SUBRECIPIENT AGREEMENT

CSH CONTRACT #: 24034-C
(this Agreement is not effective without a valid contract number)

This Subrecipient Agreement ("**Agreement**"), dated as of August 1, 2024 (the "**Effective Date**"), is by and between Orange County, Florida, a Charter County and Political Subdivision of the State of Florida, with a mailing address of 201 South Rosalind Avenue, Orlando, Florida, 32802-1393, on behalf of its Health Services Department ("**Subrecipient**") and Corporation for Supportive Housing, a Delaware nonprofit corporation, with its principal place of business at 55 Broadway, 10Th Floor, New York, NY 10006 ("**CSH**"). Subrecipient and CSH may hereafter be referred to individually and collectively as "**Party**" or "**Parties**," respectively.

1. **Services**

   Subrecipient hereby agrees, except where otherwise noted, to furnish all personnel, facilities, equipment, materials, supplies, required to perform the services specified in the Contract Budget (as defined below) (such services, the "**Program Activities**") and to otherwise do all things necessary for, or incident to, the activities specified by the Parties to this Agreement.

2. **Term**

   This Agreement commences as of the Effective Date and shall continue in full force and effect until July 31, 2025 (the "Termination Date") (such period, the "**Term**"), unless this Agreement is earlier terminated in accordance with Section 10.

3. **Contract Budget and Payment Provisions**

   A. Subrecipient shall be paid based upon expenses incurred toward the achievement of the outlined deliverables up to the maximum amount in accordance with the budget and program description set forth in Attachment A attached hereto and made a part hereof (the "**Contract Budget**"). The Contract Budget represents the approved scope of services, deliverables and progress milestones for Subrecipient in connection with the program (the "**Program**") and governs all payments made to Subrecipient. Subrecipient may not invoice for items that are not included under the Contract Budget unless such items are approved by CSH prior to incurring costs. Subrecipient shall invoice CSH in arrears within 30 days for expenses incurred in furtherance of the Program Activities pursuant to the Contract Budget and this Section 3.

   B. All funds paid pursuant to this Agreement shall be used for the Program Activities performed during the Term only as set forth in the Contract Budget.

   C. Funds shall be expended in accordance with Policy Clarification Notice (PCN) 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds (PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of

Funds (hrsa.gov)), and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and Federal Awards, including 45 CFR 75, 2 CFR Part 200 Subpart A, B, C, D, E, F, and Federal Travel Regulations, prescribed by the General Services Administration at 41 CFR Chapters 300-301, as applicable.

D. CSH shall make payments on invoiced amounts in accordance with the Contract Budget. Payments will be made by CSH promptly after Subrecipient's presentation of invoices for services performed and acceptance of such invoice and services by CSH or CSH's authorized agent, approval by HRSA, and receipt of payment from HRSA for such services. Original invoices will be submitted in a form prescribed and approved by CSH.

4. Source of Funds

A. This Agreement is being funded by CSH with funds from the Health Resources and Services Administration ("**HRSA**" or the "**Funding Source**"), pursuant to the Federal Award Identification Number (FAIN) and Catalog of Federal Domestic Assistance (CFDA) number set forth on Attachment B – Source of Funds (the "**Funding Award**") which are subject to the requirements and conditions set forth herein and in Attachment C attached hereto and made a part hereof (the "**Conditions of the Funding Award**"). Subrecipient is subject to audit by appropriate federal entities. CSH has the right to cancel, terminate or suspend this Agreement if Subrecipient fails to comply with the reporting or operational requirements of the Funding Source, or any Conditions of the Funding Award, including, without limitation, Section 7 of the HRSA SF-424 Application Guide available at https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-app-guide.pdf.

B. Change in Availability of Funding Award. Notwithstanding anything to the contrary in this Agreement, CSH shall not be obligated to disburse any funds under this Agreement if (a) there have been any material adverse change to the financial or other condition of the Funding Award received by CSH from the Funding Source, or (b) either HRSA terminates, amends, modifies, or replaces the Funding Award (each such event, a "**Funding Change**"). In such a case, Subrecipient shall be paid for all work properly invoiced and completed pursuant to the Contract Budget and shall be reimbursed for all expenses properly incurred under this Agreement up until the point it is notified by CSH of the Funding Change, and shall not be obligated to continue performing work under this Agreement. For the avoidance of doubt, this Agreement shall continue in full force and effect following a Funding Change, unless terminated in accordance with Section 10.

5. Certifications and Assurances; Compliance

A. Subrecipient shall be registered in the System for Award Management or such other registry designated by the Central Contractor Registration ("**SAM**"), which also requires Subrecipient to have a Unique Entity Identifier/ID ("**UEI**") number. Subrecipient shall maintain a current registration in the SAM during the Term.

B. Subrecipient represents and warrants to CSH that:
   1. Subrecipient's UEI number is ZAMZMX9ZHCM9;
   2. The legal name of Subrecipient is Orange County, Florida; and
   3. The description of the overall purpose and expected outcomes or results of this Agreement, including significant deliverables and, if appropriate, associated units of measure are as set forth in the Contract Budget and such description is accurate and correct in all respects.

C. Subrecipient shall comply with all of the following federal laws for equal employment opportunities, if applicable:

   1. Copeland 'Anti-Kickback' Act (18 U.S.C. 874 and 40 U.S.C. 276c);
   2. Davis-Bacon Act, as amended (40 U.S.C. 276a to a-7);
   3. Contract Work Hours and Safety Standards Act (40 U.S.C. Sec. 327-333);
   4. Federal requirements relating to Rights to Inventions Made Under a Contract or Agreement;
   5. Clean Air Act (42 U.S.C. Sec. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. Sec. 1251 et seq.), as amended;
   6. Byrd Anti-Lobbying Amendment (31 U.S.C. Sec. 1352);
   7. Debarment and Suspension (Executive Orders 12549 and 12689);
   8. "Jobs for Veterans Act" (JVA), Public Law 107-288 (38 USC 4215).

D. In accordance with the applicable federal statutes listed below, Subrecipient agrees not to discriminate against any protected populations, in hiring or the provision of services. In addition, Subrecipient agrees to comply with all civil rights hiring and beneficiary service policies and procedures as identified in the below listed applicable statutes. Applicable statutes may include the Federal requirements relating to; Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3789d); the Victims of Crime Act (42 U.S.C. 10604(e); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. 5672(b); the Civil Rights Act of 1964 (42 U.S.C. 2000d); the Rehabilitation Act of 1973 (29 U.S.C. 794); the Americans with Disabilities Act of 1990 (42 U.S.C. 12131-34); the Education Amendments of 1972 (20 U.S.C. 1681, 1683, 1685- 86); and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07); Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).

E. If a Federal court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against Subrecipient, Subrecipient must forward a copy of the finding to CSH.

F. Subrecipient shall maintain as part of their file kept pursuant to this Agreement, a current Equal Employment Opportunity Program (EEOP) plan or waiver certification, in accordance with 28 CFR 42.301 et. seq.

G. Subrecipient will comply with Title V of the Anti-Drug Abuse Act of 1988 and regulations promulgated by the federal government to maintain a drug-free workplace, and maintain a signed certification of such in their file kept pursuant to this Agreement.

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H. No federal appropriated funds have been paid or will be paid, by or on behalf of Subrecipient, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Agreement, Subrecipient must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I. Subrecipient will complete and keep on file, Immigration and Naturalization Service Employment Eligibility Verification Form (I-9) for all employees.

J. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion. By entering into this Agreement, Subrecipient is providing the certification set out below:

1. This certification in this clause is a material representation of fact. If it is later determined that Subrecipient knowingly submitted an erroneous certification, in addition to other remedies available to the Federal Government, HRSA may pursue available remedies, including but not limited to, suspension and/or debarment.
2. Subrecipient shall provide immediate written notice to HRSA and CSH if at any time Subrecipient learns that its certification was erroneous when submitted, or had become erroneous due to changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this certification, are defined in 2 CFR part 180, as supplemented by 2 CFR part 376.
4. Subrecipient certifies, that neither it, nor its principals or contractors, are proposed for debarment under 2 CFR part 180 or 48 CFR part 9, subpart 9.4, or presently debarred, suspended, declared ineligible, or voluntarily excluded from participation in this Agreement, or from procurements, by the federal government or any governmental entity or agency, unless authorized in writing by HRSA.

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5. Subrecipient further agrees by entering into this Agreement that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions, and receive a copy of the signed attestation by such lower tier contractor/subrecipient.
6. A recipient may rely upon a certification of a prospective recipient in a lower tier covered transaction that neither it nor its principals, are proposed for debarment under 2 CFR part 180 or 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. HRSA strongly encourages each participant to check the Excluded Parties database in the System for Award Management available online.
7. Nothing contained in this certification requires establishment of a system of records in order to provide the certification required by this certification.
8. Except for transactions authorized under paragraph 5 of this statement, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 2 CFR part 180 or 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, HRSA may pursue available remedies, including, but not limited to, suspension and/or debarment.

K. Subrecipient must comply with all applicable confidentiality regulations.

L. Pursuant to the requirements of the Freedom of Information Act, all information, documents and other materials related to the Program Activities, in the possession of HRSA shall be available for public information.

M. Subrecipient agrees to comply with all federal, State, and local environmental laws and regulations applicable to the development and implementation of the activities to be funded under this Agreement.

N. Subrecipient agrees that it is in compliance with the Conditions of the Funding Award and shall cause any subcontractor of Subrecipient that shall perform any portion of the Program Activities to be compliant with the foregoing requirements and the Conditions of the Funding Award.

6. <u>Rights in Data; Publications</u>

A. Subrecipient represents and warrants that it has obtained all necessary consents and licenses for its use in connection with this Agreement of any materials owned by other parties or in which other parties have any form of proprietary rights.

B. All interim and final reports and information, data analyses, special methodology, findings, and their related documents and work products, including reports, work sheets, survey instruments, electronic files, and any other materials and products

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generated in connection with the Program Activities or produced directly under this Agreement as deliverables, are owned by Subrecipient and held for the benefit of the public; provided, however that Subrecipient hereby grants CSH and any of its designees, including without limitation, HRSA and any of its designees, a paid- up, royalty-free, non-exclusive, irrevocable, perpetual, worldwide license to use, reproduce, publish, distribute, and create derivative works of, the deliverables under this Agreement without Subrecipient's involvement or prior written consent, for the benefit of the public and Federal government purposes. Subrecipient agrees to promptly report to CSH any patents, inventions and copyright registrations related to deliverables hereunder.

C. Publications created or developed by Subrecipient funded under this Agreement must be consistent with the purposes of the Funding Award. Subrecipient is responsible for assuring that the following acknowledgment and disclaimer appears in any external report or publication of material based upon work supported by this Agreement:

"This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov."

D. Subrecipient agrees that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing the Program Activities or programs funded in whole or in part with money paid pursuant to this Agreement, they shall clearly state: (1) the percentage of the total cost of the Program Activities that will be financed with money paid pursuant to this Agreement, (2) the dollar amount of funds paid pursuant to this Agreement for the Program Activities, and (3) an acknowledgment of CSH and HRSA's support.

7. Financial Management and Audits

A. Funds under this Agreement shall not be obligated prior to the Effective Date or subsequent to the Termination Date of this Agreement.

B. Subrecipient must notify CSH of, and obtain prior written approval from CSH for, all financial/programmatic modifications to any portion of this Agreement that would result in a variance greater than ten percent (10%) of any task line item amount set forth in the Contract Budget, except any modification to the line item budget for travel shall require the prior written approval of CSH. Notifications and modification requests must be submitted within 30 days of the identified problem or change, and require the written approval of CSH to become effective. All requests must be electronically submitted to CSH and will be approved through a contract amendment form signed by CSH and Subrecipient.

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C. Subrecipient may use funds paid pursuant to this Agreement for indirect costs in accordance with Section 3(D) herein. Subrecipient must have a federally approved indirect cost rate and provide CSH with a letter and agreement from the appropriate Federal agency.

D. If Subrecipient expends $750,000 or more in federal funds during its fiscal year, Subrecipient is required to conduct a single audit in accordance with the Single Audit Act, as amended, 31 USC 7501, et seq. and 2 CFR 200, dated June 24, 1977. A copy shall be maintained current on file with CSH.

E. Subrecipient shall, in a timely manner, resolve all audit findings related to CSH funds as identified by CSH, the Funding Source, and/or the federal government.

F. Subrecipient must promptly notify CSH of any credible evidence that a principal, employee, agent, contractor, sub-grantee, subcontractor, or other person has either:

   i. submitted a false claim for grant funds under the False Claims Act; or
   ii. committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, similar misconduct involving grant funds.

8. Programmatic Reports and Responsibilities

Subrecipient agrees to participate in and comply with any reporting, meeting, and information sharing requirements that may be requested by CSH and/or the Funding Source pursuant to their obligations under the Funding Award. Such compliance should be invoiced in the same manner as work completed toward the deliverables outlined in the Contract Budget.

9. Records

A. Subrecipient is responsible for maintaining all payment and financial and programmatic reports and supporting documentation associated with this Agreement as required by CSH, the Funding Source, and Federal regulations. Failure to maintain complete and accurate financial records, as identified through CSH, HRSA, or any other official audit, may result in suspension of funds, disapproval and return of funds, and/or may render the Subrecipient ineligible for future funds.

B. Subrecipient understands and agrees that CSH, HRSA, HHS Office of the Inspector General ("**OIG**"), the Comptroller General of the United States, and the Government Accountability Office ("**GAO**"), and any of their duly authorized representatives, shall have access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to this Agreement and the Program Activities, including such records of any subcontractor of Subrecipient at any time.

C. All records with respect to this Agreement (including but not limited to all contracts, papers, correspondence, proofs of payment, ledgers, books, accounts and other information relating to payments made by Subrecipient in connection with this

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Agreement) shall be maintained for at least five years after the completion of the Term (or earlier termination under Section 10) or until an audit is completed and/or any litigation is resolved and all questions rising there from are resolved, whichever is later. These records and supporting documentation must be sufficient for OIG auditors or a certified independent auditor (one who is not an employee of the contractor or a member of Subrecipient's board of directors) to audit the records related to the Program Activities.

10. Termination

Pursuant to 2 CFR § 200.340(a), this Agreement may be terminated: (1) by CSH for any reason upon thirty (30) days' written notice to Subrecipient, (2) by mutual agreement of the Parties, and (3) by Subrecipient upon sending CSH written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated; provided, however, that if CSH determines in the case of partial termination that the reduced or modified portion of the Program Activities will not accomplish the purposes for which this Agreement was made, CSH may terminate this Agreement in its entirety.

11. Insurance

Subrecipient participates in a self-insurance program acceptable to CSH. Upon request by CSH, Subrecipient shall furnish evidence of such coverage to CSH. Nothing contained herein shall constitute a waiver of the County's protections under Section 768.28, Florida Statutes. If Subrecipient does not procure or maintain workers' compensation insurance for itself and its employees, a charge of 0.8% will be deducted from each disbursement.

12. Subcontracting

A. The performance of any portion of the Program Activities under this Agreement by any subcontractor of Subrecipient shall be subject to the prior written approval of CSH. CSH approves Zebra Coalition as a subcontractor of Subrecipient; provided, that Subrecipient shall send CSH procurement materials and a copy of the subcontract upon request.

B. Subrecipient shall cause any approved subcontractor of Subrecipient that shall perform any portion of the Program Activities to be compliant with Section 5, the Conditions of the Funding Award, and Sections 6, 8, 9 and 11.

13. Errors and Omissions

Subrecipient warrants that Program Activities and related reports will be accurate and reliable. If at any time CSH notifies Subrecipient in writing of any errors or omissions in the Program Activities or reports, then Subrecipient shall correct such Program Activities or reports within thirty (30) days after receiving notice to correct. Such correction will be made by Subrecipient at no cost to CSH.

14. Independent Contractor

Subrecipient is and shall remain an independent contractor. Nothing in this Agreement shall constitute Subrecipient as a joint venture, partner, employee, agent, or legal representative of CSH for any purpose whatsoever.

15. Limitation of Authority

This Agreement does not authorize Subrecipient, its agents, employees or subcontractors, to execute any agreements, or bind CSH in any manner, or make any charges or incur or assume any obligations, liabilities, or responsibilities of CSH to perform any other act in the name of, or on behalf of CSH other than in accordance with the terms and conditions specified herein.

16. Indemnification and Hold Harmless

A. Subrecipient shall defend, indemnify and hold CSH harmless against any and all claims, damages, losses, fees, judgments, costs and expenses of any kind, including but not limited to attorney's fees, that CSH may suffer or incur arising out of Subrecipient's (i) negligence or willful misconduct or (ii) breach of its obligations, in connection with the performance of Subrecipient under this Agreement. Subrecipient's above indemnification is expressly limited to the amount set forth in Section 768.28(5), Florida Statutes, as amended by the Florida State Legislature. Nothing contained in this Section, or in any part of this Contract, shall constitute a waiver of the Subrecipient's sovereign immunity provisions or protections pursuant to Section 768.28, Florida Statutes.

B. CSH shall defend, indemnify and hold Subrecipient harmless against any and all claims, damages, losses, fees, judgments, costs and expenses of any kind, including but not limited to attorney's fees, that Subrecipient may suffer or incur arising out of CSH's (i) negligence or willful misconduct or (ii) breach of its obligations, in connection with the performance of CSH under this Agreement.

17. Assignment

Neither Party may assign this Agreement or any rights or obligations hereunder without the prior written consent of the other Party, and any such assignment without consent shall be null and void.

18. Notice

Notices under this Agreement shall be given by hand or by courier delivery and shall be deemed delivered upon receipt to the following addresses, or at such other address as specified in a notice duly given to the other Party:

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If to CSH, to:

Corporation for Supportive Housing
55 Broadway, 10Th Floor,
New York, NY 10006
Attention: Irene E. Peragallo
Email: irene.pijuan@csh.org

If to Subrecipient, to:

Orange County Health Services Department
Attn: Manager
2002A East Michigan Street
Orlando, Florida 32806
Email: ombgrantsinfo@ocfl.net

and

Orange County Administration, Public Safety
Attn: Deputy County Administrator
Administration Building, 5th Floor
201 South Rosalind Avenue
Orlando, Florida 32801

19. Governing Law; Venue

The Parties shall comply with all applicable federal, state, local laws and regulations and nothing in this Agreement shall be construed to require either Party to violate such provisions of law or subject either Party to liability for adhering to such provisions of law. This Agreement, and all rights and obligations of the Parties hereunder, shall be governed by and construed in accordance with the laws of the State of Florida, without giving effect to its principles of conflict of laws. The sole and exclusive jurisdiction for resolution of any disputes relating to, arising from or otherwise connected to this Agreement shall be in the state and federal courts located in the City of Orlando, and each Party hereby submits to the jurisdiction of such courts.

20. Authorization of Terms and Conditions of this Agreement

The signatory for Subrecipient to this Agreement understands and agrees to all of the terms and conditions stated in this Agreement.

21. Survival

Any provision of this Agreement, which by its nature should apply following expiration or termination of this Agreement, including Sections 3, 6, 9, 16 and 19, will remain in full force after any termination or expiration of this Agreement.

22. Time of the Essence

Time shall be of the essence with respect to all Program Activities to be performed and all deliverable items required under this Agreement or any other agreements related hereto.

23. Severability

If any term, provision, covenant, or condition of this Agreement is held invalid or unenforceable for any reason, the remainder of the provisions shall continue in full force and effect as if this Agreement had been executed with the invalid portion thereof eliminated.

24. Counterparts

This Agreement may be executed and delivered (including via email portable document format (*.pdf) or similar electronic means) in any number of counterparts, each of which shall be deemed to be an original, but such counterparts together shall constitute one and the same instrument.

25. Special COVID-19 Requirements

Subrecipient acknowledges and agrees that travel and in-person meetings may be included in the Program Activities. Subrecipient shall comply with all federal, state, local, and work venue requirements and guidance with respect to COVID, including without limitation, mask wearing, vaccination, quarantine, testing, tracing, and physical distancing. Subrecipient shall indemnify and hold CSH harmless for Subrecipient's failure to comply with any such requirements or guidance and any costs, claims or liability related to Subrecipient's COVID-19 exposure, quarantine, infection or transmission.

[Signatures on Following Page

CONTRACT #: 24034-C

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be executed as of the Effective Date.

SUBRECIPIENT:

ORANGE COUNTY, FLORIDA
BY: BOARD OF COUNTY COMMISSIONERS

BY: ________________________
JERRY L. DEMINGS
ORANGE COUNTY MAYOR

ATTEST: PHIL DIAMOND, CPA, COUNTY COMPTROLLER AS CLERK OF THE BOARD OF COUNTY COMMISSIONERS

BY: _______________________________
DEPUTY CLERK

CSH:

CORPORATION FOR SUPPORTIVE HOUSING

By: ________________________

Name: ________________________

Title: ________________________

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Attachment A
Scope of Work

CSH PAR #:	**24034-C**
Subrecipient:	Orange County Government
Address:	2002A E. Michigan Street
	Orlando, FL 32806
Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

Scope of Work

As part of the SURE Housing initiative, the site will 1) adapt and implement approved intervention strategy (Enhanced Housing Placement Assistance); and 2) fully participate in a multisite evaluation to assess implementation and outcomes of the intervention strategy.The implementation site will implement and adapt approved housing intervention strategy of "Enhanced Housing Plancement Assistance" for people who have been or are presently involved with the justice system with HIV and are unstably housed.

Task #	Task Budget (if applicable)	Title
1	0	Implement intervention (Enhanced Housing Placement Assistance) as required through the HRSA SURE Housing initiative. Implementation of the intervention should promote long-term stability, measured by successful connection to permanent housing supports and/or housing retention. All the interventions replicated and adapted for the SURE Housing initiative must be implemented with low barrier service models including Housing First,Harm Reduction, and Trauma-Informed Care. Further requirements for intervention implementatin are provided in the RFP and RFP Appendix.
2	0	Participate in Multi-site Evaluation as required through the HRSA SURE Housing initiative. Evaluation participation will include interviews and surveys with organizational leadership, staff, and clients as well as electronic submission of information on enrolled clients, their exposure to the intervention strategy, and their health and housing outcomes. Implementation site is required to ensure appropriate staffing to support the evaluation activities. Further details on evaluation requirements are provided in the RFP.

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Attachment A
Budget

CSH PAR #:	**24034-C**				
Subrecipient:	**Orange County Government**				
Address:	2002A E. Michigan Street				
	Orlando, FL 32806				
Start Date:	8/1/2024				
End Date:	7/31/2025				
Value:	$250,000.00				
			Current Budget	**Expended**	**Balance**
A. Personnel					
Position Title, Staff Person	**Annual Salary**	**FTE%**			
Housing Case Manager	49,400.00	100%	49,400.00	-	49,400.00
Evaluator	79,539.20	50%	5,000.00	-	5,000.00
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
Total Personnel			54,400.00	-	54,400.00
		Rate			
B. Fringe Benefits		19%	10,336.00	-	10,336.00
Total Personnel & Fringe			64,736.00	-	64,736.00
C. Program Expenses					
Expenses (ex: rental sub sidies, participant incentives, training costs, etc.)	**Cost**	**Quantity**			
Housing: Emergency housing services (hotel/ga	50,000.00		25,500.00	-	25,500.00
Housing: Short term rental assistance (up to 24	396,000.00		95,213.00	-	95,213.00
Housing: security deposits	6,000.00		6,000.00	-	6,000.00
Housing: move-in related expenses	5,000.00		3,800.00	-	3,800.00
Client expense: client transportation	1,500.00		500.00	-	500.00
Client expense: SURE Multi-Site eval (MSE) Part	1,500.00		1,500.00	-	1,500.00
Client expense: food insecurity subsidy	1,500.00		250.00	-	250.00
Office/supplies: telecommunications	1,500.00		400.00	-	400.00
Office/supplies: equipment (computers/software	500.00		250.00	-	250.00
Office/supplies: materials	1,500.00		250.00	-	250.00
Office supplies: office rent, occupancy, liability in	15,900.00		15,900.00	-	15,900.00
			-	-	-
			-	-	-
			-	-	-
Subcontractor/vendor	6,900.00		6,410.00	-	6,410.00
			-	-	-
			-	-	-
Total Program Expenses			155,973.00	-	155,973.00
D. Travel Expenses					
Expenses (ex: air/train/ground transportation, hotels, meals, etc.)	**Cost**	**Quantity**			
Travel, DC, 3 nights, Orange County Staff	5,500.00		3,032.00	-	3,032.00
Travel, DC, 3 nights, Zebra Staff	6,000.00		3,032.00	-	3,032.00
Local Travel	500.00		500.00	-	500.00
	-		-	-	-
	-		-	-	-
	-		-	-	-
	-		-	-	-
Total Travel Expenses			6,564.00	-	6,564.00
F. Total Direct Costs			227,273.00	-	227,273.00
		Rate			
G. Indirect Costs*		10.0%	22,727.00	-	22,727.00
H. Total Budget			250,000.00	-	250,000.00

**** Indirect Costs must be supported by a Negotiated Indirect Cost Rate Agreement. Use of a 10% de minimis rate is only allowed for entities that have never received a negotiatied indirect cost rate or as otherwise allowed under 2 CFR 200.414.***

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Attachment B

Source of Funds

CSH PAR #:	**24034-C**		
Subrecipient:	**Orange County Gover**	**Unique Entity ID:**	ZAMZMX9ZHCM9
Address:	2002A E. Michigan Street		
	Orlando, FL 32806		

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

FUNDING ALLOCATION

Amount:	250,000.00	**Source:**	U.S. Department of Health and Human Services, Health Resources and Services Administration	**Federal:**	Yes		**Federal Funds Obligated**
Project ID	P00001258	**Name:**	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program	**CFDA #:**	93.928	**To CSH:**	3,500,000.00
Task ID:	P00001258 – Sites Implementation/Invo			**FAIN:**	U9045842	**To Subrecipient:**	250,000.00
				Subrecipient/Contractor:	Subrecipient	**Award Date:**	6/20/2024

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Attachment C

Conditions of the Funding Award

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. **Due Date: Within 30 Days of Award Issue Date**
   In consultation with Project Officer and Grants Management Specialist, submit a revised SF 424-A, line item budget, and budget narrative justification that addresses the following issues:

   - Revise and align the SF424-A, line item budget, and budget justification narrative with the corresponding amount, including detailing the costs of each line item within the object class category.
   - Under Personnel:
     - Provide further budget narrative justification to include project role (not just position title) and responsibilities for each staff on the project, in alignment with the revised staffing plan.
     - Note: Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently $203,700). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outsides of the duties to the applicant organization. This salary rate limitation also applies to subawards/subrecipients supported by Federal funds from this award.
   - Under Travel ($31,564):
     - Include as a line item costs to attend one annual meeting in the Washington DC/Rockville area. May be re-budgeted if pivot to virtual.
     - Provide justification for conference/CSH summit travel. Note: travel to attend national conferences is limited to presentation on project activities or dissemination of project findings.
     - Note: Year 2 and 3 budgets should include travel for 2 in-person learning collaboratives/year if in-person.
   - Under Contractual:
     - Break down and provide further justification on TA provider costs ($150,000) and compensation of people with lived expertise ($5000).
     - Personnel ($200,200): Break down Collaborative Solutions subaward contractual personnel costs to reflect FTE equivalent or estimated number of hours and hourly rate (not to exceed Executive Level II salary).
     - Staff Travel ($17,000): Break down staff travel costs to specify number of TA trips. Include flight, hotel, transportation and per diem per staff. Also provide justification on conference cost travel. As noted, travel to attend national conferences is limited to presentation on project activities or dissemination of project findings.
     - Indirect Costs ($132,000): Provide documentation on the subcontractor's negotiated indirect cost rate agreement @67%.
   - Under Other:
     - Provide further justification on conference/exhibit registrations to align with work plan and project goals and activities. As noted, conference registrations should be limited to presentation on project activities or dissemination of project findings. ($4000)
     - Breakdown compensation for subject matter experts for meeting expenses to reflect FTE equivalent or estimated number of hours and hourly rate (not to exceed Executive Level II salary). ($2500)

2. **Due Date: Within 30 Days of Award Issue Date**
   In consultation with HRSA Project Officer, submit a revised work plan to align with your proposal narrative and the cooperative agreement recipient responsibilities as listed in the NOFO as follows:

   - After researching and creating a process for identifying and selecting housing-related intervention strategies and leading the identification and selection of subrecipient implementation sites, in collaboration with HRSA and EP, revise work plan to reflect presenting recommendations to HRSA HAB.

- Develop adaptation manuals of housing intervention strategies prior to implementation by the sites by end of Year 1
- Incorporate conducting an annual site visit to each of the implementation sites starting in Year 2
- In addition to developing learning session curricula and implementing 2 learning session convenings in Years 2 & 3, incorporate coordinating and leading the logistics for one national annual multi-site meeting of the initiative with HAB, EP, and implementation site staff in the Rockville/Washington DC area for each of the four years
- Incorporate continuing to develop and implement a communications and dissemination plan to share information and eventually replication tools from the initiative throughout the entire project period.
- Ensure incorporation of working collaboratively with the EP and HRSA staff in all aspects of the planning, implementation, adaption, provision of TA, evaluation, and dissemination of the initiative.

3. **Due Date: Within 30 Days of Award Issue Date**
   In consultation with your Project Officer, submit a Staffing Plan to address the following:

   - Revise the staffing plan to include the name, project role, and % effort of all proposed project staff.
   - Include descriptions of each staff's project responsibilities in alignment with the revised budget justification narrative.
   - Include who will manage/oversee the various project activities in alignment with the work plan.

Grant Specific Term(s)

1. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
   You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: https://pmsapp.psc.gov/pms/app/userrequest. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
   http://pms.psc.gov/find-pms-liaison-accountant.html
2. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
3. The recipient must assure HRSA HAB the developed items can be used by HRSA HAB in accordance with 45 CFR 75.322(b) The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The HHS awarding agency reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
4. For all action steps that require input from the HAB Project Officer and other HAB staff, you must allow for at least a three (3) week response time for information, approval, planning, or technical assistance. Work plan tables must be adjusted to include the minimum response time for all relevant activities.
5. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
6. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
7. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of $30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at https://www.fsrs.gov/ by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: https://www.hrsa.gov/grants/ffata.html.
8. You must submit an annual non-competing continuation progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This

report has two parts. The first part demonstrates recipient progress on program-specific goals. The second part collects planned activities and budget for the next budget period, and core performance measurement data as applicable. including performance measurement data to measure the progress and impact of the project.

9. If applicable, recipients must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of $5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

Program Specific Term(s)

1. A conference is defined as a meeting, retreat, seminar, symposium, workshop or event whose primary purpose is the dissemination of technical information beyond the non-Federal entity and is necessary and reasonable for successful performance under the Federal award. Allowable conference costs paid by the recipient as a sponsor or host of the conference may include rental of facilities, speakers' fees, costs of meals and refreshments, local transportation, and other items incidental to such conferences unless further restricted by the terms and conditions of the Federal award. As needed, the costs of identifying, but not providing, locally available dependent-care resources are allowable. Conference hosts/sponsors must exercise discretion and judgment in ensuring that conference costs are appropriate, necessary and managed in a manner that minimizes costs to the Federal award.
2. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
3. Funding is provided in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.
   HRSA program involvement will include:

   Providing the expertise of HRSA personnel and other relevant staff and resources to the project.
   • Seeking the expertise of HUD staff and other relevant resources to support the initiative.
   • Facilitating relationships between the ITAP, EP, and other relevant stakeholders.
   • Reviewing and concurring with activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
   • Participating in the design and implementation of tools, implementation plans, and other project materials.
   • Reviewing and concurring with all information products prior to communication and dissemination.
   • Facilitating the communication and dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader HIV health care and housing provider communities.
   The cooperative agreement recipient’s responsibilities will include:

   Researching and creating a process for identifying and selecting housing-related intervention strategies
   • Developing adaptation manuals of housing-related intervention strategies to be implemented and adapted by the implementation sites
   • Leading the identification and selection of subrecipient implementation sites.
   • Providing TA on the implementation and adaptation of housing-related intervention strategies to implementation sites through regular teleconferences, webinars, site visits, and meetings for a range of needs over the course of the initiative.
   • Coordinating and leading the logistics for one national annual multi-site meeting in each of the four years of the initiative with HAB, the EP, and implementation sites in the Washington, DC Metropolitan area.
   • Conducting an annual site visit to each of the implementation sites for each year of the initiative.
   • Developing and implementing a communications and dissemination plan to share information about the initiative throughout the period of performance.
   • Developing dissemination materials to support replication of intervention strategies, including dissemination of project findings, manuscripts, professional conference presentations, toolkits, and other replication materials for the initiative.
   • Collaborating with the assigned HRSA project officer and other HRSA staff as necessary to plan and execute TA and implementation activities.
   • Monitoring subrecipients and providing TA to implement and adapt the intervention strategies.
   • Supporting the EP and implementation sites in carrying out the multi-site evaluation.
4. In addition to the funding restrictions included under 4.1.iv of HRSA’s SF-424 Application Guide (http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf), you cannot use funds under this notice for the following purposes:
   Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD);
   • Purchase or construction of new facilities or capital improvement to existing facilities;
   • Purchase vehicles;
   • International travel;
   • Cash payments to intended RWHAP clients;

• Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter);
Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See
https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf.

