/2023   | End 8/31/2024  |
| 10. Counties Served by Project:   |  |  |
| 11. Amount of Funding Requested:  |  |  |
| 12. Projected Expenditures:   | Do respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 11 above)? *                |  |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   | <i>*Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i> |  |
| 13. Project Contact Person:   | Name:  |  |
|   | Title:   |  |
|   | Email:   |  |
|   | Phone:   |  |
|   | Fax:   |  |
| 14. Financial Officer:  | Name:  |  |
|   | Title:   |  |
|   | Email:   |  |
|   | Phone:   |  |
|   | Fax:   |  |
| The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with DSHS assurances and certifications. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I am authorized to represent the respondent. |  |  |
| 15. Authorized Representative:  | Name:  | <input type="checkbox"/> Check if changed  |
|   | Title:   |  |
|   | Email:   |  |
|   | Phone:   |  |
|   | Fax:   |  |
| 16. Authorized Representative Signature:  |  | 17. Date:  |

## FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Name of Applicant:

| Section I  | Included?                | N/A                      | Page #               |
|--|--------------------------|--------------------------|----------------------|
| Form A: Face Page  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form B: Proposal of Contents and Checklist (complete and include)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form C: Project Sponsor Data Sheet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form D: Program Contact Information  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form E: HOPWA Narrative  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Current/Proposed Agency STRMU/STSH Caps (include in Narrative Section if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form F: Line Item and Categorical Budget Justification for HOPWA (excel format)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Form G: Collaborative Agreement List   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

## Section II

### ASSURANCES AND DISCLOSURES FORMS SECTION:

|   |                          |                          |                      |
|---|--------------------------|--------------------------|----------------------|
| Administrative Information (complete and/or include documentation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Nonprofit Board of Directors and Executive Director Assurances Form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| HIV Contractor Assurances Form                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

### REQUIRED ATTACHMENTS:

|   |                          |                          |                      |
|---|--------------------------|--------------------------|----------------------|
| 1. Board of Directors List  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 2. Board of Directors Bylaws  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 3. Articles of Incorporation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 4. IRS Non-Profit <u>Determination Letter</u>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 5. Current Financial Audit in accordance with the OMB Circular A-133 or most recent financial audit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

# FORM B: CHECKLIST

This is provided to ensure your application is complete



# FORM C: HOPWA DATA SHEET

## Tips

- NAICS can be found at <https://www.naics.com/search/>
- See Appendix slide for cities and congressional districts
- The allocation should not exceed the listed HSDA allocation
- If not applicable, please indicate N/A
- Electronic signature is acceptable

## Form C: HOPWA Project Sponsor Data Sheet

09/01/23 – 08/31/24

The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Electronically submit Data Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

|  |   |
|--|---|
| Administrative Agency:   |   |
| Project Sponsor Name:  |   |
| Project Sponsor Parent Company Name:   |   |
| Is System for Award Management (SAM) registration active?                    |   |
| Unique Entity Identification (UEI) Number:                                   |   |
| Employer ID Number (EIN) or Tax ID Number (TIN):                             |   |
| North American Industry Classification System (NAICS) Code:                  |   |
| HIV Service Delivery Area:   |   |
| Physical Address:  |   |
| Mailing Address:   |   |
| Main Phone Number:   |   |
| Main Fax Number:   |   |
| Website  |   |
| Facebook Page  |   |
| Twitter Handle   |   |
| What department administers the HOPWA grant?                                 |   |
| Is this a nonprofit organization?  |   |
| Is this a faith-based organization?  |   |
| Is this a grassroots organization?   |   |
| Cities in this HSDA:   |   |
| Counties in this HSDA:   |   |
| Congressional Districts in this HSDA:  |   |
| Congressional District of Project Sponsor:                                   |   |
| <b>Select all that apply to the Project:</b>                                 | <b>Selection process for Project:</b>     |
| <input type="checkbox"/> Minority Organization*                              | <input type="checkbox"/> Competitive      |
| <input type="checkbox"/> Minority Provider**                                 | <input type="checkbox"/> Sole source      |
| <input type="checkbox"/> Historically Underutilized Business (HUB) Certified | <input type="checkbox"/> Other (Specify): |

### Assurances

#### I certify that this Project has not:

- ☐ Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
- ☐ Had a contract terminated by DSHS for cause;
- ☐ Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
- ☐ Voluntarily surrendered any license issued by DSHS within the past three (3) years.

