

May 17, 2017

**BOARD OF COUNTY COMMISSIONERS  
ORANGE COUNTY, FLORIDA**

**RFP #Y17-1078-LC**

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)  
PROGRAM GRANT CONTRACT**

**ADDENDUM NO.1**

The Request for Proposals is changed as follows:

1. There is no description of Lot 6 (Supportive Housing Category) in the RFP. Please describe the Supportive Housing Category and what types of activities are eligible under this category.

Answer: Add to the scope of services, Addendum #1 "Short-Term Support Housing Services Scope of Services".

2. Please advise on how Rental Payments should be reflected in the Fee Schedule for (TBRA, PHP, STRUM and Supportive Housing). There is an "NA" under these columns in the Fee Schedule. How should we account for the cost of rental and utility payments to Landlords etc.

Answer: Rental Payments should be reflected in the 2<sup>nd</sup> box of each Lot Fee Schedule. For example, for TBRA the total anticipated rental payments should be entered under row 2 TBRA payment (Cost Reimbursement), column 5 Total Bid.

**ACKNOWLEDGEMENT OF ADDENDA**

- a. The Proposer shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the proposal.
- b. Receipt acknowledged by:

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Proposer

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Addendum No. 1

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**Addendum #1**  
**Short-Term Supported Housing Services**  
**Scope of Services**

**I. Definition and Purpose**

Section 858 of the AIDS Housing Opportunity Act, 42 W.S.C. 12907, authorizes the use of Housing Opportunities for Persons With AIDS funds for Short-term supported housing to provide assistance to eligible persons who are homeless. The HOPWA regulations implementing Short-term supported housing are found at 24 CFR 574.330

**II. Eligibility**

**A. Client Eligibility**

Individuals seeking services for this category shall have an eligibility established in Provide Enterprise. Eligibility shall demonstrate client eligibility as:

1. Low-income (below 80% of area median income)
2. Documented HIV/AIDS status (confidentiality must be maintained)

**B. Short-term Supportive Housing Eligibility**

1. These facilities (or hotel/motel) provide temporary shelter to persons living with HIV/AIDS (PLWHA) who are homeless.
2. Short-term supportive housing is limited to no more than sixty (60) days in any six (6) month period which shall be calculated as established by the Agent.
3. A short-term supported facility may not provide shelter or housing at any single time for more than fifty (50) families or individuals.
4. A program assisted under this section shall provide each assisted individual with an opportunity to receive case management services from the appropriate social services agencies.
5. Each short-term facility must, to the maximum extent possible, offer individuals residing in such housing the opportunity for placement in permanent housing.

**III. Payment**

1. This is a Fixed-Price (unit rate), and Cost Reimbursement contract.
2. The Project Sponsor shall provide monthly invoices with complete supporting documentation for all services units billed.
3. Fixed-Price (unit rate) – Short-Term Supported Housing

- a. The Project Sponsor will be paid a fixed-price rate of \$25.00 per check issued for an allowable Short-Term Supported Housing expense.
- b. The Project Sponsor shall submit a fixed-price unit rate invoice with supporting documentation that shall include the approved Agent invoice form and required reports from Provide Enterprise.
- c. A complete reimbursement package for this category will include copies of checks to hotel/motel/landlord (s) **or** an accounting journal printout and the following information (as applicable):
  - i. Client ID Number;
  - ii. Period being paid;
  - iii. Cumulative number of days paid in Short-Term Housing;
  - iv. Hotel/Motel/Landlord's name;
  - v. Payment amount;
  - vi. Check number;
  - vii. Check date

4. Fixed-Price Unit Rate – Case Management

- a. Case Managers will be paid at a fixed-price rate of **\$10.83** per unit for services related to supported housing services. A unit of service is a quarter-hour (15 minutes).
- b. The Project Sponsor shall submit a fixed-price unit rate invoice for Case Management with supporting documentation that shall include the approved Grantee invoice form and required reports from Provide Enterprise.
- c. The following requirements apply for Fixed-Price Unit Rate reimbursement:
  - i. Total daily billing claims for the activities of an individual staff member may not exceed the number of units of service equivalent to the amount of time worked by the staff member for the day.

5. Cost Reimbursement

- a. The County shall pay the Project Sponsor for all costs incurred, more specifically as described below, in accordance with the terms and conditions of this Contract. Cost reimbursement expenses shall be directly related to services associated with the approved service category.

b. The budget cost reimbursement invoice shall include the following:

i. **Salaries.**

1. For any position that is fully or partially paid for from HOPWA funding, the total of all work time of that position, allocated to or paid for by all funding sources, shall not exceed one-hundred percent (100%) of its total available work time for the pay period or its total annual salaries.
2. The Agency shall submit copies of all payroll data such as employee time-sheets and payroll ledgers with time allocation, if applicable.

ii. **Fringe Benefits.**

1. The Project Sponsor shall provide the backup and the list of the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement.
2. The fringe benefits shall be directly proportional to that portion of personnel costs that are allocated for this project.

iii. **Staff Mileage.** For local travel, the mileage rate, number of miles, reason for travel, and staff member(s)/ Consumer(s) completing the travel shall be outlined.

iv. **Office Supplies.**

1. List the items that the project will use. In this category, separate office supplies from medical and educational purposes. Office supplies may include paper, pencils, etc.; medical supplies may include blood tubes, plastic gloves, etc.; and educational supplies may include pamphlets and educational videotapes. Note that each must be listed separately.
2. Copies of paid invoices showing the cost of items purchased and proof of payment.

v. **Equipment.**

1. List equipment cost, copy of invoice and proof of payment.
2. Extensive justification and a detailed status of current equipment shall be provided when requesting funds for the purchase of items meeting the definition of equipment (a unit cost of \$5,000 (Five Thousand Dollars) or more and a useful life of one (1) or more years). For example, items such as computers and furniture.
- vi. **Other Expenses.** List all direct costs incurred that do not fit into any other category.
- vii. **Total Operating (Direct Cost) Expenses.** All costs listed above shall be considered as operational expenses/direct costs.
- viii. **Administrative Expenses.**
  1. There shall be an administrative cost cap that shall not exceed seven percent (7%) of the contractual amount expended. Indirect costs shall be included as part of the administrative costs.
  2. All expenses submitted under this category shall be related to the administrative costs which shall include, but not be limited to, executive, clerical and bookkeeping payroll, rent, office equipment, phone, and insurance.
6. Completed invoices shall include a copy of the current month requested expenditures, and copies of invoices with documentation evidencing proof of payment. All expenses shall require necessary supporting documentation and sufficient detail to verify and validate that the expenses were incurred. All requests for authorized expenses shall be submitted to the Agent's office and will be processed for payment only after documentation has been verified for completeness.
7. All financial transactions and invoices will be on a reimbursement basis only as documented by receipts, travel vouchers, timesheets, etc., with proof of payment. The Agent shall review Program expenditures to ensure that Funds are expended by the end of the Grant year to promote the efficient use of all resources and prevent the reversion of Funds to the federal government.

8. The County shall not pay more than twenty-five percent (25%) of the Contract amount per quarter, as identified in the approved budget, without permission from the County. If the Contract amount is decreased, the remaining quarterly allocations shall be decreased proportionately.