5. RWHAP funds may not be used to make cash payments to intended recipients of services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore arealso unallowable.
6. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See https://ryanwhite.hrsa.gov/grants/policy-notices and https://ryanwhite.hrsa.gov/grants/program-letters.
7. No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.
8. Acceptance of this award indicates a grantee's agreement to participate in all aspects of the multi-site evaluation and communicate with the Evaluation and Technical Assistance Provider (ETAP)/Evalaution Provider (EP). Recipients must comply with requests for data and information in accordance with specified timelines of the ETAP/EP. Required multi-site evaluation activities includes but are not limited to:
a. Attending HRSA grant recipient meetings. Travel to attend HRSA grant recipient meetings is limited to no more than three staff participants.
b. Reporting of core measures to be specified by the ETAP/EP.
c. Cooperating with the ETAP/EP to conduct focused evaluation studies of interest to the initiative, such as exploring case studies, cost analysis (including cost-effectiveness, if feasible), impact and/or policy issues pertaining to the goals and objectives of the specific Initiative.
9. Travel to attend national conferences for the purposes of disseminating Special Projects of National Significance (SPNS) findings is limited to only two such conferences per year and the recipient must be a presenter on activities related to this project, best practices or lessons learned. Any such conferences being supported with SPNS funding will be limited to no more than two staff participants. HRSA prior approval is required for exceptions to sending more than 2 presenters.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and

Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:
- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*

Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
  - Approved by the local advisory committee/board, and
  - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
  - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
  - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
  - Counseling individuals with respect to HIV
  - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
    - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
    - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
  - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
   - Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:
- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective <u>improving health care</u> <u>outcomes</u> whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in <u>improving access</u> to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:
- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:
Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

SUPPORTING REPLICATION (SURE) OF HOUSING INTERVENTIONS IN THE RYAN WHITE HIV/AIDS PROGRAM

REQUEST FOR PROPOSALS (RFP)

Since the release of the RFP on 12/15/2022 there have been some corrections to the content, noted in red throughout the RFP document and summarized below:

- *Organizations are encouraged to submit an optional letter of intent indicating which intervention you propose to serve.*
- *The due date for the application has been extended to* ***Wednesday, March 8, 2023, at 11:59pm Eastern****.*
- *Notice of Award date has been moved from April 2023 to May 2023.*
- *Eligibility for the Justice intervention was updated to no longer reflect requirements that people be able to live on their own without assistance or aide.*
- *Eligibility for the Justice intervention was broadened to reflect "unstably housed" as the eligibility and not specifically "living in an emergency shelter".*
- *A formula error was corrected in the Budget Template and a corrected version was uploaded.*

Part 1. Overview Information

Funding Opportunity Title	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation Sites
Awarding Agency	Corporation for Supportive Housing
Number of Awards	Up to 10
Maximum Annual Award	$250,000 per award year
Timetable	
RFP Release Date:	Thursday, December 15, 2022
RFP Technical Assistance Webinar:	Tuesday, January 10, 2023
Letter of Intent to Apply Due Date: (encouraged not required)	~~Monday, January 16, 2023~~ ~~Tuesday, January 17, 2023~~ **Organizations are encouraged to submit an optional letter of intent indicating which intervention you propose to serve**
Due Date of Application:	~~11:59pm Eastern on Wednesday, February 15, 2023~~ **11:59pm Eastern on Wednesday, March 8, 2023**
Notification of Award:	~~Thursday, April 6, 2023~~ **May 2023**

Executive Summary

In Fiscal Year 2022, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB), which administers the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) program, announced funding to support a new initiative, entitled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program* (referred to as the "SURE Housing" initiative). The purpose of the SURE Housing initiative is to implement and adapt housing-related intervention strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities:

1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people;
2) youth and young adults (aged 18-24); and
3) people who have been justice-involved.

The goal of this initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum.

The SURE Housing initiative has two separate yet coordinated recipients: an Implementation and Technical Assistance Provider (ITAP) and an Evaluation Provider (EP).

Serving as the ITAP, the Corporation for Supportive Housing (CSH), in partnership with Collaborative Solutions, Inc (CSI), will solicit, select, issue, and monitor subawards of up to $250,000 per funding year for up to ten implementation sites. CSH and CSI will (a) provide the sites with technical assistance (TA) for implementing and adapting these interventions and (b) develop replication tools for other organizations

to uptake and adopt these intervention strategies for the above three priority populations of people with HIV experiencing unstable housing.

The implementation sites will participate in a multi-site evaluation to assess the effectiveness of the interventions' implementation and adaptation. The implementation of housing-related interventions at each site will be evaluated by the EP. The EP is comprised of researchers from Boston University, the University of Massachusetts, Lowell, and JSI Research & Training Institute. The EP will utilize the HRSA HIV/AIDS Bureau (HAB) Implementation Science framework to systematically collect and analyze data from sites, staff, and clients. Client-level health and housing data should come from Electronic Medical Records (EMR), a housing database (e.g., HMIS), and/or a RWHAP client-level database. Housing data is preferable from an HMIS system.

The purpose of the evaluation is to assess the ability of interventions to improve HIV clinical outcomes (linkage to care, retention in care, and viral suppression), housing stability, and other important outcomes for intervention participants. The evaluation will also document and analyze data related to implementation outcomes including adaptations, reach, cost, and sustainability.

Part 2. Funding Opportunity Description

Background and Purpose

Structural and social determinants of health, such as housing, employment, and disjointed service delivery systems, are strongly associated with HIV-related health disparities. Housing stability has a particular impact on the health of people with HIV. Homelessness was associated with 3.84 times the likelihood of incomplete viral suppression when compared to people with HIV who were stably housed (Berthaud et al, 2022). Housing is an essential mechanism in care.

Data from the Ryan White HIV/AIDS Program Services Report (RSR) show that although viral suppression rates have increased over time in the RWHAP, challenges remain for certain populations, especially clients with temporary or unstable housing. The 2021 RSR data show that RWHAP clients with unstable housing have lower viral suppression rates (77.3 percent) than clients with stable housing (90.8 percent). In addition, key populations with unstable housing continue to have low percentages of viral suppression: transgender people (72.3 percent); youth and young adults aged 20-24 years (70.8 percent); and men who have sex with men (MSM) (79.5 percent) (Ryan White HIV/AIDS Program Services Report, 2021). Additional studies have shown that people with HIV who are or have been justice-involved face increased difficulty achieving or maintaining viral suppression due to housing instability upon release (Ickowicz et al, 2019).

Data indicate that individuals with HIV infection experience far greater housing instability and homelessness than the general population: an estimated one-third to one-half are homeless or at risk of becoming homeless (Rourke et al. 2010). People with HIV who lack stable housing are more likely to delay entering HIV care and are less likely to have access to regular care, to receive anti-retroviral therapy (ART), and to adhere to their HIV medication regimen (White House Office of National AIDS Policy 2010). These data underscore the importance of replicating effective structural and evidence-informed housing intervention strategies for these subpopulations across the RWHAP.

HRSA has identified three priority populations for this project's focus: (1) LGBTQ+; (2) youth and young adults aged 18-24; and (3) people involved with the justice system. HIV disproportionately affects the

LGBTQ+ communities – in 2018, gay, bisexual, and other men who have sex with men (MSM) accounted for 69 percent of the 37,968 new HIV diagnoses in the United States (Centers for Disease Control and Prevention, 2020). Similarly, youth and young adults aged 18-24 accounted for approximately 21 percent of new HIV diagnoses in 2018 (Centers for Disease Control and Prevention, 2020). In addition, those with recent incarceration history were more likely to experience homelessness and less likely to report HIV medication adherence and durable viral suppression compared to those who were never incarcerated.

Despite their higher rates of HIV, people who identify as LGBTQ+ face greater barriers to care. These include legal discrimination, barriers to accessing health insurance, discriminatory attitudes and actions by healthcare providers, and poor trust-building between patient and provider. In most parts of the country, there is a shortage of healthcare providers who are knowledgeable and culturally-responsive in LGBTQ+ health, which may lead to people avoiding healthcare visits or not being honest with their healthcare provider (St. Catherine University, 2015). Further, studies have shown that "older LGBTQ[+] adults experience greater disparities in several physical health outcomes (e.g., higher prevalence of disability, poor general health, chronic conditions) and behavioral health outcomes (e.g., mental distress, smoking, and excessive drinking)" (National Health Care for the Homeless Council, 2021). People of trans experience face additional barriers to housing. The 2015 U.S. Transgender Survey Report noted 30 percent of respondents have experienced homelessness at some point in their lives. The same report noted that 12 percent of people of trans experience reported experiencing homelessness because of their transgender identity (James et al, 2016). Safe and affordable gender affirming housing plays an important role in linking and retaining trans people with HIV to care (Baguso et al, 2019).

Youth are another group that is at greater risk for HIV infection. One fifth of new HIV diagnoses in the U.S. are in young people aged 13 to 24 years of age (Centers for Disease Control and Prevention, 2020). Youth are more likely than other age groups to engage in behaviors that place them at higher risk for infection with HIV, such as unprotected sex, substance use, and having multiple sexual partners. After infection, young adults are also less likely than other age groups to connect to HIV-related health care and have lower rates of viral suppression (Toulou-Shams et al, 2019). Studies show that the provision of housing reduces risky behaviors and increases the likelihood of returning to care, completing care visits, receiving and adhering to ART, and ultimately achieving better health outcomes, including viral suppression (Centers for Disease Control, 2022).

In 2020, approximately 11,490 people living with HIV were in the custody of state and federal correctional authorities (Maruschak, 2022). Release from jail or prison is extremely destabilizing, as external health insurance is typically terminated when a person is incarcerated, and it can be difficult to reconnect to health care upon release. Additional challenges include legal and structural barriers when seeking housing and employment post-incarceration, including significant discrimination, which often leads to recidivism or homelessness. Black, indigenous, and people of color (BIPOC) are impacted by the justice system at higher rates than their white counterparts and are also more likely to experience homelessness after release from jail or prison.

Purpose of this Initiative

The purpose of the SURE Housing initiative is to implement and adapt housing-related intervention strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities:

1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people;
2) youth and young adults (aged 18-24); and
3) people who have been justice-involved.

This initiative will 1) apply the HIV/AIDS Bureau's Implementation Science approach to identify innovative intervention strategies to address the dual challenges of HIV and housing instability; 2) adapt, implement, and evaluate intervention strategies in up to 10 sub-awarded RWHAP-eligible sites; 3) provide TA to support implementation at the sites; and 4) develop accessible dissemination products to promote the replication and scale-up of housing intervention strategies in HIV service delivery organizations nationally.

The initiative focuses on selected housing intervention strategies that have demonstrated effectiveness in improving housing access and stability and health outcomes. Site implementation will be evaluated to assess progress using an Implementation Science framework. Lessons learned and best practices will be identified and shared with Ryan White HIV/AIDS Program recipient and subrecipient organizations, HOPWA providers, HIV/AIDS service and advocacy organizations, local housing providers, and other organizations that support youth, LGBTQ+ and people who are or have been justice involved. Funding is available to RWHAP eligible recipients or subrecipients that operate within the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 6 U.S. Pacific jurisdictions. Maximum annual awards will be $250,000 per grant year for the client enrollment, implementation, and closeout phases. Ongoing funding is based on successful achievement of stated goals and subject to future funds appropriated by Congress and awarded from HRSA.

Selected sites will receive notification by ~~April 10, 2023~~ **May 2023**. Funding begins ~~May 1, 2023~~ **June 2023** to support start-up activities. Detailed instructions for the application and creating a budget are included in this announcement. During the startup phase, selected grantees will prepare for implementation by hiring staff, formalizing and updating organizational relationships with memoranda of understanding (MOU) as needed to implement the selected intervention, establishing protocols, considering data collection and IT needs, obtaining IRB approval for the evaluation of the intervention, and working closely with the ITAP and EP on program and evaluation planning activities.

The ITAP will provide technical assistance to the intervention sites during the startup phase as well as implementation. TA will include regular conference calls, webinars, annual site visits, and learning sessions which will occur twice per year. Sites will receive funding June 1, 2023 – July 31, 2026.

Eligibility Information

Eligible sites must:

- Be RWHAP-funded organizations who are co-funded or are partnering with housing service organizations.
- Demonstrate partnership with HOPWA or other funded housing organizations to leverage and provide housing services (e.g., MOU).
- Be able to collect and report client-level clinical data including demographics, lab test results, and dates of care visits through the delivery of outpatient health services on site, or demonstration of a formal data-sharing relationship to the health care settings of intervention participants (e.g., MOU).
- Be able to collect and report housing status data for all intervention participants from an in-house database or demonstration of a formal data-sharing relationship with an organization that maintains a housing database (e.g., HMIS).

Program Expectations

Applicant organizations should propose to implement the housing-related intervention strategies for one of the three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (aged 18-24); or 3)

people who are or have been justice-involved. For each intervention, the RFP Appendix provides a description, links to background information, and intervention-specific requirements. The intervention strategies were selected through a rigorous review process. Community members, leading experts in the field, and other subject matter experts convened to review and select the final list of intervention strategies.

The selected interventions should promote long-term stability, measured by successful connection to permanent housing supports and/or housing retention. All the interventions replicated and adapted for the SURE Housing initiative must be implemented with low barrier service models including Housing First, Harm Reduction, and Trauma-Informed Care.

Housing First

Projects must operate as a low-barrier, Housing First program. Housing First approaches do not impose preconditions such as sobriety, minimum income requirements, absence of a criminal record, completion of treatment, participation in services, or other conditions. Housing First programs strive to address potential landlord-tenant problems to avoid eviction and prioritize avoiding returns to homelessness. Housing First programs do not impose rules upon participants other than what is typical in a rental agreement.

Harm Reduction

Projects must adhere to the principles of Harm Reduction, which aim to reduce the negative consequences of drug use and build respect for the rights of people who use drugs. The principles of Harm Reduction are:

1. Reducing the harmful effects of drug use rather than promote abstinence-only approaches;
2. Recognizing the continuum of drug use and that some drug use is safer than others;
3. Promoting quality individual and community life as essential to successful intervention;
4. Providing voluntary, non-judgmental services to people who use drugs;
5. Ensuring that people who use or have used drugs have a voice in the creation of policies and programs designed to serve them;
6. Promoting peer support and empowerment among people who use drugs;
7. Recognizing how poverty, racism, classism, sex and gender discrimination, and other social inequities effect people's vulnerability to and capacity for dealing with drug-related harm;
8. Honoring the real harm and danger that can be caused by drug use.

Trauma-Informed Care

Many people who experience housing instability have experienced trauma, and housing instability and homelessness themselves are traumatizing experiences. Trauma Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of trauma. All organizations funded through this opportunity are expected to be trauma informed.

Project Components

Projects must meaningfully collaborate with people with lived expertise (PWLE) in all aspects of project planning and implementation. Projects will need to have or develop mechanisms for people served by the project to provide meaningful and ongoing input on design, rules, service practices and policies, and development of a formal grievance policy that is provided to all participants.

Projects must incorporate the following housing support services:

- If using tenant-based rental assistance or scattered site units, projects must include staff that will conduct outreach to landlords.
- Projects must include outreach and navigation staff to provide assistance with securing resources for move-in, including security and utility deposits, basic furniture, and household goods, and assistance with actual move-in to housing units.
- Projects must include coordination between services and outreach/navigation staff to ensure a warm hand-off.
- All services should focus on building relationships and service engagement through person-centered, culturally responsive, trauma-informed, strengths-based practices. Services should align with the Housing First model (see Addendum – Definitions). The purpose of these relationships is to support each household to achieve housing stability through individualized planning and connections with community resources.
- Services should be voluntary, non-intrusive, and provide minimal disruption to meet the expressed needs and desires of the participant.
- Services should be highly flexible and tailored to meet the needs of each household.

Each implementation site will be required to fully participate in a multisite evaluation to assess implementation and outcomes of the intervention strategy. Participation will include interviews and surveys with organizational leadership, staff, and clients as well as electronic submission of information on enrolled clients, their exposure to the intervention strategy, and their health and housing outcomes. Implementation sites will be required to ensure appropriate staffing to support the evaluation activities. Further details on evaluation requirements are provided below. The evaluation will contribute to the evidence of effective intervention strategies, highlight core elements that contribute to successful implementation, and contribute to reports of lessons learned.

Sites funded through this initiative will be required to work collaboratively with the ITAP and the EP throughout the project period. Sites are expected to fully participate in the evaluation led by the EP. The EP will create and share the evaluation plan, and there may be aspects of the evaluation plan that are specific to each focus population of the project: youth aged 18-24, LGBTQ+ individuals, and justice-involved individuals. Each site will be expected to collect and report data in compliance with the evaluation plan.

Staffing and Personnel

Intervention Implementation:
See RFP Appendix

Evaluation:

- Hire or assign existing staff to fill a minimum of 0.5 FTE responsible for managing data collection and evaluation activities (e.g., data manager, coordinator, evaluator).
- Evaluation staff will implement activities with the support of the EP including coordination and administration of evaluation activities, including the collection, cleaning, and management of evaluation data. Specifically, the collection and reporting of housing and clinical data on individuals will be required; these data can be complicated and time consuming to locate and collect in a regular fashion. Evaluation staff will also:
    - Enroll participants in the evaluation, including obtaining informed consent from individuals

- Schedule time with individuals to administer baseline and follow-up surveys
- Administer surveys to intervention participants at multiple time points, and responsible for maintaining contact with individuals to collect follow-up data.

Note: Evaluation staff cannot be part of the intervention staff implementing the intervention activities.

Human Subjects Research

This evaluation involves research on human subjects. The evaluation plan and protocols must be approved by an Institutional Review Board (IRB).

- All project staff must successfully complete training on Human Subjects Research, such as the CITI training, and submit their post-training certificate to the EP.
- Apply for approval of the evaluation from an Institutional Review Board with the support of the EP (Note: There will be a cost to implementation sites for IRB approval if external IRB review is needed. Please include this cost in your proposed budget. In addition, additional IRB considerations will be required for data collection from individuals who are incarcerated.)

Evaluation Training

- Participation in all trainings to facilitate the evaluation, including EP-provided trainings.
- Note: There will be a mandatory in-person training for all evaluation staff.

Implementing the Evaluation

- Recruit and enroll intervention participants in the evaluation.
  - Goals for enrollment in the evaluation are as follows:
    - 50 participants in Rapid Re-housing for Youth.
    - 50 participants in Enhanced Housing Placement Assistance for people who are or have been justice involved.
    - 75 participants in Gender Affirming Housing and Services for people identified as LGBTQ+.
- Sites will be allowed to use grant funds for incentives for the evaluation component and are encouraged to include this in their budget.
- Adhere to evaluation protocols for data collection, including requirements related to confidentiality and data storage protocols.
- Participate in all data collection activities and reporting, including:
  - Conducting periodic chart reviews.
  - Conducting interviews with participants.
  - Data completeness cleanup activities.
- Program leadership and implementation team will work with the ITAP and the EP to finalize an implementation plan that clearly identifies the implementation strategies that will be used to implement the intervention.
- Program leadership and implementation team will participate in regular organizational assessments, staff surveys, and interviews.
- Program leadership and staff will collect and submit information to the EP on the cost of delivering the intervention at specified intervals.
- Intervention staff will collect and submit information on individual client service data at regular intervals as specified in the evaluation plan; this may include dates and length of interactions with clients, types of activities with clients, etc.
- Evaluation staff will be primarily responsible for collecting and submitting all data requested by the EP including health and housing outcomes.

- Evaluation staff will be required to submit implementation and outcome data through a secure, online portal as per the evaluation plan.
- Provide regular information related to adaptations and barriers and facilitators to implementation of the intervention through monitoring calls, annual site visits, and submission of related implementation documents.

Applicants should carefully review the materials related to each intervention. Considerations when selecting an intervention should include:

- Organization's ability to address the need/gap in services for the subpopulation given current client demographics/characteristics
- Fit and feasibility of implementation of intervention given current organizational culture, structure, and processes.
- Additional considerations/requirements are listed per intervention in the RFP Appendix.

Once implementation sites are selected, the ITAP and EP will conduct a needs assessment with each site. This assessment will identify potential challenges to implementation, clarify implementation strategies that are still in process, and inform TA that will support implementation planning and execution. Sites will be required to implement the intervention for which they are funded within the awarded project period. Implementation sites will be required to send project staff to virtual learning sessions featuring the entire cohort, the first of which will be held in September 2023. Learning sessions will be held twice yearly between September 2023 and June 2026. Each site should plan to send two staff to the first learning session in September 2023; guidance on attendance expectations and details for subsequent learning sessions will be provided. In addition, each site should plan to send two staff to an in-person annual convening of all sites, location and dates to be announced.

Selection Process

Final selection of sites will be based on:

- Demonstrated organizational leadership support of intervention implementation.
- Demonstrated ability to recruit and enroll clients to participate in the intervention strategy.
- Demonstrated organizational readiness to implement the selected intervention strategy and to quickly hire and train the required staff.
- Demonstrated strong existing partnerships with community organizations. Additional information is included per intervention strategy in the RFP Appendix.
- Demonstrated ability to leverage resources (e.g., HUD/HOPWA, RWHAP Parts A-D, Ending the HIV Epidemic, or other relevant funding) for the provision of housing services.
- Demonstrated ability to collect and transmit data required by the EP.

During the selection process, the ITAP may request a videoconference with organizational leadership to answer additional questions about your organization's capacity to implement the intervention strategy. Funding will be obligated through grants from CSH to selected sites and will be managed on a monthly cost reimbursement basis. Therefore, applicant organizations should be prepared to demonstrate that they have the financial ability to support the project in the period between incurring an expense and receiving reimbursement from CSH.

Federal Compliance: While grants will be issued by CSH to support sites during this project, funding is provided under HRSA HAB RWHAP. As such, all federal regulations included in 45 CFR 75 and RWHAP-

related regulations will apply to all selected intervention sites. CSH will perform contract monitoring activities in accordance with federal guidelines.

Letter of Intent to Apply

Applicants are strongly encouraged, though not required, to submit a Letter of Intent to submit a full proposal. Letters of Intent will be non-binding and are intended to help CSH determine how to deploy personnel and expertise to review applications and issue awards. Letters of Intent should identify your organization (including location and main point of contact), intent to apply, and a brief description of your proposal, including priority population and intervention strategy to be adapted.

Letters of Intent should be submitted electronically to HRSA.TA @csh.org with include in the subject line "HRSA SURE Letter of Intent [Applicant Organization Name]".

Application and Submission Information

All proposal items must be submitted ELECTRONICALLY by 11:59pm ~~Pacific~~ **Eastern** time on ~~Wednesday, February 15, 2023~~ **Wednesday, March 8, 2023** to HRSA.TA@csh.org. Note: hard copies of proposal or application materials will not be accepted. Proposal narrative (including project abstract) must be submitted in a single PDF and should not exceed fifteen (15) single-spaced pages using 12-point font, minimum 1.0 line spacing, and one-inch margins. Attachments 1-5 do not count towards the 15-page limit.

Project Abstract (no more than one page)

Subpopulation and Intervention strategy

1. **For which subpopulation of people with HIV experiencing unstable housing and intervention are you seeking funding?**
    - Gender Affirming Housing and Services for people with HIV who identify as lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+), prioritizing people who identify as transgender.
    - Rapid Re-Housing for youth and young adults (ages 18-24) with HIV; and
    - Enhanced Housing Placement Assistance for people with HIV who been involved with the justice system.
2. **Please provide the amount requested for the total period of funding.** (*This can be found by adding the budget totals for all implementation periods in your Budget Template document.)*

Organizational Profile

1. Is your organization a RWHAP provider? If so, what RWHAP Part(s) are you funded by?
2. Describe current or previous funding received by your organization for the key population of focus or programs related to the selected intervention strategy, if any.
3. Summarize your organization's mission (two to three sentences).
4. Describe the geographic area served by your organization (urban, suburban, rural, reservation-based, statewide, region, etc.).
5. Describe the population of clients served by your organization.

Project Narrative

The narrative should provide a comprehensive description of how your organization will implement the proposed housing intervention strategy, a summary of the benefits anticipated for your organization and clientele, and an overview of the agency's ability to successfully meet program expectations.

Proposals should provide complete information. Proposal scoring criteria are included below.

A. **Statement of Needs (15 points)** This section should describe the HIV epidemic in the area you intend to serve through the proposed intervention strategy. To demonstrate the acuity of need for the intervention strategy in your area and client population, please:
   - Summarize any local public health data that is specific to your geographic area and the population of focus of the intervention strategy.
   - Summarize any client population data that is specific to the intervention strategy's key population of focus.
   - DO NOT include national data/statistics.
   - In addition, this section should include:
     i. Brief description of barriers related to meeting the housing needs of people experiencing unstable housing in the area, particularly barriers encountered by the key population of focus.
     ii. Brief description of how the intervention strategy would address these barriers.
     iii. Data on services provided by the organization that are related to the intervention strategy, if any, and that can demonstrate the need for the intervention strategy.

B. **Overview of Organizational Capacity (25 points)**—This section should describe why your organization is best positioned to take on the proposed project.
   - Describe your organization's experience with providing direct HIV care and treatment for people with HIV experiencing unstable housing.
   - Describe your organization's experience implementing the intervention.
   - Describe how your organization would manage the requirements of a cost-reimbursement contract, which requires sufficient financial ability to support expenses incurred until reimbursement is made by CSH.
   - Describe activities your organization will undertake during the funding period to ensure the sustainability of successful intervention strategies after the award period.

   Key Population of Focus:
   - Describe your organization's history, capacity, and interest to serve the key population of focus. See RFP Appendix for further details and requirements for each key population.
   - Describe the current use of your organization's services by the key population of focus.
   - Describe how your organization meaningfully involves people with HIV, particularly people from the key populations of focus, in identifying program priorities and strategies that address the local HIV epidemic.

C. **Project Description (30 points)**—This section should describe how your organization would implement the selected intervention based on the level of requested funding. This should include a proposal of why the intervention is deemed adaptable by your organization and appropriate to the clients you serve; strategies you have taken and will take to ensure successful implementation (e.g., stakeholder engagement, planning process, training, and quality management); and your organization's capability to enroll clients for the selected intervention. Additional considerations/requirements are listed per intervention in the RFP Appendix
   - Please include information and data about your organization's size, number of clients served, number of HIV cases, and unmet housing need reported among key population within the last two years.

- Describe the project staffing plan, include whether applicant would hire new staff or transition existing staff to fill positions. If hiring new staff, please describe the hiring process and timeline. If incorporating existing staff, please describe their experience relevant to the intervention strategy. **Additional considerations/requirements are listed per intervention in the RFP Appendix.**
- Describe your organization's partnership(s) with HOPWA or other funded housing organizations that will be used to leverage and provide housing and services. Include Memoranda of Agreement in your application. **Your organization must be co-funded by OR partnering with housing service organization(s). Your application and Memoranda of Agreement and Letters of Support as specified in the RFP Appendix must be included to demonstrate strong community connections.**
- Describe how your organization will incorporate people with lived experience (people who identify as one or more of the key populations of focus) throughout project planning, design, and implementation.
- Describe how the proposed project(s) will address potential inequities and barriers to equal opportunity, and/or contribute to greater access to services for underserved and historically marginalized populations.
- Describe the outcome/impact your organization would like to achieve with the selected intervention.

D. **Evaluation Capacity (25 points)—** Note: Please refer to the section on the evaluation (pages 5 and 6) when writing this section of the narrative. The evaluation of the interventions implemented in this initiative involves the direct administering of surveys to collect data from intervention participants at multiple points in time in addition to collecting and reporting of housing and clinical data on individuals from existing databases like an electronic medical record or HMIS system. Although time consuming, the evaluation will help build the evidence for the importance of housing for improved individual outcomes like HIV viral suppression, as well as provide critical lessons learned and guidance for others implementing housing-related interventions in the future.

This section should describe your organization's experience and capacity to collect client-level data and enter data in an online database.

Describe any experience your organization has working with an Institutional Review Board (IRB) on research or program evaluation activities and your plan to engage with an IRB for this project. Note that previous experience with an IRB is not a requirement, and sites will receive support from the EP on obtaining IRB approval.

Describe your organization's plan for staffing of the evaluation components of the project including data collection and management (at least 0.5 FTE), and any previous experience working on program evaluation or research activities.

Include a description of your plan to recruit and retain participants for the evaluation component, including evidence of your organization's ability to recruit, enroll, and follow participants over the project period.

Include a description of your organization's ability to meet the requirements of the evaluation activities listed in the Program Expectations Section that have not already been described.

E. **Program Integration and Sustainability (5 points)**—This section should describe how your organization intends to incorporate this intervention strategy as part of your scope of services during the award period and after the award period. Describe how the organization plans to incorporate new staff, if applicable.

F. **Financial and Other Attachments** - Required for all applications. If you do not have components 2–5 below, please attach separate document(s) addressing each requirement to assure that we do not miss your explanations in the review process. These attachments do not count toward the 15-page maximum for the narrative noted above.
   a. Please include the following in your application:
      1. Attachment 1: Completed Budget Template. Do not use any budget form other than the one provided by CSH.
      2. Attachment 2: Most recent audited financial statements, including cover page and the auditor's notes/findings. Negative audit findings will be considered in funding decisions.
      3. Attachment 3: Memoranda of Agreement from housing partner(s).*
      4. Attachment 4: Letters of Support from partner organizations. *
      5. Attachment 5: Fiscal Sponsor Agreement, if applicable

**Memoranda of Agreement and Letters of Support as specified in the RFP Appendix must be included and should demonstrate strong community connections necessary to implement the intervention.*

SAM Registration Requirement. Applicants must be registered with https://www.sam.gov/ before submitting their application. Applicants must maintain current information in SAM on immediate and highest-level owner and subsidiaries, as well as on all predecessors that have been awarded a federal contract or grant within the last three years, if applicable.

UEI (FORMERLY DUNS) Number Requirement. Applicants must provide a valid UEI/DUNS number, registered and active at https://www.sam.gov/ in the application.

Submission Dates and Times

Completed proposals are due via email by ~~Wednesday, February 15, 2023~~ **11:59PM Eastern Time, Wednesday, March 8, 2023.** ALL COMPONENTS of your application must be in by this time. The subject line of your email submission should follow the format: "HRSA SURE Application Submission_ (your org name)". Please signal in the subject if multiple emails will be sent because of file size (ex: "1 of 2").

Late, incomplete, mailed, express-delivered, or faxed proposals will NOT be accepted. Funded organizations will be notified of decisions by ~~April 10, 2023~~ **May 2023**. Questions about the application process should be directed to HRSA.TA@csh.org, with your organization's name in the subject line of the message.

Please do not call or email to inquire about the status of your application during the review process.

Application Checklist
- ✓ Project Abstract (Applicant Information; up to 1 page)
- ✓ Project Narrative (up to 14 pages)
- ✓ Attachment 1: Project Budget Template
- ✓ Attachment 2: Audited Financials
- ✓ Attachment 3: Memoranda of Agreement with housing partners
- ✓ Attachment 4: Letter(s) of Support
- ✓ Attachment 5: Fiscal Sponsor Agreement, if applicable

RFP Technical Assistance Webinar

The SURE Housing program team hosted a webinar at 3pm Eastern on **January 10, 2023** for the purpose of providing clarification about the RFP and key application submission tips. This webinar recording will be accessible for viewing on CSH's YouTube Channel and linked on TargetHIV.

APPENDIX

All organizations replicating interventions through the SURE initiative are expected to use Housing First, harm reduction, and Trauma-Informed Care models for providing responsive and low-barrier services.

YOUTH AND YOUNG ADULTS (18-24)

Rapid Rehousing for Youth (RRH for Youth)

Description

RRH for Youth is a low-barrier intervention that includes a) rapidly moving youth and young adults (18-24) into permanent housing with leases in their own name, b) offering rental assistance subsidies for up to 24 months, and c) providing case management and wrap-around services. RRH for Youth aligns with the Housing First Model and is offered without precondition. As such, RRH for Youth does not require young people to get a job, enroll in school, abstain from alcohol or other drugs, receive mental health treatment, resolve court cases, etc. to receive and complete the intervention.