| Proposed Activity                  | Allocation | Households to be served: |
|------------------------------------|------------|--------------------------|
| Tenant-Based Rental Assistance     | \$         |                          |
| Short-Term Rent, Mortgage, Utility | \$         |                          |
| Facility-Based Housing Assistance  | \$         |                          |
| Permanent Housing Placement        | \$         |                          |
| Housing Case Management            | \$         |                          |
| Housing Information Services       | \$         |                          |
| Resource Identification            | \$         |                          |
| Project Sponsor Administration     | \$         |                          |
| <b>Total</b>                       | <b>\$</b>  |                          |



# Form D: Contact Information

- Please indicate who will be working with the HOPWA Program.
- It's ok to list staff more than once if appropriate.

## FORM D: PROJECT SPONSOR CONTACT INFORMATION

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on Form A: Face Page. If any of the following information changes during the term of the contract, please notify the Administrative Agency in writing.

|   |  |
|---|--|
| Legal Applicant Name:                                     |  |
| <b>Executive Director:</b>                                |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
| Mailing Address:  |  |
| <b>Project Contact:</b>                                   |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
| Mailing Address:  |  |
| <b>Financial Reporting Contact:</b>                       |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
| Mailing Address:  |  |
| <b>Grants Management Contact:</b>                         |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
| Mailing Address:  |  |
| <b>Data Management Contact:</b>                           |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |
| Fax:  |  |
| Mailing Address:  |  |
| <b>HOPWA Contact (if different from Project Contact):</b> |  |
| Title:  |  |
| Email:  |  |
| Phone:  |  |

# FORM E: HOPWA NARRATIVE

This section should comply with the 1-inch margin requirement.

Narrative should not exceed fifteen (15) pages.

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments

HOPWA Narrative has 3 sections:

- Statement of Intent
- Applicant Experience
- Service Delivery

# FORM E: HOPWA NARRATIVE

## Statement of Intent

- State your mission statement and describe how HOPWA will fit into your organizational mission.

# FORM E: HOPWA NARRATIVE

## Applicant Experience

2. Briefly describe delivery systems policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities.

Think about the following question: “What resources do we have to perform the project, who will deliver the services. and how will they be delivered including specifics of how clients will access services?”

3. Describe the Applicant’s experience with financial management. Include information on the following: Financial controls, Board of Directors involvement in the financial controls; managing multiple budgets; financial Infrastructure (staffing) and managing grant funds.



# FORM E: HOPWA NARRATIVE

4. Describe the Applicant's experience managing client-level data in the following areas:
  - a. Handling and protecting PHI.
  - b. Ensuring the accuracy and completeness of data.
  - c. Ensuring the promptness of data entry; Collecting and managing relevant data for documenting services and reporting.
  - d. Describe how your agency will collect and tabulate HOPWA data correctly.
  - e. Describe the process for conducting quality assurance on the collected data.
  - f. Identify who will be responsible for data collection and reporting this information to the AA. Please provide this person's qualifications and experience.

# FORM E: HOPWA NARRATIVE

## Service Delivery

- 5. Summarize the housing needs and all available housing resources in the proposed service area.
- 6. Describe delivery systems and summarize the proposed services, population to be served, number of clients to be served, location (counties to be served), etc. Include the following chart with your detailed narrative response:

| HOPWA Funded Services  | Target Unduplicated Households |
|--|--------------------------------|
| a. Number of <u>households</u> to receive TBRA   | Indicate NA if not applicable  |
| a. Number of <u>households</u> to receive STRMU  |                                |
| a. Number of <u>households</u> to receive PHP  |                                |
| a. Number of <u>households</u> to receive HOPWA-funded Supportive Services (Housing Case Management) |                                |

# FORM E: HOPWA NARRATIVE

7. Describe your agency's outreach plan to ensure access to HOPWA services. Describe in detail your methods of outreach (process used in discovering and acquainting new clients with services) used in the areas/populations to be served. Describe the process used to reconnect clients identified through your agency's outreach into medical care if they are not in care.
8. Describe applicant's relationship to other organizations within the HIV Service Delivery Area. Specifically address linkages to health and social service agencies, including those that serve people with HIV/AIDS and area housing authorities. Describe your plan to make certain HOPWA will be the payer of last resort and how duplication of services will be avoided. Also describe how the applicant will ensure households access other affordable housing opportunities such as the Housing Choice Voucher Program. (Complete Form H Collaborative Agreement)
9. Describe how the applicant will provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, and other means to ensure accessibility for the defined population). Also describe the applicant's commitment to providing services that are equitable, inclusive and free from discrimination based on race color, national origin religion, sex, disability, sexual orientation, or gender identity.