Background and evidence

Rapid Re-housing (RRH) was initially created to help individuals and families who lost their housing and who spent unnecessarily long and expensive periods in shelter or transitional housing trying to save money for or arrange a new place to live. It more efficient and effective to help them immediately move into permanent housing, spending few or even no days in shelter. RRH is associated with high rates of housing placement, few returns to homelessness, and significant cost savings compared to other housing interventions like transitional housing.

In 2009 Congress provided HUD with significant funding for RRH through the Homelessness Prevention and Rapid Re-Housing Program, part of the American Recovery and Re-investment Act. HUD also made rapid re-housing an eligible use of ongoing HUD McKinney-Vento funding. The Department of Veterans Affairs embraced the concept as well and provides funding under the Supportive Services for Veteran Families (SSVF) program.

RRH for Youth is a flexible adaptation of the RRH model that is specifically tailored to the developmental stages and social service needs of homeless young people. RRH for Youth has been implemented nationwide using a range of funding sources. Successful approaches have included: Northwest Youth Services in Bellingham, WA, the Pathfinders Q-Blok program in Milwaukee, WI; and the Valley Youth House programs in Philadelphia and Montgomery County, PA.

Duration

Up to 24 months.

Core Elements

RRH for Youth includes **three** core components: Housing Identification, Rental and Move-in Assistance, and supportive services like Case management.

1. *Housing identification*: Rapid assistance for individuals to find and secure rental housing, including collaborations with private landlords and assistance navigating lease applications. This is typically provided by the RRH case manager and/or the Housing Engagement Specialist.
2. *Rental and move-in assistance*: Financial subsidies to defray cover move-in costs as well as ongoing rent and/or utility payments. The structure of rental assistance subsidies may be adapted based on local community need and funding availability.
    a. Duration: Rental assistance subsidies can be provided for as little as six months or up to two years
    b. Amount: Rental assistance subsidies can cover 100% of rental costs or some lesser portion (so long as clients do not pay more than 30% of their own monthly income in rental costs)
    c. Some programs adopt a progressive engagement model in which the amount of rental assistance subsidy is adjusted over time
3. *Case Management and support services:* Case management support and connection to community-based resources that can help them maintain housing stability (e.g., employment support, benefits navigation, mental health or substance use support, etc.) This is provided by an RRH for Youth Case Manager.
    a. RRH for Youth case managers use developmentally appropriate case management strategies to address threats to housing and social stability common among the intervention's target age group. Strategies include the Positive Youth Development framework and other supports to assist youth with navigating this stage of their lives, including support with household management and budgeting, setting appropriate social boundaries, etc.

Successful replication of RRH for Youth benefits from meaningfully engaging young people who have experienced housing instability to design the RRH for Youth adaptation and support implementation and evaluation.

Staff roles include:

- *Housing/Landlord Engagement Specialist:* primarily responsible for outreaching to and engaging with landlords, doing property searches, and supporting clients throughout the housing search process, including helping them create budgets, understand the terms of the lease, and conduct unit inspections. This position is responsible for ensuring a warm hand-off to care with the RRH Case Manager once the client is housed..
- *RRH Case Manager:* primarily responsible for providing ongoing case management throughout the client's time in the program, including regularly meeting with clients to assess their housing situation and identify potential threats to stability; making referrals and facilitating warm handoffs to appropriate health and social services (e.g., mental health, substance use care, healthcare, education, job training); counseling clients on strategies to address future housing instability
- *Program Manager/Director:* responsible for overseeing the RRH program, including planning and projecting program budget, overseeing client/Case Manager assignments and ratios, determining when the program has capacity for additional clients, and approving rental subsidy models and exceptions to the approved model.

Participant Eligibility

- Aged 18-24

- Experiencing homelessness
- Diagnosed with HIV

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Reduced engagement in high-risk subsistence strategies (e.g., transactional sex).
- Increase or stabilize access to healthcare and other services to improve overall health and well-being (including viral suppression).
- Promote housing stability when RRH rental subsidy ends (i.e. prepare tenant to absorb future rent costs through employment or access to another income/rental subsidy source).

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy **must include the following information in their application:**

- Inclusion in the budget for reassigning or hiring at least one full-time RRH case manager.
- Inclusion in the budget for reassigning or hiring at least one full-time housing specialist/housing navigator.
- Statement describing your organization's experience, or the experience of an implementation partner, with implementing a Positive Youth Development approach or other framework for supporting youth and providing case management to specifically address the housing and psychosocial challenges experienced by youth aged 18-24.
- Statement describing current process for identifying client needs and referrals to meet these needs
- Statement describing experience within your organization, or within an implementation partner, engaging and recruiting landlords.
- Include how your organization will hire and retain staff which reflect the demographics of youth being served by the project. Include how staff will be trained and demonstrate proficiency in Housing First, Trauma-Informed Care, Positive Youth Development, and culturally-responsive strategies and practices.

Application Attachment(s):

- Statement of Support from Youth Advisory Board or Youth Action Board.

Training/Onboarding: Within 30 days of hire, new staff must be oriented to the basic program philosophy and the RRH Operating Standards of Practice. Staff who provide direct services and those who supervise staff that provide direct services should be trained in the core components of RRH for Youth, as well as the following: Housing First; Trauma Informed services; Harm Reduction; Local Coordinated Entry policies and procedures; Data collection requirements and procedures.

Further Reading and Information

- RRH for Youth: Northwest Youth Services Program Profile
- Rapid Re-Housing Handbook Updated 2022 Point Source Youth
- The Impact of Rapid Re-housing on Youth Experiencing Homelessness 2021;Point Source Youth and Dr. Robin Petering, Lens Co.

- Rapid Re-housing: What the Research Says June 2015 Urban Institute
- Rapid Re-housing Toolkit March 2022. National Alliance to End Homelessness.
- Understanding Rapid Re-housing: Systematic Review of Rapid Re-housing Outcomes Literature July 2018. Office of Policy Development and Research (PD&R)

PEOPLE INVOLVED WITH THE JUSTICE SYSTEM

Enhanced Housing Placement Assistance

Description

Enhanced Housing Placement Assistance (EHPA) (demonstration program in NYC) is a Rapid Re-Rousing program that involves a) immediately assigning people with HIV a case manager who quickly helps them secure available and affordable housing b) providing rental assistance subsidies for at least one year and up to 24 months, and c) providing intensive housing stabilization case management and wrap-around services onsite at the client's residence.
EHPA provides housing stabilization services to address issues that threaten housing stability (i.e., substance abuse, mental health, history of incarceration, financial management). Given the focus on people impacted by the justice system, housing stabilization services shall include removal of long-term barriers to housing access, including legal services to help review and expunge criminal records.

EHPA aligns with the Housing First Model and is offered without precondition.

Background and evidence

EHPA is based on the Rapid Re-Housing intervention model and is demonstrated to be an effective, cost-effective strategy for improving housing stability.

A Randomized Controlled Trial of a Rapid Re-housing Intervention for Homeless Persons Living with HIV/AIDS: Impact on Housing and HIV Medical Outcomes (2019) found that EHPA clients were placed faster than usual services clients, more likely to be placed, and twice as likely to achieve or maintain suppression. While the study showed that EHPA led to significantly better outcomes than did the "usual services", the "average amount of time to housing placement (143 days) and the percentage who were placed within 12 months of enrollment (45%) were lower than benchmarks suggested by The National Alliance to End Homelessness for rapid re-housing programs."

Duration

At least one year and up to 24 months.

Core Elements

- *Immediate connection to case manager and high-intensity support to identify housing:* Rapid assistance for individuals to secure rental housing, including collaborations with private landlords and assistance navigating lease applications. This is typically provided by the case manager and/or the Housing Engagement Specialist.
- *Rental subsidies and move-in assistance:* Financial subsidies to defray cover move-in costs as well as ongoing rent and/or utility payments. The structure of rental assistance subsidies may be adapted based on local community need and funding availability. Rental assistance is provided for at least one year and for us to 24 months.
- *Intensive housing stabilization support services:* Services are provided onsite at the participant's home/housing site. Services are provided frequently; weekly to start and then monthly as stabilization is increased. Stabilization services focus on specific issues that threaten housing stability, including support navigating parole requirements or conditions of release, financial management challenges, substance use, and mental health challenges.

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Additional services offered by case managers include accompanying participants to all housing appointments, assisting with entitlements advocacy to secure eligible housing subsidies, and conducting housing quality standard reviews. The case manager meets weekly and then monthly with participants at their residence for direct case management.

Staff roles include:

- *Housing/Landlord Engagement Specialist:* primarily responsible for outreaching to and engaging with landlords, doing property searches, and supporting clients throughout the housing search process, including helping them create budgets, understand the terms of the lease, and conduct unit inspections. This position is responsible for ensuring a warm hand-off to care with the EHPA Case Manager once the client is housed.
- *EHPA Case Manager:* primarily responsible for providing ongoing case management throughout the client's time in the program, including regularly meeting with clients to assess their housing situation and identify potential threats to stability; making referrals and facilitating warm handoffs to appropriate health and social services (e.g., mental health, substance use care, healthcare, education, job training); counseling clients on strategies to address future housing instability
- *Program Manager/Director:* responsible for overseeing the EHPA program, including planning and projecting program budget, overseeing client/Case Manager assignments and ratios, determining when the program has capacity for additional clients, and approving rental subsidy models and exceptions to the approved model.

Participant Eligibility

- Adults 18 years of age or older
- HIV-positive
- ~~Living in an emergency shelter~~ **Unstably housed**
- ~~Able to live alone without the assistance of a live-in aide~~
- People who have been justice-involved: Defined as any person who is engaged (or who has previously been engaged) at any point along the continuum of the criminal justice system as a defendant including arrest, incarceration, and community supervision.

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Increase or stabilize access to healthcare and other services to improve overall health and well-being (including viral suppression).
- Promote long-term housing stability

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy must include the following information in their application:

- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing case manager.

- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing specialist/housing navigator.
- Statement describing experience within your organization, or within an implementation partner, with successfully supporting people who have been impacted by the justice system (e.g., people with incarceration, felony conviction histories, or similar experiences) to secure and maintain stable housing, including your experience addressing justice-related barriers to entering housing and maintaining housing stability.
- Statement describing experience within the organization, or within an implementation partner, engaging and recruiting landlords to rent to individuals who have experienced homelessness.
- Please explain your organization's experience with case management to individuals who are justice-involved, currently or formerly incarcerated; currently on parole probation; or subject to court supervision.
- Please explain your organization's experience working with the justice-involved participants experiencing unstable housing.

Attachment(s):

- Letter(s) of Support from criminal legal system focused organizations in your community (including re-entry services organizations, legal services, or jail/prison/court system representatives) that describe local partnerships designed to enhance services, supports, and referrals available to participants aimed to help support housing stability.

Further Reading and Information

Enhanced Housing Placement Assistance CDC, Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER OR QUESTIONING (LGBTQ+) PEOPLE

Gender Affirming Housing and Services (Our Trans Home Rental Subsidy)

Description

Financial rental assistance for transgender, gender non-conforming & intersex people. The intervention offers support finding housing as well as on-going support to help individuals remain stably housed.

Background and Evidence

One in five transgender people in the United States has been discriminated when seeking a home, and more than one in ten have been evicted from their homes, because of their gender identity (National Center for Transgender Equality). A study in 2020 published in the International Journal of Transgender Health outlined solutions to housing instability among transgender populations in the United States. As per the study, transgender people face a unique blend of discrimination and compromised social services, putting them at risk for housing insecurity and associated public health concerns. Many respondents raised the importance of transgender-inclusive shelter projects, societal prioritization of housing and raising the minimum wage. To address barriers to housing this intervention seeks to provide rental assistance and housing identification and stabilization services. Findings "support increasing transgender housing security intervention resources that address intersecting and cyclical discrimination, trauma, housing, employment, and health issues".

Intervention Implementation: Our Trans Home (OTH)

The OTH Rental Subsidy program provides financial support for transgender, gender-non-conforming, and/or intersex (TGI) people in the Bay Area, CA. The program serves people at risk of losing their housing or in need of additional support to secure and maintain housing. The program provides on-going housing navigation support in addition to rental assistance subsidies, based on the needs of the individual. The average length of a subsidy is up to 18 months.

OTH is suitable for RWHAP clients seeking support through outreach, housing identification/navigation, rental assistance up to 24 months, and housing case management. Those delivering the intervention may modify activities to assist the client in achieving their housing and health care goals, such as staff and client education, care coordination, and referrals. The intervention seeks to increase or stabilize services provision and access to healthcare through stable housing, improving overall health and well-being (including viral suppression).

Duration

Up to 24 months.

Eligibility

- Adults 18 years of age or older
- HIV-positive
- Unstably housed
- Participant's household must have an annual income that does not exceed 50% of AMI. If enrolled, income will be verified every three months to determine continued eligibility. The amount of subsidy awarded depends on income and will decrease over time.

While TGI people are the focus population for the intervention, anyone who identifies as LGBTQ+ person living with HIV and is unstably housed would be eligible for assistance. As highlighted by the **National Health Care for the Homeless Council**, under the framework of targeted universalism, embracing gender-affirming care benefits people of all genders, including cisgender people. When programs make their culture, processes, and systems safe for the most marginalized, all people stand to gain.

Core Elements

- Income based eligibility
- Housing navigation
- Rental subsidy
- Housing stabilization case management

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Increase or stabilize income once stably housed.
- Increase or stabilize services provision and access to healthcare to improve overall health and well-being (including viral suppression).
- Ensure linkage to permanent stable housing when rental subsidy ends (i.e. tenant can assume full rent costs, or receives a housing voucher, or enrollment into permanent supportive housing program).

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy must include the following information in their application:

- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing case manager
- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing specialist/housing navigator
- Describe experience within your organization, or of an implementation partner, with implementing gender-affirming housing and services.
- Describe experience within your organization, or within an implementation partner, engaging and recruiting landlords.

Attachment(s):

- Letters of Support from LGBTQ+ and/or transgender specific organizations in your community that describe local partnerships designed to enhance services, supports, and referrals available to participants to help support housing stability.

Due to the disproportionate impact of homelessness and housing instability on gender-diverse people, applicants are expected to embrace gender-affirming care as a best practice. Access more information here.

Further reading and information

HOTT Housing Subsidy for Trans Tenants

Homelessness Among LGBT Adults in the US; Williams Institute study
Gender Identity, Sexuality, and Homelessness, Pathways to Housing PA

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U.S. Department of Health and Human Services

HIV/AIDS Bureau

Division of Policy and Data

Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider

Funding Opportunity Number: HRSA-22-031

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Letter of Intent Requested by: January 21, 2022

Application Due Date: February 23, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: November 22, 2021

Adan Cajina, MSOR
Chief, Special Projects of National Significance Branch
Telephone: (301) 443-3180
Email: ACajina@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act)

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508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program Initiative titled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program* (SURE Housing).

The *SURE Housing* initiative has two separate yet coordinated recipients: the Implementation and Technical Assistance Provider (ITAP) funded under this announcement (HRSA-22-031); and an Evaluation Provider (EP) funded under a different announcement (HRSA-22-032). Both the ITAP and the EP must coordinate activities and share information and data in the design, implementation, evaluation, communication, and dissemination of this initiative. The success of this initiative is dependent on the collective success of the individual components, with the ultimate goal of communicating and disseminating replication tools to the broader RWHAP, HIV, and housing communities.

The purpose of this funding announcement (HRSA-22-031) is to support a single organization that will serve as the ITAP to provide technical assistance to up to 10 sites ("implementation sites") implementing and adapting housing-related evidence-based interventions, evidence-informed interventions, and emerging strategies (collectively, "intervention strategies") for the following three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (ages 13-24); and 3) people who have been justice involved (i.e., people impacted by the justice system).

The ITAP will select and fund implementation sites under individual subawards; provide *implementation-related* technical assistance to the sites; and develop a communication plan and replication tools for widespread adoption of these housing-related intervention strategies for these three key populations of people with HIV experiencing unstable housing. The EP, funded under the companion announcement (HRSA-22-032), will develop and implement a multi-site evaluation of these intervention strategies and provide evaluation-related technical assistance using an implementation science framework. The ITAP will support the EP and implementation sites in carrying out the multi-site evaluation.

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This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. This program may be cancelled prior to award.

Funding Opportunity Title:	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider
Funding Opportunity Number:	**HRSA-22-031**
Due Date for Applications:	February 23, 2022
Anticipated Total Annual Available FY 2022 Funding:	**$3,500,000**
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to $3,500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2026 (4 years)
Eligible Applicants:	Eligible applicants include entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

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	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, December 13, 2021
Time: 2 p.m. – 3:30 p.m. ET

Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1613730153?pwd=TEordlQ2aitMNVRRbXZyR0hxZDZBdz09
Meeting ID: 161 373 0153
Passcode: qvi6Q2px

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 373 0153
Passcode: 34174265

Playback: The webinar will be recorded and should be available within 10 business days on the TargetHIV website. Answers to questions posed before and during the webinar will also be posted there.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program[1] project titled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program - Implementation and Technical Assistance Provider (ITAP).*

The purpose of this project is to support a single organization that will serve as an ITAP to provide technical assistance (TA) to up to 10 implementation sites that will implement and adapt housing-related intervention strategies for the following three key populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities (see Background Section I.2):

1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people;
2) youth and young adults (ages 13-24); and
3) people who have been justice involved (i.e., people impacted by the justice system).

The *SURE Housing* initiative has two separate, yet coordinated recipients: the ITAP, which will be funded under this announcement (HRSA-22-031), and an Evaluation Provider (EP), funded under a different announcement (HRSA-22-032), which will use an implementation science framework[2] to evaluate the implementation and adaptation of the housing intervention strategies. Both the ITAP and the EP must coordinate activities and share information and data in the design, implementation, evaluation, communication, and dissemination of this initiative. The success of this initiative is dependent on the collective success of the individual components, with the ultimate goal of communicating and disseminating replication tools to the broader RWHAP, HIV, and housing communities.

The ITAP will identify potential intervention strategies that can be adapted for the key populations identified, using criteria that assess feasibility, adaptability, and effectiveness. The ITAP will also develop and quickly release an application process to select and fund the implementation sites under individual subawards (up to $250,000/site per year); provide TA to the sites in implementing and adapting these interventions; and develop replication tools for widespread adoption of these intervention strategies for the above three key populations of people with HIV experiencing unstable housing.

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[1] HRSA Ryan White HIV/AIDS Program Part F: Special Projects of National Significance (SPNS) Program. Available at: https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program

[2] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. Available at: https://doi.org/10.1371/journal.pmed.1003128

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This initiative will engage and retain people with HIV experiencing unstable housing in HIV medical care and support services by addressing their housing and behavioral health needs, as needed. Thus, the proposed housing intervention strategies should include models to integrate behavioral health services, including mental health and substance use disorder treatment, with HIV care to specifically address the comprehensive needs of people with HIV experiencing unstable housing to improve health outcomes.

In addition, the implementation sites will participate in a multi-site evaluation to assess the effectiveness of the interventions' implementation and adaption. The ITAP will work collaboratively with the EP and HRSA staff in all aspects of the planning, implementation, adaptation, provision of TA, and evaluation of the housing-related intervention strategies. The ITAP will also develop adaptation manuals prior to the implementation of these interventions. Finally, the ITAP will actively disseminate the initiative's findings, lessons learned, and outcomes for future replication in other settings.

Recognizing the critical role of housing in supporting people with HIV to improve health outcomes, HRSA will draw upon the expertise of the U.S. Department of Housing and Urban Development (HUD), including its Office of HIV/AIDS Housing (OHH), which administers the Housing Opportunities for Persons With AIDS (HOPWA) Program.[3] HUD is responsible for national policy and programs that address America's housing needs and enforce fair housing laws. As such, HRSA will consult with HUD as needed for the purposes of this initiative.

The ultimate goal of this initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum. Thus, the ITAP and implementation sites should partner with relevant housing organizations, housing consortiums, HUD's Continuum of Care (CoC) Program,[4] and planning councils, to address unmet housing needs. In addition, for a wider reach in order to leverage services and have broad impact, applicants should consider partnerships with LGBTQ+ organizations, youth organizations, and correctional/justice-involved institutions.

HUD Exchange. Housing Opportunities for Persons With AIDS (HOPWA) Program. , Available at: https://www.hudexchange.info/programs/hopwa/

For more details, see Program Requirements and Expectations.

2. Background

The RWHAP SPNS Program is authorized by 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act).

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[3] HUD Exchange. Housing Opportunities for Persons With AIDS (HOPWA) Program. , Available at: https://www.hudexchange.info/programs/hopwa/

[4] HUD Exchange. HUD's Continuum of Care Program. Available at: https://www.hudexchange.info/programs/coc/

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The RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical care, support services, and medications; TA; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the Healthy People 2030, the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic in the U.S. (2021–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the United States

According to recent data from the 2019 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral

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suppression rates have significantly decreased.[5] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[6] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[7]

In February 2019, the Ending the HIV Epidemic in the United States (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key U.S. Department of Health and Human Services (HHS) agencies, primarily HRSA, the CDC, the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

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[5] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. Published December 2020. Accessed December 2, 2020. Available at: http://hab.hrsa.gov/data/data-reports.
[6] Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of White clients were virally suppressed in 2015 and 91.8 percent in 2019
[7] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available at: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

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HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and HIV nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HIV/AIDS Bureau (HAB) cooperative agreements, contracts, and grants focused on specific TA, evaluation, and intervention activities. A list of these resources is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in Policy Clarification Notice (PCN) 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. Examples of these resources include:

- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV
  E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.

- Integrating HIV Innovative Practices (IHIP)
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA

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help desk exists for you to submit additional questions and share your own lessons learned.

- Replication Resources from the SPNS Systems Linkages and Access to Care
  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

- Dissemination of Evidence Informed Interventions
  The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- Building Futures: Supporting Youth Living with HIV
- The Center for Engaging Black MSM Across the Care Continuum (CEBACC)
- Using Community Health Workers to Improve Linkage and Retention in Care

The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program. The SPNS Program evaluates the effectiveness of these models' design, implementation, utilization, cost, and health-related outcomes while promoting the communication, dissemination, and replication of successful models.

HRSA is publishing this notice of funding opportunity (NOFO) in conjunction with Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Evaluation Provider (HRSA-22-032). Because award recipients under both NOFOs (HRSA-22-031 and HRSA-22-032) will need to work closely together to be successful, HAB encourages you to read the companion announcement and become familiar with all program expectations within each NOFO.

The HRSA HAB Implementation Science Approach

The goal of this initiative is to identify, implement, and adapt intervention strategies that could be effective for improving outcomes among the three key populations of people with HIV identified in this NOFO who are served by the RWHAP, thereby reducing disparities and moving toward ending the HIV epidemic in the U.S within the HRSA HAB

implementation science framework (HAB IS).[8] HAB IS was developed to support the translation of insights from the implementation science literature to real-world settings.

HAB IS includes effectiveness criteria for three categories of intervention strategies for the RWHAP: evidence-based interventions, evidence-informed interventions, and emerging strategies. HRSA HAB developed these criteria in collaboration with the CDC and the NIH. This initiative will focus on housing-related intervention strategies across these three categories. By focusing on these intervention strategies, HRSA seeks to replicate RWHAP SPNS and other housing-related intervention strategies for the above three key populations of people with HIV experiencing unstable housing.

HIV, Housing Disparities, and Key Populations

Promoting equity is essential to HHS' mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order 13985[9] entitled Advancing Racial Equity and Support for Underserved Communities through the Federal Government. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences.[10]

Structural and social determinants of health such as housing,[11] employment,[12] and disparate service delivery systems[13] are often associated with HIV-related health disparities. Housing stability has a particular impact on the health of people with HIV. Homelessness was associated with 3.84 times the likelihood of incomplete viral suppression when compared to people with HIV who were stably housed.[14] People with HIV experiencing homelessness are at increased risk of poorer mental, physical, and overall health status.[15] Thus, housing is a potentially important mechanism for

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[8] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. https://doi.org/10.1371/journal.pmed.1003128

[9] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[10] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021).Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

[11] Housing and Urban Development (HUD). *The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum*, 2013. Available at: https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf

[12] Conyers LM, Richardson LA, Datti PA, Koch LC, Misrok M. *A Critical Review of Health, Social, and Prevention Outcomes Associated With Employment for People Living With HIV*. AIDS Educ Prev. 2017;29(5):475-490. doi:10.1521/aeap.2017.29.5.475. Available at: https://pubmed.ncbi.nlm.nih.gov/29068719/

[13] Mathematica Policy Research, 2014. Hargreaves M, Oddo V, Stillman L, Sherwood J, Sullivan S. *Analysis of Integrated HIV Housing and Care Services.* Available at: http://www.mathematica-mpr.com/~/media/publications/pdfs/health/hiv_housing_care_svcs.pdf

[14] Thakarar K, Morgan JR, Gaeta JM, Hohl C, Drainoni ML. Homelessness, HIV, and Incomplete Viral Suppression. *J Health Care Poor Underserved*. 2016;27(1):145-156. doi:10.1353/hpu.2016.0020 Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982659/

[15] Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV. Health status, health care use, medication use, and medication adherence among homeless and housed people living with HIV/AIDS. *Am J Public Health*.

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improving the health of people with HIV who have not yet been successfully maintained in care.

HRSA has identified three key focus populations for this project: LGBTQ+; youth and young adults; and justice involved individuals. HIV disproportionately affects the LGBTQ+ communities – in 2018, gay, bisexual, and other men who have sex with men (MSM) accounted for 69 percent of the 37,968 new HIV diagnoses in the United States.[16] Similarly, youth and young adults ages 13-24 accounted for approximately 21 percent of new HIV diagnoses in 2018.[17] In addition, those with recent incarceration history were more likely to experience homelessness and least likely to report HIV medication adherence and durable viral suppression compared to those who were never incarcerated.[18]

Specifically, data from the Ryan White HIV/AIDS Program Services Report (RSR) show that although viral suppression rates have increased over time in the RWHAP, challenges remain for certain populations, especially clients with temporary or unstable housing. Data from the 2019 RSR show that RWHAP clients with unstable housing have lower viral suppression rates (74.5 percent) than clients with stable housing (89.3 percent). In addition, key populations with unstable housing continue to have the lowest percentages of viral suppression: transgender people (67.5 percent); youth aged 13-24 years (69.3 percent); and Black/African American MSM (71.7 percent).[19] These data underscore the importance of replicating effective structural and evidence-informed housing intervention strategies for these subpopulations across the RWHAP.

Implementation and Adaptation of Housing Intervention Strategies

The RWHAP SPNS program has extensive experience in funding demonstration project initiatives that implement and evaluate innovative models focused on improving access to and retention in care for people with HIV, including successful implementation and evaluation of three housing-related initiatives to improve health outcomes for people with HIV experiencing unstable housing (See Table 1).

Table 1. RWHAP SPNS Housing-Related Initiatives

2007;97(12):2238-2245. doi:10.2105/AJPH.2006.090209. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089119/

[16] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol.31. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2020.

[17] Centers for Disease Control and Prevention. *HIV and Youth: HIV Incidence, 2018.* Available at: https://www.cdc.gov/hiv/group/age/youth/incidence.html

[18] Ibañez, G.E., Zhou, Z., Algarin, A.B. *et al.* Incarceration History and HIV Care Among Individuals Living with HIV in Florida, 2014–2018. *AIDS Behav* **25,** 3137–3144 (2021). https://doi.org/10.1007/s10461-021-03250-8

[19] Health Resources and Services Administration. *2019 Ryan White HIV/AIDS Program Annual Client-Level Data Report*. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2019.pdf

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Evidence-Informed Interventions and Emerging Strategies	Summary	Website
Building a Medical Home for Multiply Diagnosed HIV Positive Homeless Populations	The goals of these interventions were to improve the timely entry, engagement, and retention in HIV care and support services for homeless and unstably housed people with HIV with co-occurring mental illness and/or substance use disorders. The interventions employed models of care focused on the development of sustainable linkages to mental health, substance abuse treatment, and HIV primary care services for homeless or unstably housed people with HIV. Demonstration sites provided intensive coordination of care and service needs, including integrated and co-located HIV primary care, substance abuse, and mental health treatment services within an HIV primary care clinic, public housing facility, or network of providers.	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-homeless-populations https://www.targethiv.org/library/building-medical-homes-multiply-diagnosed-hiv-positive-homeless-populations
Addressing HIV Care and Housing Coordination through Data Integration	These interventions supported the electronic integration of housing and HIV care data and implementation of enhanced coordinated service delivery strategies between HRSA's RWHAP and HUD's HOPWA program.	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-data-integration https://www.targethiv.org/library/spns-housing-data-integration
Improving HIV Health Outcomes through the Coordination of Supportive	The overall goal of these coordinated services interventions was to decrease the negative impact of the social determinants of health that affect long-term HIV health outcomes for people	https://hab.hrsa.gov/about-ryan-white-hivaids-program/spns-initiative-improving-hiv-health-outcomes.html

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Employment and Housing Services	with HIV impacted by employment and housing instability in racial and ethnic minority communities. This strategy integrated HIV care, housing, and employment services into a coordinated intervention.	https://targethiv.org/housing-and-employment

Throughout the course of these past initiatives, HRSA regularly consulted with HUD OHH for guidance and TA on housing-related issues. HRSA will continue to leverage the knowledge and expertise of HUD staff throughout the course of this initiative.

HRSA also acknowledges other interventions funded outside of RWHAP SPNS as a potential source of housing-related intervention strategies. These may include, but are not limited to, intervention strategies from HUD HOPWA and other innovative HIV and housing-related models.

One such intervention involves rapidly delivering housing services to people with HIV. In a 2019 New York City study, 236 people with HIV assigned to rapid re-housing (i.e., immediate assignment to a case manager to rapidly re-house a client and provide case management services) found housing faster and were more than twice as likely to achieve or maintain viral suppression as compared to those who were assigned to standard housing services and assistance.[20]

In another intervention, researchers established a POP-UP low-threshold, no appointment primary care program for people with HIV experiencing unstable housing. One aspect of this care involved delivering prescribed medicine to the clinic itself so that the patients had direct access to their medication. By six months, 55 percent of the participants of the program achieved viral suppression.[21]

However, more needs to be done to extend the uptake and reach of these and other housing-related intervention strategies, especially in focus populations, who continue to experience health and housing disparities, to assure rapid replication and better integrate these interventions across RWHAP provider organizations. Successful dissemination and wider-scale replication of these intervention strategies will be key in improving health outcomes for people with HIV experiencing unstable housing to support ending the HIV epidemic across the U.S.