# FORM E: HOPWA NARRATIVE (IF APPLICABLE)

10. If the applicant is proposing to impose annual CAPS (i.e., STRMU CAP), please describe the proposed CAP and detail how the process will be uniform, consistent and non-discriminatory. (Please note all CAPS must be approved prior to implementation by AA and DSHS. This is a description of proposed CAP only; approval of the RFP is not an approval for the proposed CAP). *This response is not included in the maximum page limit, Cap justification is a maximum of two (2) additional pages. **If not applicable, please skip.***



## FORM F: CATEGORICAL BUDGET INSTRUCTIONS

Please submit a twelve-month line item and categorical budget and justification for this contract term based on the total allocation in Appendix A (see the attached categorical budget template in Excel format). Submit your budget in whole dollars only. Please insert into the appropriate order in your completed RFP.

***No other format will be accepted for the Categorical Budget Justification.***

**The categorical budget must clearly summarize the dollar amounts allocated to the following HOPWA activity categories:**

|     |  |
|-----|--|
| O55 | Tenant-Based Rental Assistance         |
| O55 | Short-Term Rent, Mortgage, and Utility |
| O55 | Permanent Housing Placement            |
| O55 | Housing Case Management                |
| O55 | Project Sponsor Administration         |

# FORM F: BUDGET INSTRUCTIONS

Please use the TRG excel spreadsheet to submit the proposed budget. No other form will be accepted.

# Form F: Categorical Budget

| HOPWA LINE ITEM BUDGET                                    |                           |  |          |                            |                |          |
|---|---------------------------|--|----------|----------------------------|----------------|----------|
| AGENCY NAME:  |                           |  |          |                            |                |          |
| SERVICE PROVIDED:   |                           | Example- Short-Term Rent, Mortgage, and Utility Assistance / Tenant-Base Rental Assistance / Housing |          |                            |                |          |
| Service Location: (where clients will access services)    |                           |  |          |                            |                |          |
| Funding Source: DSHS HOPWA                                |                           |  |          | UEI#                       |                |          |
| Service Term: 9/1/23-8/31/24                              |                           |  |          | Total Clients Served:      |                |          |
| Budget:   |                           | 7% Administrative Cost Cap/Cost Reimbursement  |          |                            |                |          |
| Line Item Budget  | Direct Service Activities |  |          | Supportive Svcs/Housing CM | Admin (7% Cap) | Total    |
|   | TBRA/TSH                  | STRMU/STSH   | PHP      |                            |                |          |
| <b>Personnel</b>  |                           |  |          |                            |                |          |
| Include calculation for each position and for each column | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
| <b>Total Personnel</b>                                    | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
| <b>Fringe Benefits</b>                                    | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
|   |                           |  |          |                            |                |          |
| <b>Travel</b>   | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
|   |                           |  |          |                            |                |          |
| <b>Equipment (Prior Approval Required)</b>                | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
|   |                           |  |          |                            |                |          |
| <b>Supplies - General</b>                                 | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
|   |                           |  |          |                            |                |          |
| <b>Other:</b>   |                           |  |          |                            |                |          |
| Rent  | 0                         | 0  | 0        | 0                          | 0              | 0        |
| Audit   | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
| Service Delivery:   | 0                         | 0  | 0        | 0                          | 0              | 0        |
| STRMU (include UOS/UDC)                                   | 0                         | 0  | 0        | 0                          | 0              | 0        |
| TBRA (include UDC/UOS)                                    | 0                         | 0  | 0        | 0                          | 0              | 0        |
| PHP (include UDC/UOS)                                     | 0                         | 0  | 0        | 0                          | 0              | 0        |
|   | 0                         | 0  | 0        | 0                          | 0              | 0        |
| <b>Total Other</b>  | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |
| <b>Total Budget</b>                                       | <b>0</b>                  | <b>0</b>   | <b>0</b> | <b>0</b>                   | <b>0</b>       | <b>0</b> |

Your Agency Name:  
 DSHS HOPWA Budget Justification  
 09/1/2023- 8/31/2024  
 UEI#:  
 Tax ID #:

|                                       |   |       |
|---------------------------------------|---|-------|
|                                       |   | Total |
| <b>PERSONNEL</b>                      |   | -     |
| <i>Administration</i>                 |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <i>Supportive Services/Housing CM</i> |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | 0 |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <i>Direct Service Activities</i>      |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |
| Calculation                           | - |       |
| Description                           |   |       |
| <b>Position</b>                       |   |       |

Line-item budget should detail all HOPWA activities, support services (case management) and administration (7% cap). The form will auto calculate. You can allocate staff across services as needed. Service delivery should detail the allocation per service to fully execute the program per client.