Key Definitions

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[20] Towe VL, Wiewel EW, Zhong Y, Linnemayr S, Johnson R, Rojas J. A Randomized Controlled Trial of a Rapid Re-housing Intervention for Homeless Persons Living with HIV/AIDS: Impact on Housing and HIV Medical Outcomes. AIDS Behav. 2019 Sep;23(9):2315-2325. doi: 10.1007/s10461-019-02461-4. PMID: 30879212. Available at: https://pubmed.ncbi.nlm.nih.gov/30879212/

[21] Imbert E, Hickey MD, Clemenzi-Allen A, Lynch E, Friend J, Kelley J, Conte M, Das D, Rosario JBD, Collins E, Oskarsson J, Hicks ML, Riley ED, Havlir DV, Gandhi M. Evaluation of the POP-UP programme: a multicomponent model of care for people living with HIV with homelessness or unstable housing. AIDS. 2021 Jul 1;35(8):1241-1246. doi: 10.1097/QAD.0000000000002843. PMID: 34076613; PMCID: PMC8186736. Available at: https://pubmed.ncbi.nlm.nih.gov/34076613/

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For the purposes of this initiative, applicants should use the following definitions:

- *Evidence-based interventions* are strategies, models, or approaches that have been proven effective at improving the care and treatment of people with HIV. Evidence-based interventions have demonstrated impact and strength of published research evidence and have met the evidence-based criteria established by the Centers for Disease Control and Prevention (CDC).
- *Evidence-informed interventions*[22] are strategies, models, or approaches that have been proven effective or have shown promise as a methodology, practice, or means of improving the care and treatment of people with HIV. Evidence-informed should be understood as distinct from evidence-based., Evidence-informed interventions may demonstrate impact and strength of published research evidence without meeting CDC or other criteria for being evidence-based.
- *Emerging strategies* are innovative strategies that address emerging priorities for the care and treatment of people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence.
- *HIV care services* are all of the HIV care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to Policy Clarification Notice (PCN) #16-02: *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*.[23]
- *Housing services* are the full range of rental, utility, security deposit, and mortgage assistance offered through HUD, including the HOPWA program, the Continuum of Care Program, and Emergency Solutions Grants Program, to stabilize individuals and families experiencing unstable housing or homelessness. In addition, please see the HRSA HAB program letter, *Using Ryan White HIV/AIDS Program Funds to Support Housing Services*.[24]
- *Unstable housing* includes but is not limited to literal homelessness (i.e., lacking a fixed, regular, and adequate nighttime residence, including sleeping in a place not meant for human habitation, such as a park bench, vehicle, bus, train or subway station, abandoned building, or anywhere outside, etc.);[25] temporary housing (e.g., transitional housing, hotel or motel, or temporary arrangement with family or friends); and unstable housing arrangements (e.g., emergency shelter,

[22] Psihopaidas D, Cohen SM, West T, et al.; Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 2020;17(11):e1003128. Available at: https://doi.org/10.1371/journal.pmed.1003128

[23] HRSA HIV/AIDS Bureau. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN)# 16-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

[24] HRSA HIV/AIDS Bureau Program Letter *Using Ryan White HIV/AIDS Program Funds to Support Housing Services*. Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/housingpolicyupdate0816_0.pdf

[25] HUD Exchange. Definition of Homelessness. Available at: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

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jail, prison, or juvenile detention facility, or not having a lease, ownership interest, or occupancy agreement in permanent housing).[26]

- *Justice involved* refers to any person who is engaged at any point along the continuum of the criminal justice system as a defendant (including arrest, incarceration, and community supervision). See HRSA's Ryan White HIV/AIDS Program: Addressing the HIV Care Needs of People with HIV in State Prisons and Local Jails.[27] For more information regarding RWHAP eligible services for people with HIV who are justice involved, refer to: Policy Clarification Notice (PCN) #18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved.[28]
- *Equity* means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[29]
- *Underserved Communities* are populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."[30]

II. Award Information

1. Type of Application and Award

Type of applications sought: **New**

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

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[26] HUD Exchange. HOPWA Annual Progress Report: Form HUD-40110-C. Definition of Unstable Housing Arrangements. Available at: https://www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c/

[27] HRSA RWHAP: Addressing the HIV Care Needs of People Living with HIV in State Prisons and Local Jails, Available at: https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/hrsa-justice-tep.pdf

[28] HRSA HIV/AIDS Bureau. The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who are Incarcerated and Justice Involved. Policy Clarification Notice (PCN)# 18-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/PCN-18-02-people-who-are-incarcerated.pdf

[29] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf

[30] Executive Order 13985, at § 2(b). Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf

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HRSA program involvement will include:

- Providing the expertise of HRSA personnel and other relevant staff and resources to the project.
- Seeking the expertise of HUD staff and other relevant resources to support the initiative.
- Facilitating relationships between the ITAP, EP, and other relevant stakeholders.
- Reviewing and concurring with activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
- Participating in the design and implementation of tools, implementation plans, and other project materials.
- Reviewing and concurring with all information products prior to communication and dissemination.
- Facilitating the communication and dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader HIV health care and housing provider communities.

The cooperative agreement recipient's responsibilities will include:

- Researching and creating a process for identifying and selecting housing-related intervention strategies
- Developing adaptation manuals of housing-related intervention strategies to be implemented and adapted by the implementation sites
- Leading the identification and selection of subrecipient implementation sites.
- Providing TA on the implementation and adaptation of housing-related intervention strategies to implementation sites through regular teleconferences, webinars, site visits, and meetings for a range of needs over the course of the initiative.
- Coordinating and leading the logistics for one national annual multi-site meeting in each of the four years of the initiative with HAB, the EP, and implementation sites in the Washington, DC Metropolitan area.
- Conducting an annual site visit to each of the implementation sites for each year of the initiative.
- Developing and implementing a communications and dissemination plan to share information about the initiative throughout the period of performance.
- Developing dissemination materials to support replication of intervention strategies, including dissemination of project findings, manuscripts, professional conference presentations, toolkits, and other replication materials for the initiative.
- Collaborating with the assigned HRSA project officer and other HRSA staff as necessary to plan and execute TA and implementation activities.
- Monitoring subrecipients and providing TA to implement and adapt the intervention strategies.
- Supporting the EP and implementation sites in carrying out the multi-site evaluation.

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HRSA encourages you to collaborate with partner organizations, as needed, to achieve cooperative agreement requirements, program expectations and goals. The ITAP recipient will fulfill three important functions as follows:

1) Identify and Select Intervention Strategies and Implementation Sites

The ITAP will conduct a needs assessment of people with HIV who are experiencing unstable housing to inform the gathering of potential housing intervention strategies. In collaboration with HAB and the EP, the ITAP will develop and apply criteria to select intervention strategies that can be implemented and adapted in RWHAP settings.

In conjunction with HRSA and EP staff, the ITAP will research, identify, and create an inventory of existing housing-related intervention strategies. From this inventory, the ITAP will identify intervention strategies to be selected for potential implementation and adaptation by the implementation sites.

The ITAP will create a process for selecting and issuing subrecipient awards to up to 10 implementation sites to implement and adapt the housing-related intervention strategies selected. Implementation site criteria should include factors based on HIV and housing disparities and capacity and readiness to implement the intervention and participate in a multi-site evaluation. Implementation sites must be RWHAP-funded organizations who are co-funded or are partnering with housing service organizations. ITAP applicants must demonstrate efficiency in their organization’s administrative and financial processes to expedite and manage subrecipient awards.

2) Provide TA to the Implementation Sites

The ITAP will develop customized TA plans and materials to ensure that implementation sites can successfully implement and adapt their respective housing-related intervention strategies. The ITAP will provide the necessary resources to the sites, including required adaptations as informed by the evaluation.

The ITAP will monitor and provide implementation-related TA to the implementation sites following the adaptation manuals it develops for the individual sites which will serve as the primary technical assistance resource for the replication of these interventions. The ITAP will deliver TA through a variety of mediums: adaptation manuals published on TargetHIV; webinars and regular conference calls with implementation sites; at the initiative’s learning sessions and annual meetings (to be held remotely or in the Washington, DC area when able); and through a minimum of one site visit per year with each implementation site, with the participation of EP and HRSA staff.

The ITAP, with input from the EP where appropriate, will submit site visit reports to the RWHAP SPNS Program, as well as monthly summary reports of the TA provided to the implementation sites. The ITAP shall submit annual summaries of the TA provided to

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the sites to include strategies employed to address barriers to implementation of the interventions. Proposed staff of ITAP applicants should have demonstrated knowledge and experience in the provision of TA to HIV and housing provider organizations that serve people with HIV who are experiencing unstable housing, including LGBTQ+ populations, youth and young adults, and justice-involved individuals.

3) Develop and Disseminate Communication and Replication Materials

The ITAP will be responsible for developing a communication strategy and producing and disseminating innovative TA toolkits, materials, and products, including packaging materials aligned with RWHAP service categories for replication purposes. Audiences for these materials and products include the implementation sites as well as the larger RWHAP and HIV community. Mechanisms of dissemination may include websites, social media, presentations via webcast, the National Ryan White Conference on HIV Care and Treatment, HIV and housing-related conferences, and other meetings or national forums. This external communication and dissemination will include interactive tools and materials that can be used by RWHAP recipients not funded under this project to adapt these intervention strategies within their own organizations and assess their impact. The ITAP will utilize TargetHIV (i.e., the website for hosting tools, webcasts, trainings and other resources to assist RWHAP-funded programs) as the web forum to communicate and disseminate all information, tools, materials, and products from this project, as well promoting materials in the RWHAP Best Practices Compilation.[31] The ITAP will work collaboratively with the EP, TargetHIV contractor and SPNS Program staff to facilitate future replication of successful interventions.

2. Summary of Funding

HRSA estimates approximately $3,500,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $3,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2022 through July 31, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider (ITAP)* program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the application.

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[31] TargetHIV. RWHAP Best Practices Compilation. Available at: https://targethiv.org/bestpractices

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All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; and community health centers receiving support under Section 330 of the PHS Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-031 in order to receive notifications including modifications, clarifications, and/or re-publications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED

DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-031, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

3) If you are unable to attest to the statements in this certification, you must include an explanation in ***Attachment 8****: Other Relevant Documents*.

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See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

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To assist in preparing your work plan and budget, please see the anticipated overall project phases for the ITAP (Table 2). This table outlines anticipated project phases that successful ITAP applicants should aim to address across the lifespan of this initiative. This table also clarifies below the interrelationship between the ITAP and the EP (funded separately under HRSA-22-032) on specific project activities.

Table 2: Overall project phases for ITAP (HRSA-22-031)

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
Year 1, Months 1-3	• Convene with HRSA and EP to develop a joint work plan and timeline • Assess inventory and select intervention strategies • Develop the process for the selection of implementation sites	• Convene with HRSA and the ITAP to develop a joint work plan and timeline • Provide subject matter expert support to ITAP on evaluation areas in the selection of intervention strategies
Year 1, Months 4-6	• Implement the process of site selection • Develop needs assessment of potential sites • Select intervention strategies in alignment with needs assessment • Start process to assess TA for selected sites	• Support the ITAP on the process of site selection • Support the ITAP on the process of need assessment of potential sites • Support the ITAP on the selection of intervention strategies as it relates to sites ' evaluation capacity
Year 1, Months 7-9	• Complete the site selection process and issue subrecipient awards to the implementation sites • Develop plan for implementation of intervention strategies • Implement refinements and adaptations prior to roll out of intervention strategies • Develop TA plans for implementation sites • Develop tools to support the delivery of TA and monitoring of the implementation sites • Develop plan to tailor and adapt interventions	• Develop multi-site evaluation plan • Develop plan to assess demonstrated effectiveness of interventions strategies • Develop data collection instruments, systems and tools

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Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Support EP in the development of data collection tools	
Year 1, Months 10-12	• Begin implementation of intervention strategies • Finalize TA plans and tools • Support implementation sites in staff recruitment and preparation for implementation of intervention strategies • Develop Learning Session curricula and logistic preparation for Years 2 and 3	• Begin multi-site evaluation data collection (baseline data). Develop plan to evaluate mid-year performance of sites in preparation for Learning Sessions discussions in Years 2 and 3.
Years 2-3	• Implement and monitor implementation of intervention strategies • Implement TA plan and provide ongoing TA to the implementation sites • Implement Learning Sessions (2 per year) to assess effectiveness of intervention strategies • Implement post Learning Session adaptations to intervention strategies (as needed) as informed through evaluation findings • Produce TA tracking summaries • Implement communication strategy with EP to inform the RWHAP community on project status and activities. • Start development of dissemination plan and materials for replication purposes	• Collect multi-site data • Conduct interim evaluation of intervention strategies to inform Learning Sessions conducted in Years 2 & 3 • Implement communication strategy with ITAP to inform the RWHAP community on project status and activities. • Work with ITAP on implementing adaptations to intervention strategies (if needed) • Start development of evaluation dissemination plans
Year 4, Months 1-3	• Conclude implementation of intervention strategies across implementation sites	• Conclude multi-site data collection activities

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Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Development of communication and dissemination plan activities	• Initiate final data analysis activities and evaluation findings • Develop evaluation-related dissemination materials, including tools for replication • Support ITAP on development of dissemination activities
Year 4, Months 4-9	• Work with EP on evaluation findings to inform development of dissemination material • Develop implementation-related materials for dissemination • Develop tools for replication of intervention models	• Present preliminary evaluation findings to inform ITAP on development of dissemination material • Conclude data analyses related to implementation and client outcomes • Assist ITAP on the development of dissemination material and tools as it relates to evaluation of intervention strategies
Year 4, Months 10-12	• Conduct communication and dissemination activities to promote the replication of intervention strategies	• Conduct dissemination evaluation activities on findings and lessons learned from intervention strategies • Work with ITAP on promoting the dissemination of findings and lessons learned

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V's *Review Criterion #1 Need*

  Briefly describe the purpose of your proposed ITAP project. Provide a clear and succinct description of the roles and activities of the ITAP.

  Briefly describe your organization and its ability to provide TA, develop replication materials, and disseminate project findings and lessons learned.

  Describe your overall approach to how you will select and monitor up to 10 implementation sites, and conduct the TA activities to support the sites' implementation and adaptation of the intervention strategies described above.

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NEEDS ASSESSMENT -- Corresponds to Section V's *Review Criterion #1 Need*

Describe and document the unmet health needs of people with HIV experiencing unstable housing. Using the most recent available data, describe national incidence and/or prevalence rates of HIV in populations experiencing housing instability. Provide a summary of the literature that demonstrates an in-depth understanding of the health disparities, needs, and service barriers related to providing care for people with HIV experiencing unstable housing, including the three key populations: LGBTQ+ populations, youth and young adults, and justice involved individuals.

Discuss issues that interfere with engaging and retaining people with HIV experiencing unstable housing in high-quality HIV medical care, including policy and structural issues and what strategies may be used to overcome these issues. Provide a summary of the literature that demonstrates a comprehensive understanding of the role of housing-related intervention strategies in reducing housing and HIV-related health disparities and improving health outcomes. Include the following outcomes in your summary: improving retention in care, treatment adherence, and viral suppression.

Discuss the role of an implementation science framework in the effective implementation and adaptation of intervention strategies. Discuss the issues impacting the effective implementation of housing-related intervention strategies and the provision of effective TA tailored to implementation sites with a diversity of needs and resources, particularly as they relate to improving health outcomes. Include examples where TA has led to successful strategies to overcome barriers to HIV care engagement and subsequent improvements in health outcomes for people with HIV experiencing unstable housing.

METHODOLOGY -- Corresponds to Section V's Review *Criteria #2 Response*, *#3 Evaluative Measures*, *and #4 Impact*

Provide detailed information regarding the proposed approaches that you will use to address the sections below:

Intervention Strategy Selection

You must include a summary table of existing intervention strategies to be used as a starting point of interventions to be implemented and adapted by the sites. Examples may include, but are not limited to, intervention strategies from the RWHAP SPNS housing-related initiatives (see above Table 1); HUD HOPWA's *Integrated HIV/AIDS Housing Plan*[32] or *VAWA/HOPWA Demonstration Initiative,*[33]

[32] HUD Exchange. HOPWA Integrated HIV/AIDS Housing Plan initiative. Available at: https://www.hudexchange.info/programs/hopwa/2011-ihhp-spns-program-grantees/#justice-resource-institute
[33] HUD Exchange. HOPWA/VAWA Initiative. Available at: https://www.hudexchange.info/programs/hopwa/vawa-hopwa-demonstration/

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and other innovative HIV and housing-related models[34] as a resource to identify potential effective interventions.

- Pre-select and provide an initial table of housing-related intervention strategies you will use as a starting point to identify existing intervention strategies the implementation sites will implement and adapt to address unmet housing and HIV care needs focused on the three key populations (LGBTQ+ youth and young adults, and justice involved). Include as ***Attachment 7***.

- Propose an approach to research, identify, and create an inventory of existing housing-related, evidence-based, evidence-informed, and emerging strategies for implementation and adaption for the above three key populations of people with HIV experiencing unstable housing. You should consider intervention strategies that are feasible to implement in RWHAP settings and address known HIV and housing-related disparities and needs in the three key populations of people with HIV experiencing unstable housing.

- Propose an approach to filter the inventory of the identified housing-related intervention strategies to be selected for potential implementation and adaptation by the implementation sites which meet the criteria for evidence-based, evidence-informed interventions, or emerging strategies. This approach should include a process that creates a subset of intervention strategies that are promising and feasible within the RWHAP in improving uptake, integration, and impact, specifically to improve HIV care and treatment outcomes for the three key populations of people with HIV experiencing unstable housing.

- Discuss the methods to collaborate with the EP to monitor and evaluate fidelity to the intervention strategy as originally implemented or as adapted in the implementation sites' settings among the three key populations of people with HIV experiencing unstable housing.

Implementation Site Selection

- Propose a plan to solicit and select up to 10 subrecipient implementation sites. Describe the approach in selecting sites to ensure a diverse and representative sample that focuses on key populations with the highest HIV and housing disparities and reflect geographic diversity and providers across the RWHAP.

- Describe how the selection criteria will ensure the identification and participation of a diverse group of RWHAP-funded organizations while considering:
  - The implementation site applicant's experience with providing direct HIV care and treatment for people with HIV experiencing unstable housing
  - The implementation site applicant's demonstrated need and focus on key populations to implement and adapt the specific intervention strategy

[34] HRSA Ryan White HIV/AIDS Program: *Housing for People with HIV.* Available at: https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/hrsa-housing-tep-overview.pdf

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  - The implementation site applicant's size, capacity, performance level, number of clients served, number of HIV cases, and unmet housing need reported among key populations
  - The site applicant's partnership with HOPWA or other funded housing organizations to leverage and provide housing services
  - The existence of a robust data system, preferably in an electronic format, for collecting client-level data

Adaptation Manuals

- Describe your organization's plan for developing the adaptation manuals for the selected housing-related intervention strategies. For each intervention, the proposed adaptation manual must include, but is not limited to:
  - A review of relevant literature;
  - Core intervention components;
  - Staffing and programmatic requirements;
  - Other resources needed;
  - Costs (if available); and
  - Considerations for replication.

Technical Assistance

- Describe an approach to assess TA needs for each implementation site. Describe an approach to develop a TA plan for guiding each implementation site through the adaptation of the intervention strategy.
- Discuss a proposed method to tailor and adapt among key populations the selected housing intervention strategies for each implementation site while maintaining fidelity to the core elements of the intervention strategy.
- Describe the methods that you will use to provide TA to the implementation sites. Describe the types of tools/materials needed to provide TA.
- Describe the methods that you will use to monitor subrecipient implementation sites.
- Describe how you will track, organize, and summarize implementation sites' TA requests. Describe how you will synthesize and summarize this information in quarterly updates to inform the EP and HRSA.
- Describe a plan for supporting the implementation sites in understanding the housing intervention strategy they will implement and adapt in an implementation science framework.
- Describe a process for supporting sustainability planning for the implementation sites during the project period.

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Learning sessions:

- Describe an approach to developing curricula, including tools and materials, and the facilitation you will provide during the learning sessions (2 per year in Years 2 and 3). Describe how the learning sessions will address different learning needs and support implementation sites to achieve the project's goals.
- Describe how you will work with the EP and implementation sites to identify any potential mid-implementation refinements as a result of learning session discussions. Describe a plan to implement post-learning session adaptations to intervention strategies as needed and as informed through evaluation findings.

Evaluation

- Describe a plan for working collaboratively with the EP in the evaluation of both project process and outcomes, and assessment of implementation adjustments as needed.
- Describe a plan to work collaboratively with the EP to ensure that TA activities support and complement the evaluation.
- Describe a plan for integrating the evaluation findings into the TA tracking and subrecipient monitoring reports to inform dissemination activities.

Communication

- Describe a plan to communicate information to the RWHAP throughout the duration of the project such as project status, lessons learned, and tools developed and used during the project to reach all RWHAP recipients, subrecipients, and stakeholders.
- Describe the communication plan's content development, messages, products, timeline, and information channels. Provide examples of potential materials and messages.
- Describe how you will collaborate with the implementation sites and evaluation provider on the communication plan, including roles and responsibilities.

Dissemination

- Describe a plan for developing and disseminating innovative and highly accessible tools and materials for replication purposes.
- Describe a plan for disseminating project information, activities, and findings throughout the project period at national conferences; discuss how these presentations will include and highlight experiences and project insights of implementation site staff.

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- Describe the key components of the replication products and tools for dissemination; discuss how the tools are innovative beyond commonly used documents to maximize impact and accessibility.
- Describe how the replication products and tools for dissemination will incorporate information regarding intervention strategies used and the experiences of the implementation sites, including lessons learned while adapting these housing intervention strategies.
- Describe the plan to disseminate information both to the implementation sites as well as other RWHAP recipients and subrecipients to adapt and replicate these housing intervention strategies.
- Describe the plan for promoting webinars and materials using TargetHIV and the RWHAP Best Practices Compilation.
- Describe how you will ensure timely progress toward the creation of these materials, including interim methods papers and publications on project findings so they are ready for dissemination at the culmination of this project.

WORK PLAN -- Corresponds to Section V's Review *Criterion #2 Response*

Provide a work plan that delineates your activities or steps that you will take to achieve each of the project goals and objectives over the four-year period of performance. The work plan should be in table format and directly relate to the methods described in the Methodology section for this NOFO.

Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

The work plan is a tool to actively manage the project by including all aspects of planning and implementation of the intervention strategies. The work plan must include clearly written (1) goals; (2) objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); (3) action steps or activities; (4) staff responsible for each action step; and (5) anticipated dates of completion.

You must clearly write overall goals for the entire proposed four-year period of performance. Write objectives and key action steps in time-framed and measurable terms, providing numbers for targeted outcomes where applicable, not just percentages.

Include key action steps or activities for your first-year objectives that you anticipate undertaking to implement the project. Consider including:

- Hiring appropriate staff,
- Identifying effective intervention strategies
- Planning and implementing the site selection process
- Assisting implementation sites in their implementation and adaptation of housing-related intervention strategies

- Planning and providing TA to the implementation sites
- Developing a communication plan and disseminating replication tools for the RWHAP communities
- Coordinating with the EP throughout the project period to ensure the project activities and objectives align; and
- Addressing Institutional Review Board (IRB) and Health Insurance Portability and Accountability Act (HIPAA) requirements, as needed.

The work plan should be included as ***Attachment 1***.

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's *Review Criterion #2 Response*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches that you will use to resolve such challenges.

More specifically:

- Describe the challenges that are likely to occur in implementing and adapting housing-related intervention strategies within varied program settings, and propose potential strategies to overcome these challenges.
- Describe challenges to assessing project progress and making mid-implementation adjustments as needed, and propose potential strategies to overcome these challenges.
- Describe challenges to providing TA to implementation sites within various settings and techniques that you will use to address these challenges.
- Describe other potential obstacles for implementing this project and your plan to address those obstacles.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's *Review Criteria #3 Evaluative Measures* *and* *#5 Resources and Capabilities*

Describe your current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any experience in partnering with other entities for close collaboration as will be required in this initiative with the EP.

Describe your organization's experience in gathering data/information to determine the needs of health care providers or organizations related to the development and implementation of intervention strategies.

Describe a plan for assessing project performance and a process for continuous quality improvement. This should monitor ongoing processes and the progress toward the goals and objectives of the project. Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

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Describe the systems and processes that will support your project progress through effective tracking of performance outcomes. Describe how your organization will collaborate with the EP and implementation sites in collecting and managing data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's *Review Criterion #5 Resources and Capabilities*

Describe your mission and structure, the scope of current activities, and experience in providing TA, especially to RWHAP recipients and other HIV providers and housing organizations nationwide. Describe how these experiences contribute to your ability to successfully implement this project and meet the goals and objectives of this initiative.

Describe your experience in providing TA for the implementation and adaptation of intervention strategies to improve the delivery of HIV services to people with HIV experiencing unstable housing. Describe an approach to providing TA and the potential for replication of the success demonstrated at the implementation sites.

Include a one-page project organizational chart as ***Attachment 5*** depicting the organizational structure of only the ITAP project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If you plan to use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project in ***Attachment 4***.

Describe your organization's knowledge and experience with housing programs (such as HOPWA, CoC, ESG, Section 8, etc.) to assist with coordinating housing services within the community for people with HIV who are unstably housed or at imminent risk of homelessness. Describe your organization's experience related to supporting housing-related intervention strategies to improve linkage to and retention in care for people with HIV experiencing unstable housing.

Describe your organization's experience in providing TA and tailoring intervention plans and strategies for specific organizations and subsequent adaptations of established intervention plans.

Describe your level of experience in the area of developing intervention toolkits, specifically related to toolkits for HIV service delivery organizations or similar organizations.

Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP recipients.

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Describe the level and number of years of experience in supporting TA projects, developing and disseminating informational materials, and providing TA to HIV-related organizations or similar organizations on a national level.

Describe any experience in logistical planning and facilitation for subrecipient or other large meetings aimed at sharing information and expertise to build participants' knowledge and capacity. Describe your organization's capacity to host webinars and webcasts, including platforms to be utilized.

Describe the experience of proposed key project staff (including any consultants and contractors) that demonstrates the necessary knowledge, experience, training, and skills for this project. Describe past experience developing curricula, "How-To" manuals, implementation guides, or intervention toolkits including the topic areas and targeted audiences. Describe the experience in staying up-to-date on the latest, most innovative practices for the development of these materials.

Describe your organizational process to manage subrecipient awards that you will issue under this cooperative agreement. Describe your subrecipient award process from initiation to approval, the submission of invoices and reimbursement for services in a timely manner, and your timeline for procurements.

Describe the proposed processes you will use to monitor and oversee implementation sites in the performance and delivery of project activities.

Include a staffing plan for proposed project staff and brief job descriptions to include the roles and responsibilities, including who will manage/oversee the various project activities, and qualifications and include as ***Attachment 2***. See Section 4.1. of HRSA's *SF-424 Application Guide* for additional information.

Include short biographical sketches of key project staff as ***Attachment 3***. See Section 4.1. of HRSA's *SF-424 Application Guide* for information on the content for the sketches.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the *SURE Housing – Implementation and Technical Assistance Center (ITAP)* requires the following:

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- Line Item Budget for Years 1 through 4: Submit line-item budgets for each year of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs, as ***Attachment 6***.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) state, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition, the *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation and Technical Assistance Provider (ITAP)* requires the following:

Subaward Budget: Describe funding for up to ten implementation sites, at an amount of up to $250,000/year each (up to $2,500,000 total). The amount allotted for each subrecipient must include sufficient funds to cover costs associated with the implementation and adaption of the housing intervention strategy as well as the collection and submission of evaluation-related data, travel to annual meetings and conferences (if in-person), and the hiring of project staff or allocation of existing staff. Implementation sites should leverage existing resources (e.g. HUD, RWHAP Parts A-D, EHE or other relevant funding) for the provision of housing services.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. HRSA will not review/open any *hyperlinked* attachments.

Attachment 1: Work Plan (required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide; (required)

Include the role, responsibilities, and qualifications of proposed project staff. Keep each job description to one page in length where possible. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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Attachment 3: Biographical Sketches of Key Personnel (required)

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific; required)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal, including HIV or housing service providers; LGBTQ+ serving organizations; youth organizations; and/or correctional/justice involved institutions. If applicable, include any letters of support from local CoCs as relevant. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart (required)

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Line Item Budgets for Years 1 through 4 (required)

Attachment 7: Summary of known intervention strategies (required)

Include a summary table of pre-selected existing housing-related intervention strategies. The summary table should include the intervention strategy name, brief description, focus area, and citations.

Attachment 8-10: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support, indirect cost-rate agreement and proof of non-profit status. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration’s UEI Update.

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You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is ***February 23, 2022 at 11:59 p.m. ET***. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before**

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the deadline to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The *SURE Housing – ITAP* is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately

You may request funding for a period of performance of up to four (4) years, at no more than $3,500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

In addition to the funding restrictions included under 4.1.iv of HRSA's *SF-424 Application Guide*, you cannot use funds under this notice for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD);
- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase vehicles;
- International travel;
- Cash payments to intended RWHAP clients;
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter);

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- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by ***January 21, 2022*** **to:**

HRSA Digital Services Operation (DSO)
Use the HRSA opportunity number as email subject (HRSA-22-031)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Six (6) review criteria are used to review and rank the *SURE Housing – ITAP* applications. Below are descriptions of the review criteria and their scoring points.

***Criterion 1: NEED (10 points)** – Corresponds to Section IV's Introduction and Needs Assessment*

Introduction (4 points)

- The strength and clarity of the description of the proposed project, including the approach to conducting TA activities to support the implementation and adaptation of intervention strategies.
- The strength and clarity of the brief description of the organization's ability to manage subawards, provide TA, and develop innovative replication tools for widespread adoption across the RWHAP, HIV, and housing communities.

Needs Assessment (6 points)

- The extent to which the summary of the literature demonstrates a comprehensive understanding of the needs of people with HIV experiencing unstable housing.
- The extent to which the application demonstrates a thorough understanding of the role of effective housing interventions on reducing HIV-related health disparities and improving health outcomes for people with HIV, including increasing retention in care, improving treatment adherence, and improving viral suppression.
- The extent to which the application demonstrates a thorough understanding of the roles and issues impacting implementation science in the effective implementation and adaptation of intervention strategies.
- The extent to which the application demonstrates a thorough understanding of challenges or barriers associated with the provision of effective TA tailored to individual implementation sites with diverse needs and resources.

***Criterion 2: RESPONSE (35 points)** – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

Methodology (15 points)

Intervention Strategy Selection

- The strength, feasibility, and clarity of the approach to identify, filter, and select a subset of housing-related intervention strategies with evidence of effectiveness, as defined by HRSA HAB, for supporting rapid and successful implementation in HIV care and treatment, including pre-selection of housing-related intervention strategies.
- The strength, feasibility, and clarity of the methods to collaborate with the EP to monitor and evaluate fidelity to the intervention strategy as originally described and as adapted for this project.

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Site Selection

- The strength and clarity of the plan to solicit and select up to 10 subrecipient implementation sites to implement and adapt housing-related intervention strategies.
- The strength and clarity of the proposed approach to develop site selection criteria that will ensure the identification of a diverse group of implementation sites with a range of capacity, resources, organizational size across geographical locations.

Adaptation Manuals

- The strength and clarity of the plan for developing the adaptation manuals for the selected housing-related intervention strategies, including a review of relevant literature, core intervention components, staffing and programmatic requirements, other resources needed, costs (if available), and considerations for replication.

Technical Assistance

- The strength and clarity of the approach to develop a TA needs assessment for each implementation site and use the findings to create a customized intervention strategy and TA plan for each subrecipient.
- The strength and clarity of the plan to track, organize and summarize implementation sites' TA requests and synthesize this information in quarterly updates to inform the evaluation provider.
- The strength and clarity of the plan to assess any proposed mid-implementation adjustments and support their integration where applicable while maintaining fidelity to the core elements of the intervention strategy.

Learning sessions

- The extent to which the application demonstrates a clear approach to developing curricula and facilitating learning sessions, and how the organization will address different learning needs to support implementation sites in achieving the goals of the project.
- The extent to which the application demonstrates the ability to work with the EP and implementation sites to identify mid-implementation refinements as a result of learning session discussions, and plan to implement post learning session adaptions to intervention strategies as needed.

Work Plan (15 points)

- The strength and clarity of the work plan and its goals for the four-year period of performance (***Attachment 1***).
- The extent to which the work plan relates to the Methodology section of the narrative, and addresses the program requirements in this NOFO.
- The extent to which the work plan includes: (1) clearly written objectives that are specific, measurable, achievable, realistic and time-framed (SMART); (2) action steps and activities; (3) staff responsible for each action step; and (4) anticipated dates of completion.
- The extent to which the work plan demonstrates the ability to achieve the proposed goals during the four-year period of performance.

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Resolution of Challenges (5 points)

- The strength, clarity, and feasibility of the plan to identify challenges and propose solutions to adapting in-progress interventions.
- The strength, clarity, and feasibility of the plan to identify challenges and propose solutions to providing TA to HIV service delivery organizations within a variety of settings.
- The strength, clarity, and feasibility of the approaches, strategies, and techniques to resolve anticipated challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) *– Corresponds to Section IV's* *Methodology* *and* *Evaluation and Technical Support Capacity*

Methodology (5 points)

- The extent to which the application demonstrates a thorough understanding of the role of the evaluation in informing project activities.
- The strength and clarity of the plan to support the EP to ensure close collaboration through every step of the project.
- The clarity and feasibility of the plan to support the EP in the multi-site evaluation of both project process and outcomes, and assessment of any mid-implementation adjustments from the learning sessions or other activities.

Evaluation and Technical Support Capacity (5 points)

- The extent to which the application's plan for the process evaluation clearly demonstrates how the organization will implement continuous quality improvement to monitor progress toward the goals and objectives of the project.

Criterion 4: IMPACT (10 points) *– Corresponds to Section IV's* *Methodology*

Learning sessions (4 points)

- The strength and clarity of the application's plan to assess the outcomes of the learning sessions and integrate any proposed mid-implementation adjustments identified.

Communication and Dissemination (6 points)

- The strength and clarity of the plan to communicate information to the RWHAP throughout the duration of the project, such as project status, lessons learned, and tools developed and used during the project, to reach all RWHAP recipients, subrecipients, and stakeholders.
- The strength and clarity of the plan to develop highly innovative dissemination tools and materials to describe the intervention strategies and support their successful and rapid replication in other RHWAP settings.
- The strength and clarity of the plan to collaborate closely with the EP to assess the implementation and adaptation of intervention strategies, integrate TA tracking, perform site visit monitoring, and analyze evaluation findings to inform dissemination plans.