Budget justification should detail how the staff or expense will support the HOPWA program.

# FORM F: EXAMPLE BUDGET JUSTIFICATION

| HOPWA Budget Justification<br>02/01/16 - 01/31/17   |                |               |               |
|---|----------------|---------------|---------------|
|   | Administrative | Program       | Total         |
| <b>A. <u>PERSONNEL</u></b>  | <b>4,297</b>   | <b>15,269</b> | <b>19,566</b> |
| Executive Director<br>\$6,250/monthly x 1% x 12 mos. = \$0<br>Responsible for overall budgets and planning, administrative oversight and management.  | 750            |               | 750           |
| HOPWA Program Administrator /Supervisor<br>\$3,800/monthly x 4.5% x 12 mos. = \$638<br>Responsible for coordinating HIV services & activities,staff oversight, internal and external committees, program reporting. | 2,052          |               | 2,052         |
| Accountant<br>\$2,980/monthly x 1.5% x 12 mos. = \$465<br>Provides computerized accounting, payroll, accounts management, other record keeping.   | 536            |               | 536           |
| Quality Improvement Coordinator (Hawkins)<br>\$3,800/monthly x 1.3% x 12 mos. = \$593<br>Provides quality assurance for all grants, review work plan & measures.  | 593            |               | 593           |
| HOPWA Case Manager<br>\$3,386/monthly x 22% x 12 mos. = \$8,939<br>Provides direct case management services to clients and coordinates HOPWA services for clients in the Tyler/Longview HSDA.                       |                | 8,939         | 8,939         |
| Eligibility Specialist/HOPWA<br>\$1,884/monthly x 28% x 12 mos. = \$6,330<br>Assists HOPWA Case Manager with client intakes and updates.  |                | 6,330         | 6,330         |
| Data Manager<br>\$3,050/monthly x 1% x 12 mos. = \$366<br>Computer IT specialist, inventory control, ARIES support/report for all grants including HOPWA.   | 366            |               | 366           |
| <b>B. <u>FRINGE BENEFITS</u></b>  | <b>959</b>     | <b>4,037</b>  | <b>4,996</b>  |

# Form G: Collaborative Agreement Form

- This form should detail current or proposed linkages and collaborations that support HOPWA service delivery and client outcomes.
- If collaboration is proposed, please indicate relationship is informal
  - A letter of support can be submitted for informal relationships

## **FORM G: COLLABORATIVE AGREEMENTS WITH OTHER SERVICE PROVIDERS FORM**

Project Sponsors must establish linkages and collaborative relationships with local Housing Choice Voucher Programs (HCVPs) and other affordable housing programs. Specifically list all collaborative agreements (i.e., shared resources, facilities, staff, etc.) with other agencies which are a component of the delivery of the proposed service category. ***Definition of collaboration:*** *Two or more separate entities that have a formal written agreement to work together in a cooperative effort toward specific and agreed upon objectives. These usually involve shared staff, facilities, other resources, or subcontracts.* **(Make additional copies of the form, as necessary)**

[illegible]



# ASSURANCES AND DISCLOSURES

# SECTION II

- Assurances
  - Administrative Information
  - Signed Non-Profit Board Assurance
  - Signed HIV Contractor Assurance
- Other Required Documents
  - Board of Director List
  - Articles of Incorporation
  - By-Laws
  - IRS Non-Profit Determination Letter
  - Current Financial Audit in accordance with the OMB Circular A-133 or most recent financial audit.

# Administrative Information

Electronic Signature  
Acceptable

## ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information and/or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request. If approved, the applicant may be required to submit proof of affirmative answers.

**NOTE: Administrative Information may be used in screening and/or evaluating proposals.**

Legal Name of Respondent:

### Identifying Information

#### 1. The respondent must attach the following information:

##### If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

##### If a Nonprofit or For-profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g., chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit corporation.