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- The strength and clarity of the plan to integrate project findings and lessons learned to develop and promote dissemination products.
- The strength and feasibility of the proposed methods for addressing the long-term sustainability of intervention strategies.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – *Corresponds to Section IV's* *Evaluation and Technical Support Capacity* *and* *Organizational Information*

Evaluation and Technical Support Capacity (10 points)

- The extent to which the application demonstrates the capacity to provide implementation-related TA to HIV and housing service delivery organizations serving people with HIV experiencing unstable housing.
- The extent to which project personnel are qualified by training and/or experience to fulfill the requirements of the proposed project, including the knowledge and skills to carry out the project activities and provide implementation-related TA.
- The extent to which the staffing plan (***Attachment 2***) and project organizational chart (***Attachment 5***) are consistent with the project description and project activities.

Organizational information (15 points)

- The extent to which the applicant demonstrates knowledge and experience conducting TA for housing models and intervention strategies to improve linkage to care, retention in care, viral suppression rates, and delivery of HIV and housing services to people with HIV experiencing unstable housing.
- The extent to which the applicant demonstrates knowledge of implementation science and its role in supporting efforts to end the HIV epidemic in the U.S.
- The extent to which the applicant demonstrates experience in gathering data/information to identify needs and tailoring interventions according to specific organizations' needs.
- The extent to which the applicant organization clearly demonstrates experience and ability to collaborate with other agencies to carry out project activities and fulfill program expectations.
- The extent to which the applicant organization demonstrates experience in logistical planning and facilitation of learning sessions, annual recipient meetings, or other large meetings aimed at sharing information and expertise to build knowledge.
- The extent of the applicant organization's experience to communicate project status and activities throughout the duration of a project.
- The extent to which the applicant demonstrates experience in hosting webinars/webcasts and developing curricula, "How-To" manuals, implementation guides, and intervention toolkits related to HIV service delivery.
- The extent to which the applicant demonstrates prior experience soliciting and managing subawards, and clarity of the plan to oversee and monitor the subrecipient implementation sites' performance and delivery of project activities.
- The strength and appropriateness of the job descriptions for key staff based on the goals and objectives of this project (***Attachment 2***).
- The strength and appropriateness of the biographical sketches based on the goals and objectives of this project (***Attachment 3***).

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- The extent to which the time allocated for staff is consistent with their anticipated workload toward the completion of the goals and objectives of the project.

Criterion 6: SUPPORT REQUESTED (10 points) *– Corresponds to Section IV's Budget and Budget Narrative*

- The extent to which costs outlined in the proposed budget are reasonable and appropriate for the project objectives for each year of the project period.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which costs outlined in the proposed budget for the subrecipient implementation sites are adequate for project objectives.
- The strength and clarity of the budget narrative to support each budget line item.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal

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awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive an NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced

under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on a semi-annual basis. More information will be available in the NOA.

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2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Beverly H. Smith, M.H.S., R.R.T.
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7065
Email: bsmith@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Adan Cajina, MSOR
Chief, Special Projects of National Significance Branch
Attn: *SURE Housing - ITAP*
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N-108
Rockville, MD 20857
Telephone: (301) 443-3180
Email: ACajina@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

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Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.asp

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, December 13, 2021
Time: 2 p.m. – 3:30 p.m. ET
Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1613730153?pwd=TEordlQ2aitMNVRRbXZyR0hxZDZBdz09
Meeting ID: 161 373 0153
Passcode: qvi6Q2px

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 373 0153
Passcode: 34174265

Playback Number: The webinar will be recorded and should be available within 10 business days on the TargetHIV website. Answers to questions posed before and during the webinar will also be posted there.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

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Rapid Rehousing Site Manual

2023 Version

SUPPORTING REPLICATION (SURE) OF HOUSING INTERVENTIONS IN THE RYAN WHITE HIV/AIDS PROGRAM Housing Initiative

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Description of the SURE Housing Initiative

In Fiscal Year 2022, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB), which administers the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) program, announced funding to support a new initiative, entitled Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program (referred to as the "SURE Housing" Initiative).

The purpose of the SURE Housing Initiative is to implement and adapt housing-related intervention strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities:

- Youth and young adults (aged 18-24);
- People with legal system involvement; and
- Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people.

The goal of this Initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum.

Role of the Implementation and Technical Assistance Provider

SURE Housing Initiative has two separate yet coordinated recipients: an Implementation and Technical Assistance Provider (ITAP) and an Evaluation Provider (EP).

The Corporation for Supportive Housing (CSH), in partnership with Collaborative Solutions, Inc (CS) together serve as the ITAP. They collaborated to solicit, select, and issue subawards to ten implementation sites, who will implement the housing intervention strategies. CSH and CS will provide the sites with technical assistance (TA) for implementing and adapting these interventions. The ITAP will also develop replication tools for other organizations to uptake and adopt these intervention strategies for the above three priority populations of people with HIV experiencing unstable housing.

This toolkit was specifically designed as part of the technical assistance package that will support Ryan White organizations who are funded to implement the SURE Housing Initiative Rapid Rehousing Model ("SURE Housing Rapid Rehousing Model").

Role of the Evaluation Provider

Implementation sites will participate in a multisite evaluation to assess the effectiveness of the interventions' implementation and adaptation. The implementation of housing related interventions at each site will be evaluated by the EP. The EP, comprised of researchers from Boston University, the University of Massachusetts, Lowell, and JSI Research & Training Institute, will use the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Implementation Science framework to design, plan, and conduct a methodologically rigorous multi-site evaluation of implementation and client outcomes related to the Rapid Re-Housing (RRH) intervention. The EP will oversee and collaborate with HRSA, ITAP, and the sites on the

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multisite evaluation of the adaptation and implementation of the selected evidence informed housing interventions for priority populations. The evaluation aims to collect data to answer questions about both implementation of the RRH intervention for each of the three populations as well as the impact of the RRH intervention on HIV and housing outcomes at the client level.

The EP has designed the multisite evaluation including four primary data collection tools: the Client Questionnaire, the Chart Review Form, the Intervention Encounter Form, and the Housing Assistance Form (external funds). The EP will provide training and technical assistance related to the evaluation, including the creation of resources and providing one-on-one and small group consultations. As the intervention is implemented, the EP will analyze data collected and share findings with the implementation sites. A detailed evaluation protocol is available here.

Introduction to Implementation Science Framework

The SURE Housing Initiative uses implementation science (IS) to understand how best to support the replication of effective housing interventions. Implementation Science is the study of methods that can promote or improve the uptake of intervention strategies into practice, program, and policy.

We will use an IS framework to evaluate outcomes of the SURE Housing Initiative related to implementation, services, and clients. The SURE Housing evaluation plan encompasses the following three types of outcomes:

- **Implementation** outcomes to assess how sites adapt interventions for their local and organizational settings and the barriers and facilitators to implementation.
- **Service** outcomes to assess what proportion of clients who are unstably housed successfully received housing services.
- **Client** outcomes to assess client-level changes in housing status and health throughout the Initiative.

For more information on HAB's IS approach, please see: Advancing the Use of Implementation Science in the Ryan White HIV/AIDS Program to End the HIV/AIDS Epidemic in the United States

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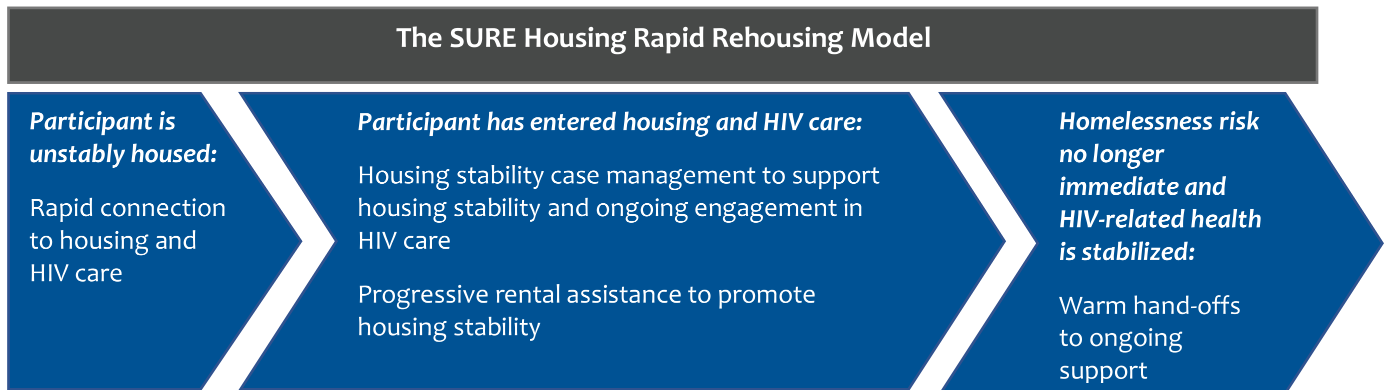
Intervention Overview & Background

What is Rapid Rehousing?

Rapid Rehousing[1] (RRH) is an evidence-based[2] intervention developed to help people quickly exit homelessness and return to stable, permanent housing. For the SURE Housing Initiative, the intervention focuses solely on people with HIV who often have the highest HIV-related disparities: (1) youth and young adults (aged 18-24); (2) people who have a history of legal system involvement; and (3) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; The SURE Housing Initiative Rapid Rehousing Model includes helping people quickly connect with HIV care in addition to housing. Participants who meet the SURE Housing program criteria are eligible to receive services through the SURE Housing Initiative. However, we expect that organizations will leverage funding from other sources (e.g., HUD, Ryan White, private foundations). It is important that individual organizations work to ensure that all activities are conducted in compliance with the requirements of the funding streams that they plan to use.

The SURE Housing Rapid Rehousing Model involves three core components:

1) **Housing navigation** to help people experiencing homelessness or housing instability secure permanent housing with a lease in their own name.
2) Time-limited **rental and move-in assistance** to defray the cost of move-in expenses and rent/utilities for at least 12 months and up to 24 months.
3) Housing stability **case management** to connect participants with resources to help them maintain stable housing; this case management also includes support to connect participants with HIV care and other resources to support their health-related goals.



[1] HUD Exchange. (2014, July). *Rapid Re-Housing Brief.* U.S. Department of Housing and Urban Development. https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

[2] While evidence-based interventions must strictly adhere to the protocols, conditions, and strategies tested in the literature, evidence-informed interventions are guided by available evidence but allow for more modifications based on local context, participant need, and feasibility.

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Goals of the SURE Housing Rapid Rehousing Model

SURE Housing Goals	Suggested Program Benchmarks[3]
Reduce housing instability for people with HIV who are experiencing homelessness or unstable housing by reducing the amount of time they spend homeless and helping them secure permanent housing (Youth & Young Adults, People with Legal System Involvement, and LGBTQ+ individuals).	• Households move into permanent housing in an average of 30 days.
Improve the ability of program participants to **maintain stable housing**	While there are national benchmarks and goals for Rapid Rehousing, the measures planned by the EP are: % persons with housing instability who are receiving services % persons with housing stability % decrease in unmet housing and other social needs % linked to care % retained in care %increase in medication adherence % virally suppressed % increase in reported quality of life % increase in housing stability
Recruit and enroll participants in the evaluation	• Youth & Young Adult: 50 participants • Legal System Involved: 50 participants • LGBTQ+: 75 participants
Reduce racial disparities in housing stability and HIV-related health outcomes in the community served	• The proportion of participants of color[8] who maintain their housing is equal to or greater than the proportion of white participants who do so • The proportion of participants of color who are homeless again within a year is equal to or lower than the proportion of white participants who experience a repeat episode of homelessness within a year • The proportion of participants of color engaged in HIV care matches or exceeds the proportion of white participants engaged in HIV care • The proportion of participants of color who are virally suppressed one year after program entry matches or

[3] National Alliance to End Homelessness. (2016, Feb 15). *Performance benchmarks and program standards - end homelessness.* https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

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SURE Housing Goals	Suggested Program Benchmarks[3]
	exceeds the proportion of white participants who are virally suppressed

As a short- (1-3 months) to medium-term intervention (4-24 months), the SURE Housing Rapid Rehousing Model is primarily oriented towards helping participants resolve an immediate crisis, find and secure housing, and connect to HIV care and other services if appropriate. The focus of support is to promote stability in housing after an episode of homelessness[4] or instability and support obtaining and maintaining HIV care. This may contrast with programs in which the focus is providing long-term rental assistance or ensuring housing is permanently affordable. The crisis-related, lighter-touch approach of Rapid Rehousing allows financial and staff resources to reach as many people experiencing a housing crisis as possible.[5] However, it is critical that Rapid Rehousing providers develop strong referral partnerships—including with other programs at their organizations and with additional rental subsidy providers—to meet the additional social service and housing needs of participants and help them achieve their long-term goals.

Populations of Focus

The SURE Housing Rapid Rehousing Model is designed to serve people with HIV who often have the highest HIV-related disparities: (1) youth and young adults (aged 18-24); (2) people who have a history of legal system involvement; and (3) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people.

Below are specific considerations for each of the three priority populations.

Youth and Young Adults

Rapid Rehousing for Youth is designed to serve people who meet the following criteria:

- Are age 18-24;
- Are experiencing homelessness or housing instability; and
- Have a confirmed HIV diagnosis.

The situation of each young adult with HIV who is experiencing homelessness or housing instability is unique, but some of the barriers they may face include:

[4] Through the SURE Housing Initiative, people are considered homeless if they lack a fixed, regular, and adequate nighttime residence (e.g., sleeping in a place not meant for human habitation, such as a park bench, vehicle, bus, train or subway station, abandoned building, or anywhere outside, etc.), are living in temporary housing (e.g., transitional housing, hotel or motel, or temporary arrangement with family or friends); or are experiencing unstable living arrangements (e.g., emergency shelter, jail, prison, or juvenile detention facility, or not having a lease, ownership interest, or occupancy agreement in permanent housing).

[5] HUD Exchange. (2014, July). *Rapid Re-Housing Brief.* U.S. Department of Housing and Urban Development. https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

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- Adverse childhood experiences,[6] such as witnessing community violence or having a family member incarcerated, that can undermine their sense of safety and are linked to health challenges in adulthood.
- Interpersonal trauma experience—including family or intimate partner violence and/or neglect.
- Engagement in or with the foster care system.
- Engagement in or with the criminal or juvenile legal system,[7] leading to trauma and barriers to housing or employment.
- Having left—or been forced to leave—education early and/or have limited formal work experience.
- Entry into homelessness before developing life skills like housekeeping and budgeting.
- Inconsistent or minimal access to healthcare, experiencing multiple health issues, and/or struggling to adjust to maintaining antiretroviral therapy.
- Having families and peers with limited financial or other resources to provide assistance.

People with Legal System Involvement

Rapid Rehousing for People with Legal System Involvement is designed to serve people who meet the following criteria:

- Have engaged with any aspect of the criminal legal system as a defendant (including arrest, incarceration, and community supervision);
- Are experiencing homelessness or housing instability; and
- Have a confirmed HIV diagnosis.

The circumstances of each person with legal system involvement are unique, but some of the barriers they may face include:

- Having limited familial or peer network support due to incarceration.
- Having community supervision or parole requirements that make accessing jobs, housing, and/or medical care more difficult.
- Records related to legal system involvement, evictions or arrears related to arrest/incarceration, and other records that cause strong reactions among landlords and property managers.
- Inconsistent or minimal access to healthcare, experienced multiple health issues, and/or struggled to adjust to maintaining antiretroviral therapy.
- Peer networks who do not support future avoidance of legal system involvement.

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[6] Centers for Disease Control and Prevention. (2023, Jun 29). *Fast Facts – Preventing Adverse Childhood Experiences*. National Center for Injury Prevention and Control, Division of Violence Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html

[7] Seip, N. (2019, Apr). *At the intersections: A Collaborative Resource on LGBTQ Youth Homelessness.* True Colors United. https://truecolorsunited.org/wp-content/uploads/2019/04/2019-At-the-Intersections-True-Colors-United.pdf

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- Adverse childhood experiences,[8] such as witnessing community violence or having a family member incarcerated, that can undermine their sense of safety and are linked to health challenges in adulthood.
- Interpersonal trauma experience—including family or intimate partner violence and/or neglect.
- Having experienced trauma, violence, and/or abuse while in the care or guardianship of the legal system.
- Engagement in or with the foster care system.
- Having left—or been forced to leave—education early and/or have limited formal work experience.
- Having families and peers with limited financial or other resources to provide assistance.

Note that Rapid Rehousing for People with Legal System Involvement is designed to serve anyone who has experience as a defendant in the legal system; this includes both individuals coming directly from prison or jail **and** individuals whose experience with the legal system was less recent.

Even where the experience was less recent (i.e., the individual is not an active defendant), their history of legal system involvement has likely created or currently creates barriers to obtaining housing, employment, and/or HIV or other health care. In other words, while an event may be in the past, it may still actively create barriers that an individual has been unable to successfully overcome.

Although there are similarities between these populations, there may be additional considerations relating to when involvement in the legal system last occurred. Some examples include:

People returning directly from prison or jail may need	People with less recent legal system involvement may need
• To address immediate needs related to coming home: accessing an identification card, enrolling in benefit and entitlement programs, accessing clothing and other personal essentials. • To coordinate with community supervision personnel around conditions of release or other parole-related requirements. • To meet deadlines related to securing medical care after release.	• Support navigating public benefit systems, given some state and local restrictions based on legal system involvement; this may include income assistance, housing vouchers and affordable housing, medical insurance, and other programs. • Support navigating limited opportunities to expunge records (depending on state laws), resulting in prior legal system involvement

[8] Centers for Disease Control and Prevention. (2023, Jun 29). *Fast Facts – Preventing Adverse Childhood Experiences*. National Center for Injury Prevention and Control, Division of Violence Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html

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• To pay supervision fees or other expenses related to legal system involvement. • Support accessing, understanding, and using new technology or other systems that were developed while they were incarcerated. • Support rebuilding family or social connections.	remaining an impediment to housing and employment.

Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+)[9,10]

Rapid Rehousing for the LGBTQ+ population is designed to serve people who meet the following criteria:

- Are adults aged 18 or older;
- Identify as trans or gender-diverse (TGD) and/or lesbian, gay, bisexual, queer, questioning (LGBQ), or another member of the LGBTQ+ community;
- Are experiencing homelessness or housing instability; and
- Have a confirmed HIV diagnosis.

Given the significant disparities in health and housing outcomes experienced by TGD people and the increasing violence and discrimination that targets this community, LGBTQ+ subrecipients are strongly encouraged to consider engaging TGD people for this intervention and specifically designing program elements to meet their needs. Some suggestions for targeting engagement to the TGD community include:

- Holding a series of listening sessions and inviting TGD community members to provide input on the design process.
- Providing physical and digital flyers, dispersed across social media platforms, announcement pages, and physical spaces of local health clinics that provide gender-affirming care, as well as LGBTQ+ community centers, therapist offices that provide support groups for LGBTQ+ community members, and other services intended for LGBTQ+ people in your community.

While the circumstances of each LGBTQ+ person with HIV who is experiencing homelessness or housing instability are unique, it is important to recognize the significant discrimination, violence, and legal barriers that many members of this community experience.

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[9] While the purpose of this initiative is to serve lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people, these terms may be insufficient to describe the full range of identities and experiences of people who this initiative seeks to serve.

[10] Please see this document's appendix for a glossary of terms related to LGBTQ+ people and care.

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Some of the barriers they may face include:

- Experiencing significant, targeted discrimination across every sector, particularly related to housing, employment, healthcare, education, and access to community; legalized discrimination against LGBTQ+ people in general—and TGD people in particular—has increased dramatically.
- Experiencing interpersonal trauma—including family or intimate partner violence and/or neglect.
- Engaging in gig work and other non-traditional employment, including sex work.
- Experiencing gender-based violence or hate crimes related to their gender identity or sexual orientation.
- Engaging with the criminal or juvenile legal system,[11] leading to trauma and barriers to housing or employment.
- Having inconsistent or minimal access to healthcare—particularly gender affirming care (GAC)—and/or experiencing non-affirming and traumatizing treatment from healthcare providers.

Foundational Principles in the SURE Housing Rapid Rehousing Model

All SURE Housing Initiative Rapid Rehousing Implementation Sites should specifically aim to address the needs of communities that have been disproportionately affected by homelessness and/or HIV, including:

- Black, Indigenous, and Hispanic people;
- LGBTQ+ and gender-diverse people; and
- People with disabilities.

Additionally, people with HIV who have experienced homelessness are affected by significant societal and systemic factors including racism, homophobia, transphobia, and stigma related to HIV status, housing status, and other experiences. SURE Rapid Rehousing Implementation Sites must aim to actively remedy the harms caused by these factors and support participants.

The six foundational principles (**Housing First, Harm Reduction, Trauma-Informed Care, Racial Justice, Gender Affirming Care, and Positive Youth Development**) described below are intended to encourage and guide the SURE Housing sites in the development and successful implementation of SURE Housing Rapid Rehousing Model.

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[11] Seip, N. (2019, Apr). *At the intersections: A Collaborative Resource on LGBTQ Youth Homelessness.* True Colors United. https://truecolorsunited.org/wp-content/uploads/2019/04/2019-At-the-Intersections-True-Colors-United.pdf

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Housing First[12]

Housing First is the philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent, and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance use counseling, participation in these services **is not a prerequisite to access housing or a condition of maintaining it**. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in and benefit from these services.

Five Core Housing First Key Principles[13]

1. Immediate access to permanent housing with no housing readiness requirements
2. Consumer choice and self-determination
3. Recovery orientation
4. Individualized and client-driven supports
5. Social and community integration

SURE Housing subrecipients must use Housing First in their work, including ensuring that sobriety, medication adherence, employment, minimum income, etc. are not requirements to enter housing. For more resources, see "Housing First and Access to Housing."

Housing First and the Legal System

There is a clear tension between Housing First practices and the conditions of community supervision[14] that people with legal system involvement may be required to meet. These conditions vary widely according to jurisdiction and judicial discretion, but can involve regular reporting to a parole officer, passing drug/alcohol tests, curfews, and geographic restrictions on housing and employment. The Housing First nature of the SURE Housing Initiative means that SURE Rapid Rehousing programs **may not** exclude individuals from the program based on community supervision requirements; all interested and eligible people must be allowed to participate in Rapid Rehousing services and receive housing navigation, financial assistance, and case management services. Moreover, it is **not** the responsibility of Rapid Rehousing case managers/service providers to monitor the participant for compliance with the requirements of community supervision. Rather, SURE Rapid Rehousing programs must work to understand any conditions of community supervision and help participants

[12] AIDS Institute. (2022, Apr). *Supportive housing services standards*. New York State Dept of Health. https://www.health.ny.gov/diseases/aids/general/about/docs/housing_services.pdf

[13] Canadian Observatory of Homelessness. (n.d.) *Housing First – Homeless Hub.* Retrieved August 16, 2023, from https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first

[14] Community supervision programs provide for the continued supervision of people convicted of crimes in their local community, instead of in a correctional facility like prison or jail. Probation—a supervision as a substitute for incarceration—and parole—conditional release after incarceration—are the two most common forms of community supervision. https://standtogethertrust.org/stories/what-is-community-supervision/

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understand and navigate these conditions to support housing stability and maintenance of release.

Harm Reduction[15]

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with a given behavior. A harm reduction approach can apply to substance use, sex work, or other activities that might expose a person to the potential for harm. Harm reduction involves actively engaging people in conversation about what they want, need, and can feasibly do to be safe—whether it is preventing overdose, infectious disease, or even violence. It is a common misconception that harm reduction excludes abstinence. In reality, abstinence is one of many strategies that can be employed to reduce the risk of harm; however, a harm reduction approach is grounded in the belief that each person can take steps to keep themselves safe irrespective of their relationship with abstinence. Harm reduction is centered around a respect for the rights of all people irrespective of their engagement in risky behaviors.

Harm Reduction among LGBTQ+ participants

TGD and LGBQ+ people who have experienced homelessness may face increased burdens of social stressors and situations that potentially expose them to harm; person-centered, humanistic, and support harm reduction approaches are critical to helping people address these risks and stay safe. Harm reduction strategies improve the quality of life for TGD and LGBQ+ people through connection to services that in turn may reduce stigma and discrimination and promote a philosophy of hope.

Trauma-informed Care[16]

Trauma informed care is an approach for working with individuals in a way that honors the impact of trauma on their lives. Traumatic experiences—including homelessness—can affect how people feel, relate to others, and cope with challenges. Providing trauma-informed care involves looking at all aspects of the program experience with an empathetic eye to proactively avoid re-traumatization and help participants feel physically and emotionally safe.

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[15] Definition developed from:

NASTAD. (2021, Jan 5). *Centering Sex Workers in Harm Reduction Programming*. https://nastad.org/sites/default/files/2021-11/PDF-Fact-Sheet-Sex-WQorker-Centered-Harm-Reduction.pdf

National Harm Reduction Coalition. (n.d.) *Principles of harm reduction.* Retrieved August 16, 2023, from https://harmreduction.org/about-us/principles-of-harm-reduction/

SAMHSA. (2023, Apr 24). *Harm Reduction*. https://www.samhsa.gov/find-help/harm-reduction

National Institute of Allergy and Infectious Diseases. *Harm Reduction to Lessen HIV Risks*. (n.d.). U.S. Department of Health and Human Services. National Institutes of Health. https://www.niaid.nih.gov/diseases-conditions/harm-reduction

[16] Center for Preparedness and Response. (n.d.) *Infographic: 6 Guiding Principles To A Trauma-Informed Approach*. Centers for Disease Control and Prevention. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

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The Substance Abuse Mental Health Services Administration of the USA (SAMHSA) outlines key assumptions that underly a strong trauma-informed approach in four "R's":[17]

1) People at all levels of the organization have a basic **realization** about trauma and understand how trauma can affect families and communities as well as individuals. There is an understanding that trauma plays a role in substance use and mental health disorders and that trauma is often a barrier to successful outcomes in other systems (e.g., child welfare, primary health, criminal legal systems).
2) People can **recognize** the signs of trauma when they come up, including how these signs may differ across lines of difference.
3) People can **respond** by changing their language, behaviors, and practices, to consider the experiences of trauma; people and systems take a universal precautions approach in which one expects that trauma is part of peoples' lived experience and takes care not to further it.
4) People and systems seek to **resist re-traumatization** by working to identify and avoid practices that may trigger painful memories and re-traumatize clients and staff.

Racial Justice[18]

SURE Rapid Rehousing Implementation Sites must acknowledge, account for, and work to remedy the ways in which racial bias and discrimination contribute to disparities in outcomes in the communities served. Programs should work towards racial equity—a state in which a person's race is not associated with a difference in outcomes.

While structural and interpersonal racism may look different in different communities, they are present throughout the US. Programs must work to identify where there are the greatest inequities in race, gender identity, and sexual orientation in their communities and target resources accordingly. Providers should ensure the scope of services and assistance proposed are designed to give everyone the ability to be successful with the assistance offered.

It is also critical that programs work to understand the factors that contribute to racial disparities in legal system involvement, housing stability, HIV diagnosis, and HIV care. These include historic and continued racial discrimination through human trafficking and bondage of people of African descent; Black Codes, convict leasing, and Jim Crow laws; redlining; segregation; and punitive and chronic over-policing. The legal system

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[17] Trauma and Justice Strategic Initiative. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* (2014, Jul). Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

[18] HUD Exchange. (n.d.) *COVID-19 Homeless System Response: 5 Tips to Approaching Rehousing with Racial Equity*. Retrieved August 16, 2023, from https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-5-Tips-to-Approaching-Rehousing-with-Racial-Equity.pdf

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has had a significant and disproportionate negative impact on individuals and communities of color, particularly Black, Indigenous, and Hispanic communities. These communities are more likely to experience incarceration, be placed in more secure facilities or face longer sentences than white people, and face more stringent community supervision requirements upon release.[19]

Racial disparities in legal system involvement are also strongly associated with poorer outcomes related to HIV: people incarcerated are 5-7 times more likely to contract HIV than people who are not incarcerated[20] and incarceration can lead to racially disproportionate delays in diagnosis and access to care. Studies show that Hispanic[21]and Indigenous[22] people who are incarcerated have higher rates of HIV, are diagnosed later than white people, are enrolled later in care, and result in worse outcomes in health than white people. Lower rates of HIV testing during incarceration for the general population leads many people to not learn their HIV status until after release,[23] leading to delayed access to care that disproportionately affects the people of color who are overrepresented in the legal system.

Lastly, programs must understand the way that racism intersects with discrimination, prejudice, and bias associated with other aspects of identity and experience, including sexism, ageism, homophobia, transphobia, and nationalism/xenophobia.

Gender-Affirming Care[24]

Gender-Affirming Care is a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity when it conflicts with the gender they were assigned at birth. The interventions are intended to support transgender people emotionally, interpersonally, and biologically with their gender identity. This may include but are not limited to hormone therapy, surgery,

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[19] For example, the legacy of racialized policing has led 1 in 3 Black men to have a history of legal system involvement. (The New Jim Crow). Black people were incarcerated in federal and state prisons at a rate five times that of white people in 2019 (1,096 per 100,000 compared to 214 per 100,000). Indigenous people experience similar disparities; 2021 data show they are incarcerated at a rate of 736 per 100,000 people; more than four times higher than the rate of white people (181 per 100,000) (https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/p21st.pdf).

[20] The Center for HIV Law and Policy. (n.d.) *Prisons and Jails*. Retrieved August 16, 2023, from https://www.hivlawandpolicy.org/issues/prisons-and-jails#:~:text=The%20rate%20of%20HIV%20among,with%20HIV%20and%20provided%20treatment

[21] Dumont, D., Gjelsvik, A., Chen, N., & Rich, J. (2013) Hispanics, Incarceration, and TB/HIV Screening: A Missed Opportunity for Prevention. *Journal of Immigrant and Minority Health, 15(4), 711-717.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3866805/

[22] UNAIDS. (2021, Nov 11). *Update on HIV in Prisons and Other Closed Settings*. https://www.unaids.org/sites/default/files/media_asset/PCB49_HIV_Prisons_Closed_Settings_rev1__EN.pdf

[23] Be in the KNOW. (n.d.). *HIV and prisoners*. Retrieved August 16, 2023, from https://www.beintheknow.org/understanding-hiv-epidemic/community/hiv-and-prisoners

[24] Boyle, P. (2022, Apr 12). *What is gender-affirming care? Your questions answered.* Association of American Medical Colleges. https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered

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counseling, speech therapy to match vocal characteristics with gender identity, hair removal, breast binding or padding, and resources to assist with changing outward appearances and gender presentation. Studies have shown that gender-affirming care decreases depression and harmful behaviors, even as simple as affirming someone's asserted/chosen name, can have a positive influence on the health and development of an individual.[25]

Positive Youth Development[26]

Organizations implementing Rapid Rehousing for Youth must incorporate a Positive Youth Development (PYD) lens. PYD is an intentional, prosocial approach for engaging young adults that is grounded in the understanding that all young adults have strengths and skills. A PYD approach should acknowledge, build upon, and encourage the further development of these skills. PYD-based programs promote positive outcomes for young people by providing opportunities for them to thrive, fostering positive relationships, and furnishing the support needed to build on their existing leadership strengths. PYD is particularly appropriate in serving young adults with HIV who are experiencing homelessness, as there are many narratives in the public health and popular media that stigmatize these experiences. Practically, using a PYD lens involves:

- Proactively naming specific skills, traits, and behaviors you see as strengths.
- Helping participants name internal strengths and external resources they have access to (e.g., positive relationships in their lives, community ties, etc.)
- Providing encouragement as participants work towards their goals.