#### 2. Is respondent a private, nonprofit organization?

☐ YES ☐ NO

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS's) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

### Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with TRG, DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of TRG, DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If following a review of this information, it is determined by TRG that a conflict of interest exists the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

#### 1. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

#### 2. Has any member of respondent's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the proposal due date?

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

#### 3. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
  - Affiliated with an organization which is delinquent on any state, federal or other debt; or
  - In default on an agreed repayment schedule with any funding organization?
- ☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

#### 4. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

☐ YES ☐ NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

### Additional Information for Non-Profit Agencies

Non-profit applicants must be able to demonstrate fiscal solvency. Applicants shall submit a copy of the organization's most recent audited balance sheet with management letters and audit notes, and a statement of income and expenses. If the applicant does not have an audited balance sheet and statement of income and expenses, the applicant must attach the most recent unaudited balance sheet and statement of income and expenses and explain why audited documents are not available (**Attach no more than one additional page**). TRG will evaluate the financial statements and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability. (**Financial documentation is only required once per application**)

#### 1. Are required financial statements attached?

☐ YES ☐ NO

#### 2. Does the applicant have personnel policies approved by the governing body which address essential issues of personnel management?

☐ YES ☐ NO

#### 3. Does the applicant contract with or employ the services of a CPA, accountant, bookkeeping service or trained financial manager other than the Executive Director?

☐ YES ☐ NO

If the applicant is a nonprofit entity, respond to the following:

#### a. Applicant has an active, involved board as demonstrated by bylaws, regular meetings with sufficient attendance, minutes, and clear definition of role?

☐ YES ☐ NO

#### b. Board membership includes diverse community representation?

☐ YES ☐ NO

#### c. Board membership includes diverse skills?

☐ YES ☐ NO

#### d. Applicant maintains Directors and Officers insurance?

☐ YES ☐ NO

#### e. Applicant has a Board policy and procedures manual?

☐ YES ☐ NO

#### f. Applicant provides orientation and training on board member responsibilities to new members?

☐ YES ☐ NO



# Nonprofit BOD Assurance

This form assures that Board members and officers have responsible organizational oversight

Some wording is in the event of receiving a contract. This form will be forwarded to DSHS for awarded applicants.

This form can be signed electronically

## NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

*If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with Department of State Health Services (DSHS).*

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(Name & Address of Organization)

The person signing on behalf of the above named organization certifies that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with DSHS.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.



# HIV Contractor Assurances

This form assures that any applicant will adhere to all applicable requirements in the HIV Services Act, and other DSHS guidance.

- This form can be signed electronically

**Texas Department of State Health Services  
HIV/STD Prevention and Care Branch**

**Houston Regional HIV/AIDS Resource Group, Inc.**

## HIV CONTRACTOR ASSURANCES

### 1. ADVOCATE AND PROMOTE

The applicant agency assures that it does not advocate or promote conduct that violates state law, in compliance with the HIV Services Act, Texas Health and Safety Code, Section 85.011, as follows:

"Grants may not be awarded to an entity or community organization that advocates or promotes conduct that violates state law. This subsection does not prohibit the award of a grant to an entity or community organization that provides accurate information about ways to reduce the risk of exposure to or transmission of HIV."

### 2. CONFIDENTIALITY

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services (DSHS) that confidentiality of all records shall be maintained. No information obtained in connection with the examination, care, or provision of programs or services to any person with HIV shall be disclosed without the individual's consent, except as may be required by law, such as for the reporting of communicable diseases. Information may be disclosed in statistical or other summary form, but only if the identity of the individuals diagnosed or provided care is not disclosed.

We are aware that the Health and Safety Code, §81.103, provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. Furthermore, all employees and volunteers who provide direct client care services or handle direct care records wherein they may be informed of a client's HIV status or any other information related to the client's care, are required to sign a statement of confidentiality assuring compliance with the law. An entity that does not adopt a confidentiality policy as required by law is not eligible to receive state funds until the policy is developed and implemented.

# Other Required Documents

- Other Required Documents
  - Board of Director List
  - Articles of Incorporation
  - By-Laws
  - IRS Non-Profit Determination Letter
  - Current Financial Audit in accordance with the OMB Circular A-133 or most recent financial audit.
- Please submit the most current copy. Please clearly label each item and submit items in order