[25] Boyle, P. (2022, Apr 12). *What is gender-affirming care? Your questions answered.* Association of American Medical Colleges. https://www.aamc.org/news/what-gender-affirming-care-your-questions
[26] Youth.gov. (n.d.) *Positive Youth Development*. Retrieved August 15, 2023, from https://youth.gov/youth-topics/positive-youth-development#Definition

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Intervention Logic Model

Population of focus:	Adults with HIV who are experiencing housing instability and are a member of at least one of the following priority populations: (1) youth and young adults (aged 18-24); (2) people who have a history of legal system involvement; and (3) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people.	
Inputs	**Activities**	**Outcomes**
Staffing • Program Director • Housing Navigator • Housing Stability Case Manager • Evaluation staff • Financial admin staff *Structures* • Process for disbursing financial assistance • Evaluation and data collection process *Partnerships* • Housing providers and Landlords • HIV care providers • Support service providers • HUD Continuum of Care *Funding* • Funding through SURE Housing Initiative • Leveraged funding[27]	*Bring people into the program* • Recruit potential participants through community engagement • Enroll individuals over the course of the project period • Assess needs and develop individualized case management plans • Provide case management to link participants to other community-based supports *Connect participants with housing and HIV care* • Develop relationships with landlords and property managers • Develop relationships with RWHAP service providers and HOPWA grantees/providers • Link participants to permanent housing • Identify and address barriers to lease signing • Provide move-in assistance as needed • Identify and address barriers to HIV care • Link participants to HIV care as well as other health supports such as behavioral health and substance use *Provide support to help maintain housing and meet health goals* • Provide up to 24 months of individualized rental assistance • Provide case management to help participants maintain health and housing and build a plan for maintaining stability after the intervention period • Provide annual trainings for staff that specifically address the programmatic activities and strategies	• Reduce the length of time participants remain homeless • Increase the number of participants who enter permanent housing • Increase in the number/percent of participants who maintain or obtain other permanent housing after project exit • Increase the number of participants engaged in HIV care • Increase the number of participants who achieve and maintain viral suppression • Reduce racial disparities in housing and HIV health outcomes

[27] Note that matching funds are not required as part of this initiative; however, we expect providers to leverage additional funding to provide robust support. See the RFP for more information: https://www.csh.org/wp-content/uploads/2023/02/SURE-Housing-RFP-updated-02.16.23-for-02.17.23.pdf

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Strengths of the SURE Housing Rapid Rehousing Model

The SURE Housing Rapid Rehousing Model :

- Prioritizes **helping people rapidly enter permanent housing**, without requiring them to spend long periods in homeless shelters or transitional housing. This is both more cost-effective for systems and less traumatic/more effective for communities.
- Is **associated with higher rates of housing placement, fewer returns to homelessness, and significant cost savings**, compared to other interventions like transitional housing. Rapid Rehousing models result in increased employment/income; improved mental health, well-being, and social connections; reduced engagement in high-risk subsistence strategies; decreased food insecurity; and increased sense of personal safety.
- **Provides support to individuals seeking to maintain the terms of their release from a legal institution** by sharing various local or national housing resources and health and social support programs. Supports people seeking to address addiction and substance use disorder (SUD) by connecting them to resources that assist in their health care or recovery goals.
- Provides **flexible case management to meet the needs of participants** based on their individual goals, strengths, and developmental needs.
  - For people with legal system involvement, Rapid Rehousing can be particularly helpful as they navigate the transition back into the community, including independently setting up a household, starting a career, reconnecting with families, etc.
- Embraces **Housing First** principles, an effective approach for setting people up to succeed in housing. Stable housing is beneficial for HIV and other health outcomes, serving as a platform from which participants can consistently access healthcare, adhere to treatment, and focus on wellness.
- Provides rental support **that eases financial pressures that can make it difficult to engage in healthcare,** case management that can **help people connect with and stay connected to healthcare providers**, and support planning for a future of continued housing and health stability.
- **Address landlord reservations about renting to the SURE Housing priority populations** who are experiencing homelessness through housing navigation and case management services that can address tenancy issues that may arise.

Examples of Other Rapid Rehousing Programs

Rapid Rehousing models like the SURE Housing Rapid Rehousing Model are valid for serving the LGBTQ+ community, youth and young adults, and people with legal system involvement and have been implemented nationwide using a range of funding sources. This is a non-comprehensive list of examples of these models in practice:

Rapid Rehousing for Youth and Young Adults

- New York City RRH For Youth
- The Permanent Housing Program by Northwest Youth Services in Bellingham Washington

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- The Q-BLOCK Program by Pathfinders in Milwaukee Wisconsin
- Youth Counts Rapid Rehousing Program by the Salvation Army in Central Ohio
- The Pride Program by Valley Youth House in Greater Philadelphia Pennsylvania

Rapid Rehousing for People Involved in the Legal System

- LA County Breaking Barriers Pilot
- Colorado Rapid Rehousing for Reentry

Rapid Rehousing for the LGBTQ+ Community

- Our Trans Home SF
- Princess Janae Place

Pre-Implementation Activities

Staffing

Implementing the SURE Housing Rapid Rehousing Model requires a multi-disciplinary team. Staff should include:

- *Housing Navigator / Landlord Engagement Specialist (1 FTE):*
  - Leads housing navigation services (see Housing Navigation), including engaging with landlords and supporting participants to identify and apply for housing.
  - Coordinates with the Rapid Rehousing Case Manager[28] once the participant is housed and supports ongoing housing stability by assisting with landlord-tenant challenges as appropriate.
  - Maintains proactive contact with program landlords to stay engaged and on top of any issues before they rise to the level of threatening housing stability.
  - Recommended case load: 20 people
- *Housing Stability Case Manager (1 FTE):*
  - Provides RRH case management (see Housing Stability Case Management) including regular meetings to assess housing stability and needs regarding HIV care, facilitating warm handoffs to appropriate HIV care and social services (including GAC for TGD participants), and counseling participants on strategies to address future housing instability and maintain viral suppression. Recommended case load: 20 people

In addition, the SURE Rapid Rehousing program should engage the following positions:

[28] Funded organizations should develop clear processes for when RRH Case Managers should engage the Housing Navigator once a program participant enters housing. It may be helpful to establish regular case conferences between the Housing Navigator and Case Manager to facilitate coordinated care.

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- *Evaluator (at least .5 FTE):*
  - Works with the Evaluation Provider to evaluate the SURE Rapid Rehousing program, including enrolling participants in the evaluation, administering surveys, and collecting housing and clinical data for participants.
- *Finance Administrator:*
  - Works to manage the program's budget and remain in financial compliance with funder requirements; may be responsible for managing financial assistance and rental payments.
- *Program Manager/Director:*
  - Oversees the SURE Rapid Rehousing program, including planning program budget, overseeing Case Manager assignments and ratios, determining when the program has capacity for additional clients, and approving rental subsidy models and exceptions to the approved model.
  - Supervises the RRH Case Manager and the Housing Navigator.[29]

Compulsory Skills

All SURE Rapid Rehousing program staff should be fluent in the following skills and concepts:

- The foundational principles that make Rapid Rehousing successful: Housing First, harm reduction, trauma-informed care, and racial justice.
- The relationship between housing and positive health outcomes for people with HIV.
- The HIV care continuum and the Ryan White HIV/AIDS Program.
- Practices for protecting participant health data and other personal information.
- The ability to build relationships with local housing and other community resources.
- Factors that contribute to disparities in healthcare access, including structural, systemic, and interpersonal factors related to insurance coverage, available affirming providers, etc.
- Factors that contribute to housing instability, including systemic and structural barriers related to age, race, ethnicity, sexual orientation, HIV status, and other intersecting historically marginalized identities.
- How racism, gender discrimination, sexism, heterosexism, income inequality, stigma, and other structural and system barriers drive health disparities for people with HIV.
- The ability to communicate with fluency (including language fluency, as applicable to the community you serve) and cultural humility.
- Priority Population Considerations

[29] Organizations that have existing RRH programs may choose to leverage their existing supervision structure for the SURE Housing Initiative.

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- The specific barriers to stable housing experienced by the LGBTQ+ community, youth and young adults, and/or people with legal system involvement.
- The ability to practice empathy, identify and address implicit bias, and use person-driven and asset-based strategies, including avoiding adultism when working with youth and young adults.

See Appendix: Recommended Trainings for Staff for links to specific trainings.

Hiring Best Practices

A high-quality, equitable hiring process can give you the information you need to onboard a strong SURE Rapid Rehousing team.

- **Ensure job description/ads do not screen out potentially strong candidates based on factors like class, gender, sexual orientation, or race.**
  - Be explicit that you will accept years of experience in lieu of a college or graduate degree.[30]
  - To the extent your organization allows, put the salary or salary band in the job ad. If you propose a salary range, ensure that it is narrow enough to be meaningful.
  - If your organization is rigid in job requirements, advocate for the above practices in the long-term.
- **Actively seek to hire people who bring similar lived expertise with the communities you intend to serve, including homelessness, HIV, people who are TGD and/or LGBQ+, and/or people who have been incarcerated or otherwise involved with the legal system** to hold leadership or other professional positions in the SURE Rapid Rehousing program. People who have lived experience of the systems that program participants must navigate can bring significant value as professionals on the team.[31]
  - Use a range of recruitment strategies (including outreach to partners, nontraditional online outreach, community engagement, etc.) to ensure that potential candidates are aware of job openings. For example, sharing job announcements to culturally specific partner agencies (e.g., youth and young adult organizations, and/or organizations serving people with legal system involvement, and/or organizations serving TGD and LGBQ+ communities,) may be more effective than posting on large job sites to attract a more appropriate applicant pool.

[30] Except where otherwise required, e.g., for a licensed clinical position.

[31] For further reading on equitable hiring practices: People with Lived Experience Workgroup. (n.d.). *Engaging People with Lived Experience toolkit.* 100 Million Healthier Lives, Institute for Healthcare Improvement. Retrieved August 16, 2023, from https://www.communitycommons.org/collections/Engaging-Lived-Experience-Toolkit

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  - Job descriptions should encourage people to apply even if they do not have all the experience listed.
  - Job descriptions should explicitly invite people with legal involvement histories to apply.
- **Involve people with lived experience in the hiring process** to better understand job candidates' ability to meet the needs of the community you will serve. People with lived experience of the challenges that the SURE Rapid Rehousing program seeks to address can ask more specific questions that others might not think about in hiring.
  - Invite a member of a local RWHAP planning council or an HIV consumer advisory board to participate as interviewers during hiring or to be involved in recruiting for potential job candidates.
  - Decide in advance what kind of participation you will seek from community members and how the hiring team will use their input.
- **Conduct participant interviews** that include questions centered in the six SURE Housing foundational principles (Housing First, Harm Reduction, Trauma-Informed Care, Racial Justice, Gender-Affirming Care, and Positive Youth Development) to see how potential staff might apply them in practice and gauge understanding and commitment to these principles.
- Prepare interview committees/panels by training on implicit bias and **inclusive hiring** strategies and practices.

Systems, Policies, and Procedures

Meaningful Collaboration with People With Lived Expertise[32,33]

Programs should actively and meaningfully collaborate with the people they intend to serve, including people with HIV who have experienced homelessness or unstable housing and identify as youth and young adults (18-24), have histories of legal system involvement, and/or TGD and/or LGBQ+, to design, assess, and improve the SURE Rapid Rehousing Program. These individuals should be equal partners–not just recipients or advisors–in designing and giving feedback on the programs that impact them. It is important that the emphasis is on participant experience and avoids tokenism, where participants are engaged solely in a symbolic way without real power.

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[32] This section draws on the Point Source Youth RRH for Youth Handbook.

Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

[33] This section draws heavily on—and quotes directly from— *Listen Up! Youth Listening Session Toolkit*.

Office of Population Affairs. (2020, Sep). *Listen Up! Youth Listening Session Toolkit.* U.S. Department of Health and Human Services. https://opa.hhs.gov/sites/default/files/2020-10/OPA_Youth_Toolkit_Final_508.pdf

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Some strategies for meaningful engagement:

- Hire people with lived experience in HIV AND unstable housing who are youth and young adults (18-24), have histories of legal system involvement, and/or TGD and/or LGBQ+, to create and/or review program protocols and procedures, outreach materials, and other program materials.
- Make time to ask directly during case management meetings, "Is there anything you'd like to be connected to that we haven't talked about?"
- Schedule formal, compensated focus groups every year.[34]
- Engage an advisory board of youth/young adults, people involved with the legal system, and/or LGBTQ+.

Equipment

- **Mobile devices:** Providers should expect to conduct program activities like needs assessments, intakes, apartment inspections, and housing stability support in the field. Further, program participants may prefer texting to email, so mobile devices will be an important technology tool for case managers and housing navigators.

Evaluation and Data Systems

- **Human subjects research training:** As the evaluation will involve research on human subjects, all program staff must successfully complete training on human subjects research.
- The evaluation will utilize a **secure, electronic data portal** to enroll and collect client-level data on intervention participants. Evaluation staff will need access to a desktop or laptop computer that is password protected and connected to the internet.

Finance Systems

- **Financial assistance disbursement:** Develop clear systems for disbursing rental/utility assistance payments in a timely manner, including tracking property managers/landlords and payments required, tracking changes to the rental subsidy amount, and confirming receipt.
- **Funding compliance:** Develop clear processes for ensuring the timely and compliant use of any funds that will support the EHPA program.

Program Processes and Practices

- **Housing First:** Develop policies that clearly state the program's commitment to a Housing First approach, including examples of practical scenarios.
- **Home visits:** Home visits or meeting in the community are the most effective way to build rapport with tenants, understand barriers to housing stability, and intervene

[34] Regarding compensation, the RWHAP statute prohibits using RWHAP funds to compensate people with HIV via cash payments. RWHAP funds may be used to provide incentives (e.g., gift cards for completing a survey) for people with HIV as per Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, given some limitations. Focus group participants may be financially compensated using non-RWHAP funds.

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early. Programs should establish policies and procedures to guide the frequency of home visits, how best to conduct home visits, and how to ensure participant and staff safety and comfort.

- **Staff travel:** Programs must plan and budget for staff travel to and from prospective rental units during housing navigation, providing hands-on case management supports in participants' homes, and conducting other support activities in the field. Rural programs and those serving multiple communities should be particularly mindful of the significant additional time needed for travel.
    - Programs should also prepare and budget for travel as required by the SURE Housing Initiative.
- **Communication with program participants:** Organizations should establish written expectations for contacting program participants, including:
    - Defining roles and responsibilities of program staff so participants know whom to contact in different situations (i.e., if they have a question about their rental payment they contact the finance staff, if they have a question about transportation to an appointment they contact their case manager, etc.)
    - Standards for how frequently case managers should expect to contact participants by in-person visits, texts, and/or emails.
    - Guidelines around boundary-setting and appropriate communications.
- **Communication with law enforcement:** Organizations should establish protocols and train staff on how and when to communicate with law enforcement about program participants, including understanding what information they are required to disclose, how to handle requests for information, and how to collaborate with program participants to support successful communication.

Participant eligibility: Any person who meets the eligibility criteria defined above can receive SURE Rapid Rehousing services through the SURE Housing Initiative. However, if the program intends to leverage other funding from HUD, HOPWA, RWHAP, or other sources, develop a process for determining that SURE Rapid Rehousing program participants meet any eligibility requirements that govern those funding sources.[35] Programs should complete a crosswalk of the various funding that will support their SURE Rapid Rehousing program before doing anything else related to program recruitment.

- **Participant recruitment and enrollment:**[36]

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[35] For example, much HUD funding requires that recipients be "literally homeless" to receive RRH rental assistance.

HUD Exchange. (n.d.). *Rapid Re-Housing (RRH)*. Retrieved August 16, 2023, from https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/rapid-re-housing/

[36] This section draws heavily from the following: *Rapid Re-Housing Handbook.*

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  - Establish clear strategies for recruiting eligible program participants. Examples: contact the local HUD Continuum of Care and Coordinated Entry to ensure they can send referrals; conduct "in-reach" and advertise the program to existing participants of your agency; develop referral partnerships with other service providers; conduct social media outreach, etc. **For Implementation Sites funded to serve people with legal system involvement, you should develop relationships within the legal system, including jails and prisons.**
  - Develop admission/intake processes that are as low-barrier as possible. Consider the length of the intake form/interview, cut duplicative questions, and ensure that the program does not ask for more documentation than is necessary/required for compliance. Consider completing intake in stages and only collecting information when it is needed to move forward in the process.
  - Be amenable to meeting potential participants' basic needs as you are able (e.g., food, shower, Wi-Fi), prior to performing intake activities.
  - Ensure that program recruitment, enrollment, and intake strategies align with the Housing First nature of this program and do not require participation in any services or supports before being connected to housing.
- **Case conferencing and participant records:** Establish clear procedures for regular case conferencing between the Housing Stability Case Manager, Housing Navigator, Program Director, and any others involved in participant support.
  - Establish clear processes for collecting and reviewing participant progress notes and other records of SURE Rapid Rehousing activities.
- **Case closure:** The SURE Rapid Rehousing program is a time-limited intervention that can provide case management and financial assistance for up to 24 months. Establish and communicate clear procedures for how participants exit the program including any plans for follow-up with additional service or evaluation activities. Depending on funding flexibility, programs should be designed to allow participants to return for more assistance if they need it at a later time.[37]
- **Grievance procedures:** Develop and communicate clear procedures for receiving feedback from program participants, including a process for participants to notify the organization about inappropriate, insufficient, or otherwise unacceptable conduct by providers. These procedures should clearly communicate a non-retaliation policy for those filing a complaint.
- **Gender-Affirming Care:** Staff should introduce themselves with their pronouns to welcome individuals' identities to the space, ask for clarification if their name differs from the names listed on their legal documentation, provide/refer gender-affirming

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Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

[37] HUD Exchange. (2014, July). *Rapid Re-Housing Brief.* U.S. Department of Housing and Urban Development. https://files.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

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community services when applicable such as hormone therapy, speech therapy, resources to assist with changing appearances that affirms gender presentation, counseling, and more.

Referral Partnerships

The SURE Rapid Rehousing program benefits from referral partners who can bring individuals into the program, provide supportive services, and meet ongoing needs after the intervention period.

- Formalize partnerships with a Memorandum Of Understanding that clearly outlines expectations for what services will be provided, any compensation needed, the process for facilitating handoffs, and expectations for ongoing case conferencing.
- Seek input from people with lived expertise in your community (i.e., people with lived experience of homelessness and/or HIV, the TGD and LBGQ+ community, youth and young adults, and people involved in the legal system) including SURE Rapid Rehousing participants, on the types of partnerships that would be most beneficial and feedback on whether current partnerships are meeting their needs.

Youth and Young Adults

Partners could include:

- Providers to meet basic needs, including food, furniture, etc.
- Providers to help clients obtain identification documents, birth certificates, social security cards, etc.
- Youth-serving organizations
- Mental health providers and substance use supports, particularly those specializing in serving youth and young adults
- HIV care
- Benefits navigation
- Transportation
- Legal services
- Financial services, including credit counseling, financial literacy programming, etc.
- Education services, including 4-year and community colleges, GED programs, etc.
- Vocational support/employment services
- Organizations that offer culturally affirming services and supports
- Other housing providers, including permanent supportive housing

People with Legal System Involvement

Sites funded to work with people with legal system involvement should understand the referral and service networks that currently exist to serve this community. For example, if another agency has a strong relationship with the carceral system, seek to leverage that. Some Continuums of Care work closely with their Coordinated Entry System to serve returning citizens. Alternative courts (e.g., drug courts, sex-work diversion courts) may be interested in placing persons in the program, as having housing is often a condition of participation.

Partners could include:

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- Providers to meet basic needs, including food, furniture, etc.
- Providers to help clients obtain identification documents, birth certificates, social security cards, etc.
- Parole officers, departments of correction, drug/mental health courts
- Medicaid services, particularly those tailored for people with legal system histories
- Organizations that assist people with transitioning from incarceration into community
- Family reunification services, particularly those with expertise serving people with legal system histories
- Mental health providers and substance use supports, particularly those specializing in serving people involved in the legal system
- HIV care
- Benefits navigation
- Transportation
- Legal services, including expungement providers
- Financial services, including credit counseling, financial literacy programming, etc.
- Education services, including 4-year and community colleges, GED programs, etc.
- Vocational support/employment services, particularly those who work with people who have legal system involvement
- Organizations that offer culturally affirming services and supports
- Other housing providers, including permanent supportive housing

The LGBTQ+ Community

Partners could include:

- Providers to meet basic needs, including food, furniture, etc.
- Providers to help clients obtain identification documents, birth certificates, social security cards, etc.
- Family reunification services
- LGBTQ+ organizations
- Mentorship and skills development providers
- Mental health providers and substance use supports, particularly those specializing in serving the TGD and LGBQ+ populations
- Gender-affirming care providers
- HIV care providers
- Benefits navigation
- Transportation services
- Legal services
- Financial services, including credit counseling, financial literacy programming, etc.
- Education services, including 4-year and community colleges, GED programs, etc.
- Vocational support/employment services
- Organizations that offer culturally affirming services and supports
- Other housing providers, including permanent supportive housing

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Planning for Sustainability of SURE Rapid Rehousing Services Beyond the Grant Period

Programs should consider strategies for incorporating best-practices, lessons-learned, and specific services from their SURE Rapid Rehousing program into their organizations practices beyond the grant period. This includes:

- Working with the Evaluation Provider, the Implementation Technical Assistance Provider, and internal program development staff to document best practices and identify those that can be carried over to other programs.
- Using the Sustainability Framework[38] to assess and evaluate the sustainability capacity of your program. The Program Sustainability Assessment Tool (PSAT) can help you conceptualize your program across the 8 domains of sustainment so you can start thinking about where you want to focus your efforts as you work to increase your sustainability capacity.
- Identifying additional sources of funds to support elements of the program in the future. While government grants are reliable sources of funding, and have clear start and end dates, private philanthropy often offers general operating support and is far more flexible with its fundings. Consider beginning to look for new funding sources no later than year two of the grant. Ideally new funding sources for year 4 would start being paid out 4-6 months before the end of the grant. This will ensure the program can continue seamlessly.

Implementation Activities

The following chart illustrates how the three core components of the SURE Housing Rapid Rehousing Model interact to support participants over time.

	Program entry - Month 2	Months 2-24[39]	Program exit

[38] The Sustainability Framework was developed at the Center for Public Health Systems Science (CPHSS), a public health research and evaluation center at the Brown School at Washington University in St. Louis.

[39] Note that participants typically exit the program after ~9 months of rental assistance.

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Housing Navigation	Help participants identify, apply for, and move into housing	Collaborate regularly with Case Manager to troubleshoot tenancy challenges; serve as primary liaison with landlords/property managers	
Financial Assistance	Cover or defray housing search costs, move-in costs, and initial rental/utilities costs	Use a progressive engagement model to defray rent/utilities costs as needed	
Housing Stability Case Management	Connect participants with HIV care, services to help them move into housing Help participants develop a goal plan related to housing stability, HIV care, or other goals	Conduct regular site visits to support tenancy stability and engagement in HIV care Connect participants with support services to meet their goals as needed Build a person-centered plan to transition away from SURE Rapid Rehousing rental assistance	Connect participants with additional support resources as needed

Core Component 1: Housing Navigation

Description

Housing navigation[40] is the process of **helping participants find and secure housing**. This entails building relationships with landlords, rapidly identifying an appropriate unit for each program participant, and helping each participant secure and enter housing. Housing navigation services must address common systemic barriers to housing for people with HIV who are experiencing homelessness and are youth and young adults, have histories of legal system involvement, and/or TGD and/or LGBQ+, including discrimination based on race, gender, sexual orientation, and/or source of income.

[40] Note that some literature on RRH refers to this work as “housing identification.” We are using the broader term “housing navigation” because this work entails a wide range of activities beyond identifying housing units.

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Successful housing navigation is driven by three guiding principles:[41]

1) Within the limits of participants' income, **the SURE Rapid Rehousing program should help participants access units that are desirable and sustainable**—i.e., accessible, safe, in neighborhoods they want to live in, have access to transportation, and are close to education, healthcare, other services, employment, and more.
2) Housing navigators should **actively recruit and retain landlords who are willing to rent to program participants**—particularly those who might otherwise be denied housing based on typical tenant screening criteria.
3) **Landlords and property managers are vital partners** in successfully implementing the SURE Rapid Rehousing program.

Staffing and Skills Needed

- **Staff:** This work is led by a **Housing Navigator** (see Staff Roles, above) in close collaboration with the **Housing Stability Case Manager**
- **Skills needed:** In addition to the required skills listed above, the Housing Navigator needs to balance two distinct skillsets: the ability to empathetically help participants navigate the process of securing housing and the ability to maintain strong working relationships with landlords and property managers, who are often private business owners that may have concerns about renting to people through a RRH program. Specific skills and knowledge needed:[42]
  - Housing navigation
  - Relationship-building
  - Knowledge of and ability to navigate landlord-tenant rights and responsibilities
  - Knowledge of and ability to negotiate leases and other housing terms
  - Knowledge of a wide array of available housing resources, including benefits/entitlement programs and appropriate housing providers, particularly affordable housing resources that can provide financial support to participants beyond the term of the rental subsidy period

  Sites funded to serve people involved in the legal system must ensure that Housing Navigators and Housing Case Managers have the following additional knowledge and skills:
  - The ability to interpret criminal record results and explain to landlords who may not be familiar with all designations or terms.

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[41] Developed by the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development (HUD), and the Department of Veterans Affairs (VA). *Performance Benchmarks and Program Standards - End Homelessness*. National Alliance to End Homelessness. (2016, March). Retrieved April 24, 2023, from https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

[42] National Alliance to End Homelessness. (2016, March). *Performance Benchmarks and Program Standards - End Homelessness*. https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

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- Knowledge of expungement laws in the state or jurisdiction, including the types of charges that may be good candidates for expungement.

Activities

1. Build relationships with landlords and property managers
2. Help program participants identify and secure an apartment that meets their needs
3. Foster ongoing relationships with landlords and collaborate with the Housing Stability Case Manager to support ongoing tenancy

Activity 1: Build relationships with landlords and property managers

1.1 Build a shortlist of landlords and property management companies you can contact when participants enroll in the program seeking housing. It is helpful to adopt a “more is more” approach when building this list to ensure you have enough rental options to meet diverse housing needs. Track the number of landlords/management companies engaged.

Begin building this list as soon as you begin work on the SURE Rapid Rehousing program; do not wait until participants enroll.

Specific outreach strategies will vary based on the local rental market. Tips and examples:

- Cold-call landlords/property management companies and search rental sites (like Craigslist or Apartments.com).[43]
- Avoid larger property management companies that have rigid company policies on background checks; smaller management companies and landlords that already work with rapid rehousing or supportive housing programs may be more flexible.
- Seek out landlords/property management companies that are already participating in other federal housing programs such as Housing Choice Vouchers (HCV) (Section 8), Veterans Affairs Supportive Housing (VASH) vouchers, or Continuum of Care (CoC)/ESG funded rapid rehousing or permanent supportive housing (PSH) programs. Coordinating with the local CoC and other providers can help to find willing landlords/property management companies that understand and value the program. You may also consider partnering with other organizations to build a centralized list of landlords/property management companies that are willing to rent to program participants.
- Consider creating a program brochure or one-page overview to highlight the benefits of the SURE Rapid Rehousing program, e.g., guaranteed rent payments, etc.
- Hold information sessions with local landlords/property managers to promote the SURE Rapid Rehousing program and answer questions. Provide information

[43] For more resources on building your landlord shortlist, see the following: *Rapid Re-Housing Handbook* from Point Source Youth. (2022) https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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about resources for landlords/property managers who rent to RRH clients, like Landlord Risk Mitigation Funds. Consider holding sessions in person (as safety permits) to build warm connections.

- Consider opportunities for existing partner landlords/property managers to connect with potential partners and serve as "references" for your SURE Rapid Rehousing program. The best way to attract new landlords/property managers is to have testimonials from existing landlords/property managers.
- Engage local government leaders (e.g., Mayors, County Executives) to introduce the program to prospective landlords/property management companies.
- Consider engaging faith leadership[44] to connect the program with landlords/property management companies and/or provide other support resources.

1.2 Understand landlord priorities and be prepared to address concerns from a place of partnership. Landlords primarily have four main priorities:

1) The rent is paid on time;
2) Their property is safely maintained;
3) Tenants do not cause disruptions to neighbors; and
4) They do not need to manage evictions or frequent vacancies.[45]

Different types of landlords may have different priorities. For example, a landlord with a smaller portfolio may be more concerned with reducing tenant turnover and neighborhood disruptions, whereas a large corporation managing multiple buildings might be more focused on consistent rental payments and avoiding property damage.

Each of the three priority populations with which the SURE Rapid Rehousing program serves face their own unique struggles with landlord biases and discrimination. It is critical that the Housing Navigators in each program are equipped to help their clients navigate these specific barriers.

- Provide information about resources available to address some concerns about renting to young people, people with histories of legal system involvement, and/or homelessness, including Landlord Risk Mitigation Funds where available.
- Identify and work against instances of housing discrimination that may affect program participants, including explicit and implicit discrimination based on race, sexual orientation, gender identity, HIV diagnosis, and/or source of

[44] When engaging faith leadership, identify denominations and/or congregations that are explicitly welcoming to the people served through your program, particularly LGBTQ+ people. Some faith communities are actively engaged in supporting communities that would benefit from RRH for Youth and can be good allies in this work.

[45] Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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income. This is particularly critical for TGD and LGBQ+ people, who experience significant and increasing discrimination.
  - Check local laws around source-of-income discrimination and build strategies to address it: NMHC | Source of Income Laws By State, County, and City
  - Track information on landlords with reports of exploitation and harm toward TGD, LGBQ+, and/or BIPOC tenants and ensure programs are not referring to or utilizing those properties.
  - File a complaint with HUD's Office of Fair Housing and Equal Opportunity against landlords that have discriminated against tenants in violation of fair housing laws.
  - Take the time to understand the positive and negative impacts of housing all clients in certain neighborhoods. Are those neighborhoods where people of color, TGD people, and/or LGBQ+ people feel comfortable and have support systems? Are there businesses reflecting their culture and communities of faith?
  - Remove barriers to housing where possible, especially in terms of client experience with the legal system.
- Consider activities that your organization currently does or will provide that can help address the landlord's priorities or mitigate some of the risks that landlords may perceive. For example, if you provide behavioral health services or special tenant training, call this out as something that is offered to program participants.

Finding landlords that are willing to accept tenants with a history of legal system involvement is particularly challenging. To navigate some of these additional barriers:

- Understand and adapt to different levels of comfort with renting to people with histories of legal service involvement. Understand what level or type of legal system involvement may be prohibitive for a given landlord and work with landlords and property managers to determine if it is possible to make exceptions to any building policies that prohibit renting to potential participants with histories of legal system involvement. It may be helpful to have a property manager meet with an individual potential tenant to develop a relationship, which may ease concerns about the program. Additionally, while property managers may have policies around certain categories of offense, it may be possible to convince them to make exceptions on a case-by-case basis (e.g., a landlord that generally refuses to rent to those convicted of selling drugs might be able to make an exception if they learned that the individual involved is in recovery from addiction or that the offense was motivated by a factor that is no longer present. Note that the Housing First nature of this program requires that SURE Rapid Rehousing staff work to help all participants find housing, even if they have complex histories of legal system involvement that make lease signing challenging.
- Consider offering letters of support from clients' friends, family members, and/or a local religious or community leader to support the clients' housing application.

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- Be judicious about how much information about clients you need to share with landlords or property managers. It is important to develop trust-based relationships with property managers, but this does not require that you disclose all the information you have about program participants' legal system histories, substance use or mental health challenges, etc. Have agreement from the client as to what you share, and how you share it.

Activity 2: Help program participants identify and secure an apartment that meets their needs

2.1 Gather the information you need to identify an appropriate unit. As soon as possible after program entry, the Housing Navigator should meet with new participants to learn their housing needs.

While it is important for Housing Navigators to learn about any factors that might make it challenging for participants to move into housing (e.g., eviction or arrest history), these factors should **not** be used to screen out individuals from program participation. Rather, the conversation will help the Housing Navigator learn more about what kinds of support might help tenants select, secure, and maintain housing. It is important that Housing Navigators communicate the purpose of these conversations clearly, and provide ongoing reminders that participants are not at risk of being "screened out" of the program. These conversations may be difficult for participants and bring about feelings of shame, disappointment, and anxiety. Housing Navigators should communicate empathetically and schedule time for multiple conversations as appropriate.

The table below outlines the types of information needed and strategies for gathering it:

Information needed	Strategies for gathering
Preferences regarding housing: • Is it important to live near an existing community of friends/family? What about medical care? • Are there mobility or other issues that inform what kinds of housing units you can live in? • Do you have any pets that need to come with you? • If your household includes children, do you need access to a specific school? Childcare center? Household size? Legal guardian, co-parent, or another household arrangement?	• Conversation with the program participant to get to know them and their housing preferences better.
Income available for rental payments: • Do you have any employment income? Does it vary month to month, or do you get the same amount each month? • Are you eligible for or enrolled in SSDI, SSI, or other income programs?	• Conversation with the program participant to learn their current income, if any, and/or estimate potential earnings from employment or income supports earnings. Note that program participants might have

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Information needed	Strategies for gathering
• Will your income change over time? For example, you may be enrolled in a technical program that will increase your income upon graduation.	variable income from part time or seasonal work—especially if they are in school for part of the year. • Research other applicable income sources (e.g., public benefits) for which the program participant qualifies. People with HIV may qualify for a range of income supports based on having an HIV diagnosis or other medical needs, including SSI/SSDI, TANF, etc.
Legal system-related considerations: • Do you need to be close to/easily access a specific precinct or parole office? • Do the conditions of your release restrict where you can live or spend time? Who can you live with? • Do your conditions of release/ supervision include sobriety and/or drug testing? • Are there any areas where you feel that being there would increase your risk of repeating criminal activities due to people you know there? • Are there any types of housing that you are categorically excluded from (such as public housing for those households that contain a registered lifetime sex offender or individuals who have been convicted of manufacturing methamphetamines on PHA property)?	• Conversation with the program participant to learn any legal considerations that guide the housing search, how they would like to approach background checks, and strengths they would like to highlight.
Safety concerns that guide the housing search: • Are there specific neighborhoods you need to avoid to feel safe or for any other reason?[46] This could include the need to avoid certain neighborhoods or maintain stringent confidentiality during the housing search due to interpersonal or intimate partner violence.	• Conversation with the program participant. • If possible, connect with a former case manager or other service worker.
Background information needed to support rental applications:	• Conversation with the program participant.