# Reminders

# IMPORTANT DATE

**LETTERS OF INTENT MUST  
BE SUBMITTED BY  
JUNE 9, 2025  
5:00 P.M., CENTRAL STANDARD TIME**

**NO PROPOSALS WILL BE REVIEWED  
WITHOUT A CORRESPONDING  
LETTER OF INTENT!**



# IMPORTANT DATE

## RFP APPLICATION DUE DATE

Thursday, July 17, 2025

5:00 P.M., CENTRAL STANDARD TIME

3700 BUFFALO SPEEDWAY, SUITE 250

HOUSTON, TEXAS 77098

- SUBMIT ONE (1) PRINTED ORIGINAL AND FIVE (5) PRINTED COPIES AND ONE (1) ELECTRONIC COPY ON OR BEFORE INDICATED DUE DATE

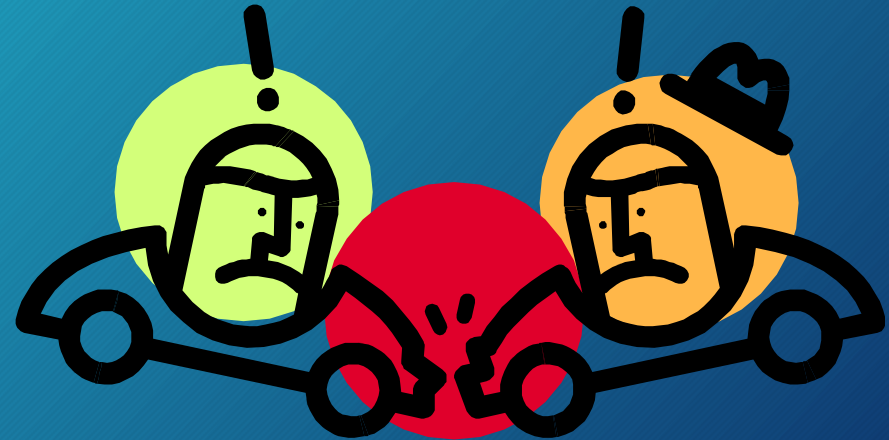
## GRANT SUBMISSION

ALL Proposals  
must be received  
ON TIME!  
NO EXCEPTIONS!!!

# GRANT SUBMISSION



Unfortunately,  
NO Excuses  
Accepted!!!







Questions



# Appendix

This appendix is only to complete the Form C: HOPWA Project Sponsor Data Sheet.  
The counties listed may defer from the approved counties in RFP.

| HSDA         | Cities, Counties, Congressional Districts |  |
|--------------|---|--|
| Houston HSDA | Cities                                    | Alief, Alleyton, Altair, Ames, Anahuac, Arcola, Barker, Baytown, Beach City, Beasley, Bellaire, Bellville, Bleiberville, Boling, Brazos Country, Brookshire, Bunker Hill Village, Cat Spring, Channelview, Cleveland, Columbus, Conroe, Cove, Crosby, Cut And Shoot, Cypress, Daisetta, Danevang, Dayton, Dayton Lakes, Deer Park, Devers, Dobbin, Dodge, Eagle Lake, East Bernard, Egypt, El Campo, El Lago, Fairchilds, Fresno, Fulshear, Galena Park, Garwood, Glen Flora, Glidden, Guy, Hankamer, Hardin, Hedwig Village, Hempstead, Highlands, Hilshire Village, Hockley, Houston, Huffman, Hufsmith, Hull, Humble, Hungerford, Hunters Creek Village, Huntsville, Industry, Jacinto City, Jersey Village, Katy, Kendleton, Kenefick, Kenney, Kingwood, La Porte, Lane City, Liberty, Lissie, Louise, Magnolia, Meadows Place, Missouri City, Mont Belvieu, Montgomery, Morgan's Point, Nada, Nassau Bay, Needville, New Caney, New Ulm, New Waverly, North Cleveland, North Houston, Oak Ridge North, Oakland, Old River-Winfree, Orchard, Panorama Village, Pasadena, Pattison, Patton Village, Pierce, Pine Island, Pinehurst, Piney Point Village, Pleak, Plum Grove, Porter, Prairie View, Raywood, Richmond, Riverside, Rock Island, Roman Forest, Romayor, Rosenberg, Rye, San Felipe, Seabrook, Sealy, Shenandoah, Sheridan, Shoreacres, Simonton, South Houston, Southside Place, Splendora, Spring, Spring Valley, Stafford, Stagecoach, Stowell, Sugar Land, Taylor Lake Village, Thompsons, Tomball, Waller, Wallis, Wallisville, Webster, Weimar, West University Place, Weston Lakes, Wharton, Willis, Winnie, Woodbranch, Woodloch |
|              | Counties                                  | Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, Wharton  |
|              | Congressional Districts                   | 22   |