[46] Note that participants with some sex-related convictions may be barred from living in specific areas based on proximity requirements.

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Information needed	Strategies for gathering
• This could include eviction history, criminal background check, income verification, credit report, any past landlord references, identity documents, etc. • Sites funded to serve people with histories of legal system involvement should, where feasible, run a criminal background check on participants prior to applying for a rental unit. Landlords will often run their own checks, but occasionally receive incorrect information or interpret a report incorrectly. Running a background check in advance adequately prepares housing navigators to identify red flags and address them with potential landlords. If possible, run a check that captures involvement in other states as well as the state where the client is applying for housing. If attempting to reimburse using HRSA SURE funds, please see eligible expense resources.	• Independent background check (comparable to a landlords').[47] • Criminal background check.

2.2 Explore housing options. Based on what you have learned, the Housing Navigator, Housing Stability Case Manager, and participant should collaborate to decide what types of housing to search for. As the SURE Rapid Rehousing program is a time-limited intervention, it is critical to begin your housing search by considering what resources will be needed to avoid eviction without financial assistance from the SURE Rapid Rehousing program.

- Work with the Housing Stability Case Manager to identify and enroll participants in all public housing programs and subsidies for which they may be or become eligible, including affordable housing lotteries and waitlist through the private market (including HCV, LIHTC properties, HUD 811, Project Based PHA housing) and rental voucher programs based on income, veteran status, HIV status, or other factors. These programs may have long wait times between enrollment and housing entry, so it is critical to start this process as soon as possible. This should **not** be a replacement for other housing navigation services.
- Draft a realistic personal budget with participant to determine how much rent a participant could reasonably pay after rental assistance ends. Note that it is common for people to pay more than 30% of their income on rent after exiting a

[47] Reports are often available at lower cost directly from a police department. Note that some local searches will only give information limited to that state. Landlord searches may pull up multi-state items, or even records that supposedly are sealed.

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RRH program. While the SURE Rapid Rehousing program can offer housing affordability in the short term, it may not be practical to limit your housing search to units that will rent for under 30% of a participant's expected income.

  - While it is not necessary to have robust financial planning conversations at this stage, this is an opportunity to engage participants in conversations about their needs and desires regarding housing and cost-of-living. (For more on budgeting, see below, Housing Stability Case Management.) Expect this to happen over several conversations.

- Using the budget as a starting point, collaborate with program participants to search for housing that might meet the participants' needs.
  - Query your landlord/property management list for openings and conduct internet searches using common housing search sites: Apartments.com, Zillow, StreetEasy, Craigslist, GoSection8, etc. The National Alliance to End Homelessness (NAEH) has a great resource on housing search in high-cost or low-vacancy markets and in rural areas.
- Actively engage program participants in the housing search process. If this is the first time participants have rented independently, housing navigation services are an opportunity to build housing search skills and feel more ownership over their housing choices—valuable experience for anyone.
  - It is also important to remember that housing is deeply personal and can be central to identity formation. Because of this, it is critical that housing navigators **emphasize tenant choice** and autonomy in the housing search process.
    - Ask youth and young adult participants what they are looking for in housing, prepare them for what may be available, and allow for sufficient time to provide sensitive support as they navigate tradeoffs and budget constraints.
    - Identifying and collaborating with local partners to create a shortlist of buildings and landlords that are known to be welcoming to LGBTQ+ people; conversely, seek community input to develop a list of landlords that are known to be unwelcoming or otherwise inappropriate.
- Consider apartment sharing or roommates as an option.[48, 49] In particularly tight rental markets, shared housing can be a way to find more affordable housing and help participants build community. At the same time, it is important to honor program participants' preferences regarding shared housing, particularly as it relates to trauma associated with incarceration and the need for privacy. We

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[48] National Alliance to End Homelessness. (2022). *Rapid Re-Housing Toolkit.* https://endhomelessness.org/wp-content/uploads/2022/03/NAEH_RapidRehousingToolkit.pdf

[49] Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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strongly encourage considering shared housing in your housing placement conversations in a trauma-informed and person-centered manner. Consistent with Housing First principles, shared housing must **not** be a requirement to receive housing navigation or assistance. Shared housing models could include:
  - Housing two or more SURE Rapid Rehousing participants in the same multi-bedroom apartment.
  - Helping one SURE Rapid Rehousing participant find an apartment—with a lease in their own name—alongside a friend, family member, or other adult who is not participating in the program.

Note that shared living—especially when units are shared among strangers—is not recommended and may not support TGD people obtain housing. Access to privacy at home is critical to safety for TGD people, particularly for people who engage in gender-affirming preparation or dressing before leaving the house. While shared living can be a strategy for improving housing affordability, it often comes at significant costs to the safety and wellbeing of TGD people and therefore should be avoided.

- Collaborate with program participants to identify a shortlist of potential units and conduct site visits/unit inspections.[50]
  - Visit units to determine whether they meet program participants' needs, including being habitable, appropriately sized, in-budget, etc. See Appendix: Apartment search tools and templates for a sample apartment visit checklist.
  - As needed, consider providing financial assistance to defray costs associated with the housing search, including rental application fees, transportation to apartment visits, and paying for a criminal record or credit report.

Assess all units for rent reasonableness. This includes comparing rents for multiple different units and weighing factors like location, size, building amenities, etc. Rents charged to program participants must not exceed rents currently charged by the same owner for comparable units that are not receiving funding from a voucher-based program, i.e., landlords are not allowed to charge SURE Rapid Rehousing tenants more solely because of their participation in this program.

2.3 Collaborate with program participants to apply for a unit and sign the lease.

- **Prepare for the application:** Help program participants gather all application materials and fill out any needed paperwork.

[50] There are several resources to help you conduct apartment inspections (i.e. *HOPWA HQS Habitability standards - Hud Exchange*. https://files.hudexchange.info/resources/documents/HOPWAHabitStandards.pdf)

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    - For TGD participants, this may include engaging with landlords on a participant's behalf when a participant's legal name does not match their identification documents or if the leasing process otherwise necessitates the use of their deadname. Note that the process of engaging with a deadname and navigating multiple sets of identification documents can be logistically and emotionally challenging for participants; Housing Navigators should offer supportive, patient, and person-centered service in this area.
- **Negotiate with landlords, as needed:** Understand any potential barriers to having a participant's rental application accepted and advocate with landlords to address these issues. This might include taking steps to lessen an issue, such as making a payment plan for past rental arrears or other debt that may impede participants from obtaining housing, offering advanced payment of the first and/or last month's rent, etc. Point Source Youth has some helpful tips on landlord negotiation.[51]
    - Consider working with individual participants to draft a letter to landlords addressing any specific concerns. For example, an individual with legal system involvement might explain that they have been engaged in supportive case management and have built strong coping skills.
    - Housing navigators play a crucial role in advocating on behalf of program participants and explaining why landlords should accept a tenant. This is particularly important for tenants with a criminal history. It can often be helpful to **provide supporting documentation** to show that a tenant is not likely to repeat an offense. For example, a client may have had burglary charges related to prior substance use. Evidence that the individual is in recovery may help the landlord understand that a repeat of prior illegal actions is less likely. Similarly, an individual with a violent offense might explain that they have been engaged in supportive case management and have built strong coping skills after incarceration.
    - When submitting a rental application, it can also be effective to **submit a narrative concerning the person's history**, and why that should not be a sole reason to deny housing. It is better to explain a criminal violation in writing at the time of application than for the landlord to find out initially when the criminal record is pulled.
    - Many landlords will offer an opportunity for an informal meeting if a tenant is declined. Some landlords may be required to do so if receiving a subsidy on a given unit. Always take advantage of this opportunity and request such a meeting if one is not offered. Again, offering the client the

[51] Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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chance to relate to the property manager on a personal level, and explain the reasons behind prior actions may help secure housing.

- **Read and sign the lease:** Collaborate with program participants to understand the lease and ensure that it is reasonable, consistent with standard lease agreements, and charges reasonable rent. It may be helpful to schedule a conversation after move-in to review the terms of the lease agreement as well.
  - The lease signed by participants in your program should not have any requirements or lease terms that are different from those on a lease signed by another tenant within that property. All leases should meet the landlord/tenant code within your community.
  - In addition to signing lease between tenant and landlord, develop an agreement between the program and the landlord to detail expectations for program payments of rental assistance. See the HAP (Housing Assistance Payment) Contract for examples– CoC Program Leasing and Rental Assistance Projects: Examples of Lease Agreements - HUD Exchange.

2.4 Assist with navigating move-in logistics and costs. Help program participants move into their new apartments! Talk with program participants to determine what kind of move-in assistance they need. Common examples include:

- **Support setting up utilities.** When a participant has utility arrears, it may not be possible to obtain new service. It may be necessary to pay off old arrears, pay a deposit, or negotiate a partial payment so that utilities can be restored.
- **Assistance obtaining and moving essential furnishings and household items.** While programs may use SURE Housing Initiative funding to cover these costs, other funding sources typically do not allow these costs. This is an opportunity to creatively engage community providers to meet the needs of the people you are serving. Ideas include faith communities, Goodwill, local community/volunteer groups (Rotary, Lions, etc.), furniture banks, or private funding. This is a great way to leverage support from the community either through volunteering (faith groups may be particularly interested) and or working with a local moving company to waive moving fees to help multiple residents move at a given time.

Activity 3: Foster ongoing relationships with landlords and collaborate with the Housing Stability Case Manager to support ongoing tenancy

3.1 Demonstrate excellent reliability and customer service with landlords and property managers.

- Ensure rent is always paid on time, respond to emails promptly, ensure you are accessible by cell phone, etc. Reliable rent payment is the most important aspect of maintaining relationships with landlords.
- Proactively check in with landlords and property managers to address concerns with individual tenants or the program in general. Consider having a standing meeting time for these discussions: for example, a weekly check-in call at the start of a tenancy relationship.

3.2 Communicate frequently to proactively identify and address tenancy challenges.

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- Collaborate frequently with the Housing Stability Case Manager through case conferences to proactively identify any challenges that may arise.
- Ensure that landlords have multiple points of contact in your organization to promptly address issues and ensure that they know whom to call to get what they need. This includes contacts at different levels of leadership if the landlord feels they need to "elevate" an issue.

3.3 Keep landlords informed about your work and successes. Consider sending a quarterly newsletter to a broad mailing list of current and potential landlords.

Core Component 2: Financial Assistance

Description

The SURE Housing Initiative Rapid Rehousing program provides financial assistance to cover a portion or all of rent and utilities expenses and offset one-time move-in expenses. This entails developing a progressive, individualized rental assistance plan for each program participant and disbursing rental assistance payments in a timely manner. This component of the intervention is designed to help participants quickly move into housing, thereby ending a period of homelessness or housing instability.

Successful financial assistance is driven by two guiding principles:[52]

- Assistance should be flexible and tailored to participants' unique and changing needs.
- A RRH program should work to maximize the number of households it can serve by providing only the assistance necessary for participants to stabilize in permanent housing.

Staffing and Skills Needed

- **Staff:** Your agency's financial management staff will work closely with the Housing Stability Case Manager (see Staff Roles above).
- **Skills needed:** In addition to the skills listed as required for all staff, financial management staff must be able to effectively disburse rental assistance in a timely manner and in compliance with multiple funder requirements.

  Specific skills and knowledge needed:[53]
  - Training on all regulatory requirements of all funding streams used for rental payments.
  - An understanding of the ethical use and application of financial assistance.

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[52] National Alliance to End Homelessness. (2016, March). *Performance Benchmarks and Program Standards - End Homelessness.* https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

[53] National Alliance to End Homelessness. (2016, March). *Performance Benchmarks and Program Standards - End Homelessness.* https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

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- A strong attention to detail and ability to manage and track disbursement of a variety of payments to multiple landlords.[54]

Activities

1. Collaborate with program participants to develop an individualized, progressive rental assistance plan.
2. Disburse financial assistance in compliance with tenant leases and funder requirements.

Activity 1: Collaborate with program participants to develop an individualized, progressive rental assistance plan

Programs should provide variable amounts of financial assistance over time based on what participants need; participants take on a larger share of housing costs as they are able. This approach, called "progressive engagement," enables participants to enter permanent housing and gradually build their ability to pay full rent, while receiving just as much rental assistance as is needed to enable them to maintain housing stability. Said another way: a progressive engagement model enables providers to flexibly accommodate the transition from homelessness to housing and prepare participants to maintain housing stability beyond the project period.

1.1 Develop an initial financial assistance plan.[55] As soon as housing is selected, the Housing Stability Case Manager should work with program participants to create a plan for providing the financial assistance needed to support the initial transition into housing. This plan should cover a period of 3 months, enabling participants to know what to expect to pay. This plan should be individually tailored to each participant, reflecting their current financial situation and readiness to contribute to housing costs. The program does not require a minimum or maximum income to receive financial assistance; financial assistance amounts should be determined based on what participants feel they need to avoid eviction. Assistance should **not** be automatically determined based on income, but rather determined through a collaborative conversation. It is common for RRH programs to cover as much as 100% of housing costs for the first month of renting; however, this is not a requirement. Further, plans can include different rental subsidies each month (i.e., 100% subsidy in month 1, 90% subsidy in month 2), depending on the needs of the program participant.

Building this plan should be a highly collaborative, strengths-based, and person-centered process guided by what participants want and need. It can be helpful to

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[54] National Alliance to End Homelessness. (2016, March). *Performance Benchmarks and Program Standards - End Homelessness.* https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

[55] The Housing Case Manager should collaborate with financial management staff to ensure that any financial assistance plan only includes eligible costs and is otherwise in compliance with funder requirements.

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simply begin the process by asking participants how much rent they feel able to pay for the first three months.

1.2 Regularly reassess needs and update the plan. Every **three months**, the Housing Stability Case Manager should collaborate with the participant to discuss their needs for the SURE Housing RRH Model financial assistance and adjust the plan accordingly. Unless circumstances change dramatically, it is helpful to update the financial assistance plan no more than every three months to enable program participants to know what to expect to pay in the immediate future.

Financial assistance plans will *generally* provide less assistance over time; however, it is completely appropriate to increase financial assistance as needed over the course of the SURE Rapid Rehousing program. Participants may experience both anticipated and unanticipated changes in their ability to pay rent, including starting or ending employment, leaving work for a period of focused education, entering a waiting period to receive benefits, leaving work due to health issues or HIV-related disability, etc. The Housing Stability Case Manager should actively look out for these issues and adjust the financial assistance plan as needed.

Note that conversations about building a financial assistance plan can be deeply challenging; Housing Stability Case Managers should use skills like Motivational Interviewing to come to a solution that will work for participants. It can be helpful to use "objective" number-based tools, like online rent calculators or participant-developed budgets (see below, Housing Stability Case Management) to guide the conversation.

1.3 Create a timeline for transitioning away from RRH rental assistance. The Housing Case Manager and participant should proactively and regularly discuss when they might be ready to transition away from SURE Rapid Rehousing rental assistance. RRH participants typically transition away from RRH rental assistance when they can cover the full cost[56] of their rent and utilities without risk of eviction. The vast majority of participants will require additional financial assistance after the SURE Rapid Rehousing rental assistance period ends; it is critical to work with participants to seek additional sources of rental subsidy well before the rental assistance period ends.

While the SURE Rapid Rehousing program allows for up to 24 months of assistance, some participants may find that they are ready to pay rent independently or through other voucher programs at the end of the initial three-month rental assistance plan. Others may benefit from 6, 9, 12, or 24 months of assistance. This is all acceptable; rental assistance can continue as long as is needed, within the 24-month period.

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[56] It is expected that participants transitioning away from SURE Rapid Rehousing rental assistance cover their own rent and utilities costs through some combination of formal and/or informal employment and other public benefit or rental subsidy programs.

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Note that many participants may experience a rent burden even after the period of rental assistance ends, even if their immediate homelessness crisis is resolved. Because the SURE Rapid Rehousing program alone is not equipped to ensure permanently affordable housing, it is critical that the Housing Stability Case Manager works to connect participants with other income or rental assistance supports (particularly those for people with HIV) to prevent future evictions.

Some participants may find that they need more than 24 months of support to resolve their homelessness crisis. If either the participant or the Housing Stability Case Manager anticipates this, it is important to begin considering more long-term interventions as soon as possible. These could include permanent supportive housing or other rental voucher programs.

Activity 2: Disburse financial assistance in compliance with tenant leases and funder requirements[57]

2.1 Develop procedures for disbursing and managing financial assistance.

- **Train finance staff** on the goals and principles of the SURE Rapid Rehousing program so they can support urgent payment requests to secure housing or prevent a participant from losing housing. Similarly, train Housing Stability Case Managers and Housing Navigators on finance procedures and limitations to encourage as much advance planning as possible.
- **Determine what expenses are eligible through your funding.** This is particularly relevant to Sites that are funded to serve people with legal system involvement: while there are no federal regulations in the RWHAP or the Housing Opportunities for Persons with AIDS (HOPWA) program that impede serving people involved in the legal system, there may be local limitations. The National Housing Law Project has a great resource: An Affordable Home on Re-Entry: Federally Assisted Housing and Previously Incarcerated Individuals.
- **Establish a workflow for disbursing financial assistance**, including a process for when and how the Housing Navigator and Housing Stability Case Manager will submit invoices for eligible expenses, the method for disbursement of financial assistance (e.g., checks, ACH, etc.), the schedule of disbursement, and any processes for expediting check requests if necessary.
- **Establish documentation standards** for rental assistance disbursement that will fulfill the requirements of various funding streams, generally accepted accounting standards, and the evaluation needs of the SURE Housing

[57] From HUD program standards: “Programs should be attentive to the ability of a household to maintain housing once subsidy ends, but should not be entirely constrained by attempts to reach a rent burden of only 30 percent of a participant’s income—a standard that is not achieved by the majority of low-income and poor households. Instead, they should recognize that once housed, the RRH households will be much better positioned to increase their incomes and address their other needs.”

HUD Exchange. (n.d.). *Rapid Re-Housing (RRH)*. Retrieved August 16, 2023, from https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/rapid-re-housing/

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Initiative. This may include signed documents with both participant and landlord.

2.2 Ensure the prompt, reliable, and accurate issuance of rent checks, utilities payments, and other urgent expenses. Timely rental payments are the most important factor for landlords and property managers. It is critical to ensure that rent checks are issued on time and transmitted directly to landlords.

Your program must be able to immediately generate a check to meet urgent requests, including for security deposit and first month's rent when a lease is offered to a participant. Particularly in a competitive rental market, the timely availability of funds is critical in helping participants secure an apartment.

2.3 Track and frequently update current and projected spending. Given that rental subsidies vary and may change from month to month and new costs may emerge at any time, it is imperative to track expenses carefully. It is also important to routinely update spending projections to ensure sufficient funds remain through the end of a given funding source period (or fiscal year).

Core Component 3: Housing Stability Case Management

Description

For the SURE Initiative, Housing Stability Case Management involves supporting participants to move into permanent housing, helping them resolve any challenges that could cause them to lose housing, connecting them with HIV care, supporting them as they prepare to transition out of the program, and connecting them with resources and programs to help them build towards their longer-term goals for stability and thriving.

Successful Housing Stability Case Management is driven by four guiding principles:[58]

1) Services should be **voluntary and participant-driven**, reflecting what participants feel they need to achieve their program goals. Participation in services should never be a condition of receiving rental or other housing assistance.
2) Services should be **flexible in intensity** and guided by the needs of individual participants; it may fluctuate throughout the participant's time in the program.
3) Services should be **strengths-based** and encourage participants to build on the skills they have already developed.
4) Services should **reflect the short-term nature of the SURE Rapid Rehousing program.** It should focus on housing retention, retention in HIV care, and helping participants access other resources and services (as needed) outside of the SURE Rapid Rehousing program.

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[58] National Alliance to End Homelessness. (2016, March). *Performance Benchmarks and Program Standards - End Homelessness.* https://endhomelessness.org/wp-content/uploads/2016/02/Performance-Benchmarks-and-Program-Standards.pdf

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Staffing and Skills Needed

- **Staff:** This work is led by a **Housing Stability Case Manager** (see Staff Roles, above)
- **Skills needed:** In addition to the skills listed as required for all staff, the Housing Stability Case Manager must have:[59]
  - An understanding of homelessness experienced by, at a minimum, the priority population with which you are funded to serve (i.e., youth and young adults aged 18-24, or people with legal system involvement, or people who are TGD and LGBQ+); the barriers to housing for people within these communities; and how they may differ from challenges faced by the general population experiencing homelessness.
  - Knowledge of landlord-tenant responsibilities, rights, and protections; the ability to educate tenants on the terms of their lease, and how to avoid situations that could lead to eviction such as controlling noise, guest behavior, etc.
  - The ability to identify and address types of discrimination experienced by, at a minimum, the priority population with which you are funded to serve. This includes discrimination related to gender identity, gender expression, or sexual orientation (TGD and LGBQ+); ageism or discrimination based on age (youth and young adults); and discrimination based on drug use or criminal record (people with legal system involvement).
  - An understanding of local resources to obtain needed services, increase income, and improve health.
  - Knowledge of and ability to address barriers to HIV care, including knowledge of RWHAP and other HIV care and treatment services that are available for participants.
  - Strong customer service skills to address issues raised by landlords and meet the evolving needs of participants.
  - The ability to mediate, de-escalate, and find creative solutions to issues.
  - The ability to be flexible; understanding of and respect for participant choice in where to live, what to prioritize, and what they need.

Additionally, Sites who are funded to provide services to the LGBTQ+ community must also ensure that Housing Stability Case Managers have a strong understanding of and the ability to help people navigate the systemic barriers to gender-affirming care and other forms of healthcare experienced by TGD people.

Activities

1. Assess participants' immediate needs regarding housing stability and HIV care and connect participants with resources to address these urgent needs.
2. Work together to help participants prevent eviction, improve their ability to stay housed, and stay engaged in HIV care.

[59] National Alliance to End Homelessness. (2022). *Rapid Re-Housing Toolkit.* https://endhomelessness.org/wp-content/uploads/2022/03/NAEH_RapidRehousingToolkit.pdf

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3. Plan for exit from the SURE Rapid Rehousing program.

Activity 1: Assess participants' immediate needs regarding housing stability and HIV care and rapidly connect them with resources to address these urgent needs

After participants enroll in the SURE Rapid Rehousing program and complete a program intake, the Housing Stability Case Manager should engage them to understand their needs and the urgent barriers to stable housing and accessing HIV care that they are experiencing. Note that this conversation may happen either before or after the housing navigation conversations with the Housing Navigator; staff should coordinate to ensure they are not asking participants to repeatedly share the same information.

1.1 Conduct a needs assessment. The needs assessment should include:

- **Opportunities to support housing stability:** The Housing Stability Case Manager and the participant should discuss what challenges have come up in the past related to housing stability and/or what the participant would like future help with. These could be challenges related to arrest or incarceration, drug use, inconsistent rent or utility payments, problems having guests whose behavior was disruptive to neighbors, problems with property damage, or other issues.
- **Opportunities to support HIV care:** Ask about participants' experience with HIV care and any immediate needs they have. Are they currently engaged with an HIV care provider? When was the last time they saw that provider? Are they taking antiretroviral therapy? Are they virally suppressed?
  - For youth under the age of 25 whose provider may be a pediatrician, consider what is needed to transition the participant to an adult care system.
  - For people returning from recent incarceration, consider what is needed to support transitioning from prison-based healthcare to another HIV care provider.
  - For people who are TGD and/or LGBQ+, seek to understand the barriers to engaging with HIV care or other providers, including lack of providers who are competent to serve TGD people.

  Note that this initial needs assessment conversation is not the only opportunity to learn about participants' HIV-related needs; Case Managers should plan to engage further to help participants address barriers to managing medications and meeting their HIV-related health goals. Note that beyond assessment, it is important for the Housing Stability Case Manager to keep their activities within scope of the rapid rehousing intervention (i.e., focused on supporting tenants' housing stability), and allow medical professionals to manage HIV medical case management.
- Other needs specific to people who are TGD and/or LGBQ+:
  - Sites funded to serve the LGBTQ+ community in particular should note that for some TGD people, access to gender-affirming care—which may include mental health, medical, surgical, or other resources to affirm gender expression—is a primary priority and can even be prerequisite to addressing housing or HIV care needs. Case Managers working with the

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TGD community should actively seek to understand participants' needs around GAC and connect them with appropriate resources and services.

- Other needs specific to people with legal system involvement:
  - People returning from recent incarceration may need immediate support accessing providers to continue any treatment, services, or medication regimens they had received while incarcerated.
  - If not already covered, the Housing Stability Case Manager should seek to understand any legal requirements or conditions of release participants are held to, including restrictions related to sobriety/drug testing, curfews, or who people can live with.
- **Strengths and resources participants can draw on:** While many programs focus on the deficiencies and barriers that participants experience, the SURE Rapid Rehousing program is grounded in the understanding that all people bring resources and strengths to the table. From day one, SURE Rapid Rehousing staff should aim to understand the strengths that each program participant already has and help them tap into those resources in a healthy way. The Housing Stability Case Manager should tease out and celebrate the assets that program participants have. In addition, it is helpful to explore the support systems your client has, whether it be family, friends, mentors, and/or faith-based community resources to understand these support systems can be integrated in their goal setting.

1.2 Rapidly connect participants with resources to address their urgent needs.

- **An HIV care provider if needed:** Note that many people will benefit from connecting not only with an HIV care provider but also with an HIV case manager to help them manage their ongoing needs related to HIV. Ask the participant what kind of support connecting to care would be most helpful for them. We have found it is most effective when a Housing Stability Case Manager or other trusted service provider is able to make a "hot handoff" to HIV care. This could include scheduling an HIV care appointment and providing transportation or resources (such as bus, subway, or train fare), providing an appointment reminder, accompanying young adults to care if desired, and/or providing a follow-up call to ensure an appointment was met. A simple referral to a provider is typically not sufficient. Accessing HIV care can be culturally and emotionally challenging; it is important to ask the participant what would be most helpful for them.
- Resources to resolve legal challenges and other immediate barriers to entering housing: The Housing Stability Case Manager should connect participants with local legal aid programs and other resources to assist with urgent issues including obtaining state identification, resolving utility arrears issues, documenting their housing history, resolving outstanding legal challenges, etc. Additionally, connect participants with services to seek expungement of criminal records as soon as possible. Identifying arrests/charges that can be removed from participants' records is essential to unlocking housing and employment

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opportunities; however, this process can be time consuming and complex, particularly if participants have arrests in multiple states.

- **Public benefits and other stability supports:** These include food/nutrition benefits, local SSI/SSDI as appropriate, Access to Recovery, SOAR programs, etc.
    - It is important to determine what restrictions (if any) your local jurisdiction places on receiving various stability supports. Many individuals will not apply for these programs due to a mistaken assumption that their legal system involvement makes them ineligible. Advocacy is critical for people with histories of legal system involvement to access benefits. Case Managers may need to help participants understand their rights and be prepared to appeal initial rejections/denials. Case managers may do this work directly and/or partner with an organization that specializes in benefits advocacy for people with histories of legal system involvement.
    - SSI/SSDI applications can take a significant amount of time to be approved, particularly after an initial denial; it is important to start this process early. Partners utilizing the SOAR program may help to expedite applications. Some participants may have had benefits that were taken away during incarceration; these should be "reactivated" as soon as possible after discharge.
- **Health insurance and other medical care:** These include enrollment in an appropriate health plan and any benefit programs to defray the costs of HIV care or other medications.
- **Other needs:** While Housing Stability Case Managers should prioritize supports that will help participants rapidly enter housing and HIV care, they should also be able to connect participants with services and supports to help them achieve longer-term goals, including those related to education, community engagement, employment, family reunification, substance use, and emotional wellbeing. As mentioned previously, some participants will require a long-term housing subsidy to prevent eviction; it is critical that the Housing Stability Case Manager and Housing Navigator collaborate to determine eligibility for different housing programs and sign participants up for waitlists as soon as possible.
    - Other needs specific to people who are TGD and/or LGBQ+: Connect participants with mental health, medical, psychosocial, and legal support to address their needs related to gender affirming care, including support with name or gender marker changes, support accessing medication or surgeries, and any other supports participants need in this area. Support with name or gender marker changes is often an overlooked priority; however, this work improves mental health, affirms participants' humanity, and increases safety and privacy by preventing people from learning their old name or gender. SURE Rapid Rehousing programs serving TGD and LGBQ+ people should have a robust list of referral resources in the community to address these needs.

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- Other needs specific to people with legal system involvement: Participants returning from incarceration may have stabilized their mental health through effective treatments while incarcerated and need support connecting to providers who can facilitate continued care.

In making any referral or connection to care, the Housing Stability Case Manager should follow up to ensure participants received the services they wanted and needed. While participants are not obligated to follow up on any services, it is the Case Manager's responsibility to ensure that participants are aware of and provided referrals to available resources to meet their individual needs.

Activity 2: Work together to help participants prevent eviction, improve their ability to stay housed, and stay engaged in HIV care

As participants enter housing and HIV care, the Housing Stability Case Manager should remain actively engaged to help them set and meet goals related to their health and housing stability; address any challenges they are experiencing; and prepare them for the end of rental assistance.

2.1 Develop a Goal Plan. The Housing Stability Case Manager and participant should work together to understand any concerns about staying in housing and HIV care and any resources participant wants. Based on these concerns, the Housing Stability Case Manager and participant should develop a goal plan that includes the following elements:

1) Key concerns participant would like to address;
2) Action steps the Housing Stability Case Manager and participant will take;
3) Dates for completing these steps; and
4) A cadence for following up and checking in.

Some areas that this plan may cover include issues making enough money to cover rent/utilities costs, budgeting/managing money, building housekeeping and other life skills, navigating court-ordered supervision or other conditions of release if the participant has a history of legal system involvement, managing interpersonal relationships, and addressing mental health or substance use issues. Because this intervention focuses tightly on improving housing stability, the Housing Stability Case Manager and tenant should work to develop a goal plan that is focused on addressing their immediate barriers to housing stability, with the understanding that there are opportunities to connect to more intensive resources to address ongoing wellness needs.

Building this plan should be a highly collaborative, strengths-based, and person-centered process guided by what participants want and need. It can be helpful to simply begin the process by asking participants how much rent they feel able to pay for the first three months.

Consistent with the participant-driven nature of this program, goal plans should reflect what participants want from the program, rather than what Case Managers decide they need.

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2.2 Decide on a plan for case management support, including how often and where to meet. The Housing Stability Case Manager and program participant should agree on a meeting cadence that works for them. Consistent with the person-driven and Housing First approaches this intervention requires, empower participants to determine how and how often they would like to meet with the Housing Stability Case Manager. Note that moving into housing can be an intense, emotional, and logistics-heavy period for clients; it is important to build a case management schedule that enables you to have rich conversations about housing needs, budgeting, HIV care, and more.

Anticipate having very frequent contact with program participants for the first few months; plan for **at least once per week** through a person's first month in permanent housing. After the participant has been living in their apartment for a month, you may move to **biweekly** check-ins to help them settle into their new home, continue to address legal or financial issues, and support them with life skills and other resources. You might anticipate that this phase of biweekly support would last for approximately 3 months.

Subsequently, the Housing Stability Case Manager should meet at least **monthly** with participants to continue to address their needs and help them meet their SURE Rapid Rehousing program goals. While everyone is different, it may be useful to assume it takes an average of 9 months of robust SURE Rapid Rehousing case management, but that figure may increase based on client needs such as serving those with mental health issues or substance issues. These frequency recommendations are examples to be used for staff planning purposes. Some participants are likely to desire more frequent contact or contact for a longer period; others will want less support.

It is the case manager's responsibility to reach out to participants, even if the participant does not engage. While all services are optional for participants, it is mandatory that case managers actively attempt to engage with participants to meet their needs. It may take time and creativity to build trust with participants. Following through with promises made to call or complete a home visit are necessary ways to build trust and rapport. Engagements, or attempts at engagements, should be documented in case files.

Most housing stability case management activities should happen where the participant feels most comfortable, whether that is at their home, apartment club house, a public place such as a coffee shop or a local library, etc. This offers the best opportunity to understand how participants are doing and immediately offer solutions to challenges. Programs should plan to conduct home visits, including securing appropriate technology (tablets/laptops, cell phones, internet hotspots), considering travel time, and developing safety protocols. While we strongly recommend home visits, some participants may be more comfortable in other settings like parks or coffee shops. Consider also using errands—grocery shopping, trips to medical appointments, etc.—as an opportunity to spend time together and provide case management support.

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2.3 Provide ongoing support to promote success in housing and help participants achieve their goals related to HIV care.

- **Develop a list of resources and help participants access services.** It is essential that SURE Rapid Rehousing providers have access to a wide network of community service providers who can offer support with employment, food security, financial well-being, psychosocial well-being, substance use support, and/or long-term case management (if desired).
  - Programs should develop, maintain, and circulate a list of community resources, including those that participants can access independently (i.e., without a referral). Case managers should freely share this list with all potential or active program participants and should use this list in suggesting specific connections to help individual participants meet their goals.
  - Engage people with lived experience of homelessness and/or HIV, as well as people who are TGD and/or LGBQ+, age 18-24, and/or have legal system involvement for feedback on which resources are most effective/accessible and to give advice on troubleshooting known challenges.
- **Provide support to help participants address their goals related to housing stability and HIV care.** This can include a range of planned and ad hoc activities designed to support participants to maintain their housing and improve their HIV-related health outcomes. Case Managers should be responsive to and respectful of participants' desires for services—no support should be mandatory. However, it is the responsibility of Case Managers to proactively offer supports based on the needs they observe and use strategies like Motivational Interviewing to encourage participation.

  Common supports include:

Topic area	Types of support Case Managers could provide[60]
Maintaining tenancy	○ **Help participants understand the terms of their lease** and address any questions. The National Alliance to End Homelessness' "What Does My Lease Say?" tool helps participants and case managers tangibly break down the terms of their lease in language that's accessible and digestible. ○ **Provide strategies for living successfully in a rental unit.** Case managers can offer tips on dealing with noise, guests, property damage, and belongings in ways that support successful tenancy.

[60] This list is not designed to be comprehensive or to represent all the support that case managers are limited to providing.

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Topic area	Types of support Case Managers could provide[60]
Budgeting and money management	○ **Collaborate to build a realistic budget** that will help participants understand the money they have available and make a spending plan that supports their goals. Budgeting conversations should be guided by clients' own values. Budgets are most helpful when they accurately include all income—both formal and informal—and all planned spending. Case managers may not agree with the specific expenses that program participants choose to prioritize; however, rather than require participants to change their practices immediately, Case Managers should use Motivational Interviewing and other strategies to help participants to set and use a realistic budget that will help prevent rental and utilities arrears.[61] Budgeting conversations may bring up uniquely strong emotions for people in this program, who may be transitioning from focusing on survival to longer-term financial planning. Further, it can be stressful to be faced with tough choices about what to give up on a limited budget. Case managers should be trauma-informed, sensitive, and patient in the development of a financial plan. ○ **Help participants build strategies for reducing expenses**, by, e.g., sharing grocery shopping tips, identifying donation centers, and connecting them with resources around subsidized services (e.g., low-cost internet, utility support, libraries, etc.)
Addressing needs related to legal system involvement	○ **Connect people with legal services to manage their criminal or civil cases**, including expungement of records, appeals, and other needs. It may be appropriate to connect participants with legal services to challenge dishonorable discharge from the armed forces, which can unlock many additional health and housing resources. Obtaining or reducing child support may be of benefit depending on the client's situation.

[61] OrgCode Consulting Inc.'s *Honest Monthly Budget* from their Excellence in Housing Training Series is a great resource to help participants approach budgeting by accounting for the diverse ways they may be both earning money and spending it.

OrgCode Consulting, Inc. *The Honest Monthly Budget*. Retrieved August 16, 2023, from https://drive.google.com/file/d/1FG02tgTWl51LV7x_aiLaYq-g0bMqwRgq/view

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Topic area	Types of support Case Managers could provide[60]
	Contact your State Bar for available resources. Records requests can be made at https://www.va.gov/records/get-military-service-records. ○ **Support participants to navigate community supervision,** including making plans for how to handle home visits by probation/parole officers, strategizing on how to comply with conditions of release like curfews or drug testing, and managing stress and other emotions related to community supervision. Strongly consider connecting participants with additional support resources to navigate these challenges. ○ **As appropriate, collaborate with legal system leadership (**judges, parole officers, police, etc.) to build strong relationships and shift culture around Housing First principles.
Increasing Income	○ **Work to rapidly connect people with all public benefits** for which they are eligible, including SNAP, TANF, local rental assistance programs, ADAP or other HIV-specific supports, SSI/SSDI, SOAR, etc. Consider federal, state, and local/municipal sources, as these vary widely. Advocacy and appeals are needed to help participants receive all the benefits to which they are entitled. ○ **Support participants' employment goals** by making referrals to local employment services,[62] particularly those who serve people with histories of legal system involvement (if relevant); supporting goal-setting; and assisting with job search, applications/resumes, and interview prep. Employment conversations should be flexible, person-centered, and strengths-based: participants may be at various stages of their employment journey, which can be an opportunity to think expansively about potential careers as well as about gaining employment in the short term. Many states have programs specifically to support employment for people with histories of legal system involvement. These include tax credit or federal bonding programs to mitigate employer risk;[63]

[62] Including, e.g., your local American Jobs Center, public libraries, community colleges, and other providers.

[63] https://nicic.gov/resources/nic-library/web-items/federal-bonding-program-us-department-labor-initiative

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Topic area	Types of support Case Managers could provide[60]
	placement or training programs through the local Department of Labor or Chamber of Commerce,[64] etc. Build partnerships with these programs and refer participants as needed. Some participants will benefit from support transitioning from nontraditional employment (including sex work) to W2- or 1099-employment. It is important that Case Managers approach these conversations from a person-first and curious perspective and avoid assumptions about experience with sex work. ○ Some program participants will already be employed. As needed, Case Managers can **support them to build strategies for maintaining their job** while balancing this significant life transition. ○ Some participants may be unable to work full- or even part-time due to HIV-related or other disabling conditions and would be best served by **connecting with disability supports and other resources**. For such individuals, employment goals may or may not change over time, and could include exploring volunteer opportunities and or gig/temporary work. ○ **Help program participants understand what impact their current or future work may have on their health care coverage, benefits, and other programs**, to ensure they are aware of and prepared for any changes in eligibility or amounts for various programs. ○ Participants may face employment-related challenges including racism, homophobia, transphobia, and stigma around HIV and/or homelessness. **Case Managers should work with participants to navigate these challenges** if/as they arise and connect them with appropriate resources.
Improving HIV-related health outcomes	○ **Help participants meet their goals for managing HIV and improving health outcomes;** this is a key priority of the SURE Housing Initiative. Goals will vary across participants, but may include engaging in HIV care, achieving viral suppression, finding a more culturally appropriate provider, managing medication side effects, and navigating stigma and disclosure of HIV.

[64] https://www.dllr.state.md.us/employment/reentry.shtml or https://www.commerce.nc.gov/jobs-training/resources-job-seekers/former-offenders-seeking-jobs-north-carolina

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Topic area	Types of support Case Managers could provide[60]
	○ **Understand common challenges that may undermine successful management of HIV.** For instance, clients may ▪ Experience stigma and both explicit and covert discrimination on the part of health providers. ▪ Have a hard time staying in care/keeping up with medical appointments. ▪ Have behavioral health or substance use issues that make it difficult to manage their care. ▪ Not have a strong understanding of how HIV works, how it's transmitted, and the relationship between medication adherence and viral load. ▪ Have work, school, or supervision commitments that make it difficult to attend appointments.[65, 66] ○ **Make warm or even "hot" connections** to HIV care, prioritizing providers of color, as well as those that are LGBTQ-affirming and youth-affirming, as appropriate. ○ **Help participants strategize around medication adherence,** including discussing methods like pill packs and reminders, tips for managing side effects, and discussing harm reduction strategies for using alcohol and other drugs while on ART. Case Managers are not expected to have all the answers and should not offer medical advice, but should rather discuss strategies and connect participants with support groups and HIV care providers who can answer questions. ○ **Connect participants with health insurance or health insurance navigation services** if they are not already enrolled, and health providers if they are not already connected or need to change providers upon finding housing.
Gender affirmation goals	○ **Connect participants with medical and behavioral health providers** to provide gender-affirming care, including hormone therapy and/or surgery, behavioral health support, etc. ○ **Connect participants with legal services** to address barriers to gender affirmation, including navigating

[65] TargetHIV. (n.d.). *Reaching Viral Suppression in Youth with HIV*. Retrieved August 16, 2023, from https://targethiv.org/intervention/reaching-viral-suppression-youth-hiv?utm_source=bpURL

[66] National Institutes of Health. (2021, Jun 3). *Adolescents and Young Adults with HIV.* https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/adolescents-and-young-adults-hiv

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Topic area	Types of support Case Managers could provide[60]
	insurance coverage for gender-affirming care, navigating name change and gender marker changes, and addressing human rights abuses and instances of discrimination. ○ **Understand common challenges that may prevent a participant from meeting their gender affirmation goals or accessing GAC;** this may look like finding safe neighborhoods and addressing anti-trans violence they may encounter, identifying appropriate providers, etc. ○ **Make warm or even "hot" connections** to providers, prioritizing providers who may have already been vetted by trusted advocates or peers and providers of color as appropriate.
Addressing other needs	○ ***S*upport participants to develop life skills.** This could include conflict management, food shopping and meal planning, using public transportation, etc. ○ **Offer assistance with childcare and parenting,** including connecting them with legal and social work programs to support family reunification, assisting them to enroll in childcare programs and childcare subsidy programs, providing support to navigate co-parenting, etc. ○ **Make referrals to help participants resolve legal barriers to stable housing,** including civil remedies for intimate partner violence, appeal of benefit claim denials, resolution of outstanding criminal warrants, landlord-tenant disputes, emancipation, child support and guardianship matters.[67] ○ **Help participants meet their behavioral health goals**, including connecting with therapy, psychiatry, substance use support, or support groups as needed.

- **Help participants troubleshoot challenges with tenancy or engagement in HIV care.** In addition to holding regular meetings to support people in their new

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[67] HUD Continuum of Care program funding can support these legal services expenses.

Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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housing units, Case Managers should expect to provide ad-hoc support to help resolve housing or access-to-care challenges as they occur.

- **Be an available and supportive resource for landlords.** While Housing Navigators are typically the main point of contact with landlords/property managers, Case Managers should plan to give landlords a contact number and email address and should build de-escalation and mediation skills. Case Managers should be available to help resolve noise complaints, challenges with habitability including hoarding or property damage, conflicts around shared housing, and other issues.
  Note that it is not the role of a Case Manager to actively enforce the terms of a lease or the law, or to step in to solve problems that are a natural consequence of individual choices. Consistent with the Housing First, person-driven nature of this program, Case Managers may **not** penalize participants for using substances or engaging in other similar behaviors, nor are they expected to report such behaviors to landlords or law enforcement. Rather, they should understand the nuances of participants' parole requirements or conditions of release (if relevant) and help participants talk through potential consequences of their choices, strategize for what they can do differently, and/or brainstorm how to repair relationships and resolve conflicts if needed.
- **Help participants build skills to prevent and resolve roommate conflicts**. Roommate conflicts are common among adults sharing a living space. The Case Manager can help participants anticipate what might trigger a conflict, work through how they'd like to resolve it, and communicate effectively. Consider creative solutions that may alleviate issues, such as having individual locked storage in units, or pairing people with similar expectations on guests and sleep schedules.
- **Consider a flexible participant assistance fund to cover emergency costs** like an overdue utility bill or an emergency bag of groceries. For people just re-entering housing, new to living on their own, or new to budgeting, unexpected or unbudgeted-for expenses can be a significant challenge. Navigating these issues together with a case manager and planning for how to avoid a similar situation in the future is a good opportunity to build life skills in a safe environment.[68]
- **Help participants prepare for lease renewal.**

Activity 3: Plan for exit from the SURE Rapid Rehousing program

3.1 Communicate with participants as early as possible to ensure they understand how and when they can expect to exit the program. These conversations should be an active part of Case Management activities and goal planning.

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[68] National Network for Youth. (2020, Aug). *Recommendations for Youth Centric Rapid Re-Housing* [Policy brief]. https://www.nn4youth.org/wp-content/uploads/Policy-Brief_2020_Youth-Centric-Rapid-Rehousing.pdf

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- **Develop and share written guidance about program graduation** that participants can refer to. This should describe the process for case closure and the resources the participant can expect. Some participants may find that they need more than 24 months of support to resolve their homelessness crisis. If either the participant or the Housing Stability Case Manager anticipates this, it is important to begin considering more long-term interventions as soon as possible. These could include permanent supportive housing or other rental voucher programs.
- **During goal planning, include explicit discussion about what it might look like for a participant to be ready to exit the SURE Rapid Rehousing program.** Brainstorm goals that participants would like to meet before exiting the program and determine how to measure progress. Goals could include being able to make on-time rent and utilities payments for several consecutive months, maintaining employment for 30 days, achieving viral suppression, etc.
  - Discussions should be driven by the participant and guided by best practices, any funding limitations specific to your organization, and the 24-month limit of the SURE Rapid Rehousing program.
  - Note that, because the SURE Rapid Rehousing program is a short-term intervention, it is not expected that program exit goals include everything participants may need to thrive independently; rather, participants should aim to graduate from the program when they consider their housing and HIV care goals to be stable. It is critical that providers link participants with additional resources and programs to prevent future episodes of homelessness.

3.2 Collaborate with participants to determine if they are ready to graduate the program.

- **Check in on progress against the participant-driven program exit goals** as part of the regular assessment of need for financial assistance and case management support.
- Most participants will exit the program when they are able to maintain stable housing and engagement in HIV care in accordance with their goal plan. However, programs should also have clear policies in place for other circumstances that may lead to program exit,[69] including:
  - Participants move out of the service area or otherwise become ineligible for program funding.

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[69] These policies should take a Housing First approach. Therefore, it is not appropriate to discharge a participant for: experiencing a relapse related to substance use, breaking their lease, engaging in sex work, refusing any support services (including mental health or substance use care).

Point Source Youth. (2022). *Rapid Re-Housing Handbook: A Resource Guidebook for Rapid Re-Housing Programs.* https://static1.squarespace.com/static/60418acae851e139836c67ed/t/63111e3de9df127b525c2c8a/1662066238205/2022-RRH-Handbook-9%3A1%3A22.pdf

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- Staff are unable to contact participant for a specified period (i.e., lost to follow-up).
- Participant is incarcerated or enters a hospital or other institution for an extended period.
- Significant threats or violence by participants.
- Participants have received the maximum eligible support (e.g., 24 months of financial assistance).

- **Determine a reasonable timeline for exiting the program,** typically 30 days from determining that goals are met.

3.3 Link participants with longer-term resources and support their transition out of the SURE Rapid Rehousing program.

- **As appropriate, link participants with longer-term resources** at your organization or with community partners, including long-term case management and/or permanent supportive housing if needed.
- **Ensure participants have a tangible list of resources they can access should they need additional assistance,** including community based rental assistance for eviction prevention; pro bono legal services; local workforce services; 211; Medicaid; SNAP; food pantries; budgeting resources; and community health centers. Inform participants who have received less than 24 months of rental assistance that they may also be eligible for additional SURE Rapid Rehousing services, should they experience another instance of homelessness or housing instability.
- Note that many participants may experience a rent burden even after the period of rental assistance ends, even if their immediate homelessness crisis is resolved. Because the SURE Rapid Rehousing program alone is not equipped to ensure permanently affordable housing, it is critical that the Housing Stability Case Manager works to connect participants with other income or rental assistance supports (particularly those for people with HIV) to prevent future evictions.
- **Celebrate participant accomplishments** as they transition out of the program.

3.4 Document case closure.

- **Document case closure in confidential client files**, including date of case closure, reasons for case closure and contact information for participants. Programs should work with the Evaluation Provider to determine documentation needs related to the evaluation.

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Appendices

Appendix A: Rapid Rehousing Intervention Supplementary Resources

Further Reading on Rapid Rehousing

- HRSA's Ryan White HIV/AIDS Program Housing for People with HIV
- RRH Brief
- True Colors - At the intersections of homelessness and HIV

Comparing Rapid Rehousing and Permanent Supportive Housing

Rapid Rehousing	Permanent Supportive Housing
• Short-to-medium-term intervention to connect people with permanent housing and short-term subsidies	• Long-term intervention to provide permanent housing and permanent subsidies
• Goals are to rapidly help people exit homelessness and, for the SURE Housing Initiative, help people enter HIV care	• Goals are to support long-term stability in housing
• Focus on building strategies to avoid eviction in realistic rental market	• Focus on avoiding or eliminating rent burden
• Planning for case close is a critical element of this work	• Planning for case close is not part of this work
• Case management focuses on addressing immediate threats to maintaining housing (and, for the SURE Housing Initiative, HIV care) and connecting to longer-term resources as needed	• Case management focuses on building a long-term services relationship and addressing multiple social service needs, e.g., employment, mental health needs, etc.
• Time-limited intervention; 6-24 months	• Intervention is not time-limited

Appendix B: Pre-Implementation Resources

Recommended Trainings for Staff

- Harm Reduction
- Housing First
- Understanding Implicit Bias
- Motivational Interviewing
- Collaborating with TGD and LGBQ+ communities
- Human Subjects Research: CITI Training
- Housing partner collaboration
- Cross-sector collaboration (working with CoCs, clinical/health system partners, PHAs, etc.)
- Blending/braiding funding
- Managing rent payments

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Meaningfully engaging people with lived experience

- Engaging People with Lived Experience Toolkit - Community Commons
- Listen Up! Youth Listening Session Toolkit (hhs.gov)
- True Colors - Youth Collaboration Toolkit - Developed as a partnership between the National Youth Forum on Homelessness (NYFH) and the True Colors Fund, this toolkit was initiated by NYFH members and shaped by their voices. The ideas and concepts included in this toolkit will help ensure that individuals from all walks of life are authentically engaged while collaborating with the affirming adults in their lives.
- At The Intersections: A Collaborative Resource on LGBTQ Youth Homelessness – Developed by True Colors United in partnership with the National LGBTQ Taskforce, *At the Intersections* is a comprehensive report on LGBTQ youth homelessness.

Harm Reduction

- Gender, Sexuality, Sex and Drugs - Harm Reduction International (hri.global)
- Drugs, Poverty and Homelessness - Harm Reduction International (hri.global)
- Race, Ethnicity and Drugs - Harm Reduction International (hri.global)
- Innovations in Harm Reduction - Harm Reduction International (hri.global)

Housing First

- Housing-First-Fact-Sheet_Aug-2022.pdf (endhomelessness.org)
- Organizational Change: Adopting a Housing First Approach – National Alliance to End Homelessness
- Housing First Implementation Resources - HUD Exchange

Trauma Informed Care

- Infographic: 6 Guiding Principles To A Trauma-Informed Approach | CDC
- Trauma-Informed Care-Final (lgbtqequity.org)
- Trauma-Informed Care for Gender Diverse Individuals (fenwayhealth.org)
- SAGE Trans TIC Final.pdf (lgbtagingcenter.org)

Racial Justice

- Gender, Racial, and Ethnic Justice / Ford Foundation
- Black & LGBTQ+: At the intersection of race, sexual orientation & identity | American Medical Association (ama-assn.org)
- Racial/Ethnic Disparities in History of Incarceration, Experiences of Victimization, and Associated Health Indicators Among Transgender Women in the U.S (nih.gov)
- FatalViolence-2020Report-Final.pdf (hrc-prod-requests.s3-us-west-2.amazonaws.com)

Policies and procedures

- Policies and Procedures Documentation Checklist
- PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds (hrsa.gov)

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Example Funding Compliance Crosswalk

Funding source	Funding amount	Funding dates	Eligible activities/ expenses	Participant eligibility requirements	Reporting requirements	Data systems used

Eligible Expenses under the RWHAP that may be applicable to SURE Housing Initiative GARRH programs

Below is a crosswalk of eligible expenses under the RWHAP we anticipate SURE Housing Initiative Participants may use. Please note this is not an exhaustive list of all eligible costs. Please refer to Ryan White HIV/AIDS Program Policy Clarification Notice 16-02 for further detail around eligible expenses and activities.

Appendix C: Resources Related to Program Implementation

Job Descriptions

- RRH Onboarding Toolkits – has descriptions for RRH Program Director, RRH Supervisor, and RRH Case Manager - Onboarding Toolkits for ESG Funded Programs - HUD Exchange
- Housing Navigator Toolkit from the VA with job descriptions - Housing_Navigator_Toolkit_PDF.pdf (va.gov)
- Housing Navigator Job Description (Third Street Alliance)
- Housing Case Manager Job Description (Northwest Youth Services)
- Housing Navigator Toolkit (VA National Center on Homelessness among Veterans)
- Onboarding Toolkits for ESG-Funded Toolkits (RRH) (HUD Exchange)

Landlord Engagement Tools

- Landlord Engagement | United States Interagency Council on Homelessness (USICH)
- RTFH-Shared-Housing-System-Tool-Landlord-Engagement-Guide.pdf (rtfhsd.org)
- Homeless System Response: Landlord Engagement Strategies in the Time of COVID-19 (hudexchange.info)
- LANDLORD TOOLKIT_ENG_web.pdf (homelesshub.ca)

Apartment Search Tools and Templates

- Apartment Comparison Checklist
- HPRP Unit Inspection Checklist
- CoC Rent Reasonableness and Fair Market Rent - HUD Exchange
- HOPWA Rent Reasonableness Checklist and Certification - HUD Exchange
- HOPWA Habitability Standards

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- Sample program leasing agreement

Resources on Housing Discrimination

- NMHC | Source of Income Laws By State, County and City

Resources on Shared Housing

- Jericho Project's Roommate Matchup Survey

NAEH notes five important things to remember when considering shared housing[70]

1. Shared housing is NOT a lesser option. Living with other people – especially when transitioning out of homelessness – has extraordinary social, mental, and emotional benefits. It also is a more affordable option than renting an entire unit on one's own.
2. Shared housing is flexible. There are multiple options and ways that people can share housing, whether through formal or informal arrangements.
3. Shared housing is worth it financially – for people experiencing housing instability and the homelessness system. Shared housing is often significantly less expensive than living alone, especially considering the nationwide affordable housing shortage. It lowers the cost per tenant and accelerates how quickly the homelessness system can house people.
4. Shared housing can maximize quality of life. Since shared housing makes housing more affordable for each person in a unit, tenants may be able to rent units in neighborhoods that otherwise may not be affordable to them. This may provide access to better schools, amenities, job opportunities, and transportation, among other benefits.
5. Shared housing does not have to be forever. Like all living situations, shared housing does not have to be a rest-of-your-life option. It can serve different purposes for different people: it could be an in-between situation on someone's way to their own unit, or it could be someone's preferred way to live. Either way, shared housing is not the mode of housing that people need to stick with for the rest of their lives.

A few guiding principles related to Shared Housing should be followed:

- Choice – each participant in the shared housing arrangement should always have the ability to choose to enter or leave a shared housing arrangement.
- Roommate Agreements – Each participant should develop, agree to, and sign a roommate agreement that clearly outlines the roles and responsibilities of each roommate, identify processes, and provide accountability for conflict mediation. Example of items to include in the agreement include, but are not limited to, emergency contact numbers, conflict mediation process, responsibility for

[70] National Alliance to End Homelessness. (2022). *Rapid Re-Housing Toolkit*. https://endhomelessness.org/wp-content/uploads/2022/03/NAEH_RapidRehousingToolkit.pdf

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damages and housing supplies, kitchen use time limitations, food storage space and use, determination of what is private space and what is common space, guest rules, house rules, and chores.
- Conflict Resolution – even when participants make their own rules and document them in roommate agreements, conflicts can, and will, arise. Case Managers should be trained in conflict resolution techniques including mediation. Case Managers and participants should make decisions together on when to explore underlying conflict and when to work with someone to find another housing situation.
- Clear Personal Space – installing locks on bedroom doors, supplying a TV and mini-fridge in each bedroom, and finding units with separate bathrooms are some of the ways that conflict can be avoided.

Resources on Engaging Participants
- 6 Steps to a Problem Solving Conversation
- Understanding Motivational Interviewing

Appendix D: Additional Rapid Rehousing Program Benchmarks

SURE Housing EHPA Goals	Suggested Program Benchmarks[61]
Reduce housing instability for people with HIV who have been involved with the legal system by reducing the amount of time they spend homeless and helping them secure permanent housing	• Households move into permanent housing in an average of 30 days
Improve the ability of program participants to maintain stable housing	• 80% of households maintain their housing or obtain another permanent housing option • 85% of households that exit a rapid rehousing program are not homeless again within a year
Improve HIV-related health outcomes for program participants	• 95% of participants are linked to care or retained in HIV care • 95% of participants achieve viral suppression • 80% of participants maintain viral suppression for one year after initially achieving viral suppression

Appendix E: Further Reading on Gender Affirming Housing and Services for LGBTQ+ People

- LGBTQ Homelessness - NCH (nationalhomeless.org)
- An Estimate of Housing Discrimination Against Same-Sex Couples – Executive Summary (huduser.gov)

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- A Paired-Testing Pilot Study of Housing Discrimination against Same-Sex Couples and Transgender Individuals | Urban Institute
- Biden administration moves to protect LGBTQ Americans under the fair housing act - Vox
- HOTT Housing Subsidy for Trans Tenants
- HRSA's Ryan White HIV/AIDS Program Housing for People with HIV
- 2015 US trans study
- True Colors - At the intersections of homelessness and HIV
- Gender Identity, Sexuality, and Homelessness | Pathways to Housing PA
- Housing Opportunities for Trans Tenants (H.O.T.T.) | Home (hotthousing.org)
- Glossaries
  - Glossary of Ryan White HIV/AIDS Program-Related Terms
  - Microsoft Word – Task Force_LGBTQ Glossary of Terms.docx (thetaskforce.org)
  - LGBTQIA Resource Center - LGBTQIA Resource Center Glossary (ucdavis.edu)

Glossary of Terms related to TGD and LGBQ+ Communities and Care

- **Asexual** | Often called "ace" for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction.
- **Deadname/Deadnaming[67] |** A deadname the name that a transgender person was given at birth and no longer uses upon transitioning. Deadnaming is referring to someone by a name that they didn't ask you to use. When someone uses their old name after being asked not to, that is what we call 'deadnaming.'
- **Gender Affirming Care (GAC) |** Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for TGD people. For TGD people GAC may be a critical aspect of their overall health and well-being as it provides the opportunity for individuals to focus on social transitions and can increase their confidence while navigating the healthcare system.
- **Gender binary | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth and gender expressions and roles fit traditional expectations.**
- **Gender-expansive** | A person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.
- **Gender-fluid** | A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
- **Gender Incongruence |** A term used to describe an individual's discontent with their assigned gender and the identification with a gender other than that of their birth sex.

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- **Genderqueer |** Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
- **Lesbian, Gay, Bisexual, Queer** | as well as other sexual/gender minorities (LGBQ+) persons: These terms are used to describe a person's sexual orientation or gender identity.
- **Non-binary** | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.
- **People with Lived Experience (PWLE) |** Individuals who are directly affected by social, health, public health issues. They are key members of the community who can inform and improve systems, research, policies, practices, and programs.
- **Same-gender loving** | A term some prefer to use instead of lesbian, gay, or bisexual to express attraction to and love of people of the same gender.
- **Sexual orientation |** An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.
- **Transgender |** Describes a person whose gender identity and or expression is different from their sex assigned at birth, and societal and cultural expectations around sex.
- **Transitioning |** A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all, or none of these processes.
- **Queer |** A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQ+ movement.

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SUPPORTING REPLICATION (SURE) OF HOUSING INTERVENTIONS IN THE RYAN WHITE HIV/AIDS PROGRAM

Financial Management Guidance Document

Corporation for Supportive Housing

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SURE Housing Contract

Your organization's subrecipient contract and attachments contain details about program requirements, eligible activities, and applicable regulations. There will be a new contract executed each program year. If you have questions, please don't hesitate to reach out to CSH.

Budget Amendments

Submitting a Budget Amendment:

To request a budget amendment, please email the following to HRSA.TA@csh.org

1) Copy of original budget
2) Copy of proposed budget
3) Brief memo justification/explanation for the changes

CSH will then follow-up with any questions and next steps.

Budget Amendment Scenarios:

Below are examples of situations that may trigger a formal budget amendment

1) If moving funds between approved line items of more than 25% of their budgeted award
    a. Ex: For an approved award budget of $250,000-- moving more than $62,500 between approved line items needs a formal budget amendment, less than $62,500k no amendment needed but we please send an email to HRSA.TA@csh.org with explanation.
2) Adding a new line item
3) Adding carryover funds

Invoicing CSH

1. Please submit invoices on a monthly basis. Please do not combine multiple months of expenses in a single invoice. If more than one month of expenses is included in a single invoice CSH will send it back and request invoices be broken out by month (for evaluation purposes).
2. We are requesting invoices by the 15th of each month (or the following business day). If your organization needs an extension, please email that request to HRSA.TA@csh.org.
3. You must use and populate the excel spreadsheet invoice templates provided at contract execution.
4. With the CSH invoice please submit the following supporting documentation:
    a. Report from Financial Management System showing allocated expenses.
    b. Brief narrative description/summary of expenses included in invoice (no more than one page).
        i. We understand many activities may be the same month to month.
        ii. Try to include quantitative data where possible (ex: units leased, number of units provided rental assistance, number of clients enrolled, number of participant incentives issued).

Carryover Requests

A Carryover is the process by which unobligated funds remaining at the end of a budget period may be carried forward to the next budget period to cover allowable costs in that budget period. The

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carryover of funds enables grantees to use unexpended prior year grant funds in the current budget period.

- Carryover funds must be used for unmet project needs supporting the approved goals and objectives of the grant program.
- Carryover is not intended to solely spend down the unobligated funds.
- All carryover request must be submitted through CSH who then must submit all requests to HRSA once annually.
- All invoices for the budget year must be submitted to CSH before the carryover request process can begin.
- Deadlines for submitting carryover request (subject to change annually):
    - Year 1 requests due to CSH by September 18, 2023
    - Year 2 requests due to CSH by **September 16, 2024**
    - Year 3 requests due to CSH by September 15, 2025

WHAT TO INCLUDE IN A REQUEST TO CARRYOVER FUNDS?

1. Cover Letter on your organizational letterhead, signed by project director or authorized official, include the following (not to exceed one page):
    a. The amount being carried forward and brief explanation why there is a remaining balance.
    b. The allowable activities and proposed timeline that the carryover, if approved, will be used to cover.
2. Line-Item Budget Breakdown & Justification: Line-item budget breakout for the amount of the carryover request and a narrative justification which includes:
    a. Line-item budget breakout with the requested carryover amounts that align with the requirements outlined on the RFP and the justification should describe how each item supports the achievement of proposed objectives and activities of the initiative.
    b. Project activities accomplished during budget year.
    c. Detailed narrative justification that explains the proposed use of the carryover funds.

Please note, changes to the approved award objectives, goals or purposes are not permitted and will not be approved.

Carryover funds should not be expended until prior approval is approved and upon receipt of an amended contract budget granting approval of carryover request.

An approved carryover request only allows funds from a prior budget period to be used in the current budget period. It does not increase the ongoing base level funding amount.

Expense Glossary (Reimbursable)

Below are examples of eligible expenses **(this list is not considered all inclusive).** If you do not see an expense listed here or are unsure if an expense is eligible please contact CSH at HRSA.TA@csh.org.

Category	Expense Activities	Description
Intervention Implementation (Labor)	Housing Navigator	See role descriptions outlined in the SURE Housing Site Manual. This list may also include supervisors, finance, or support staff members.
	Housing Stability Case Manager	
	Project Director or Project Manager	
	Grants Manager	
	Program Consultant / Subcontractor / Vendor	CSH prior approval required and the finalized vendor/consulting/subrecipient contract must be submitted to CSH. All expenses must be documented in monthly invoices.
Evaluation (Labor)	Evaluation Data Manager	See role descriptions outlined in the SURE Housing Site Manual
	Evaluation Consultant / Subcontractor / Vendor	CSH prior approval required and the finalized vendor/consulting/subrecipient contract must be submitted to CSH. All expenses must be documented in monthly invoices.
Category	Expense Activities	Description
Intervention Implementation (Labor)	Housing Navigator	See role descriptions outlined in the SURE Housing Site Manual. This list may also include supervisors, finance, or support staff members.
	Housing Stability Case Manager	
	Project Director or Project Manager	
	Grants Manager	
	Program Consultant / Subcontractor / Vendor	CSH prior approval required and the finalized vendor/consulting/subrecipient contract must be submitted to CSH. All expenses must be documented in monthly invoices.
Evaluation (Labor)	Evaluation Data Manager	See role descriptions outlined in the SURE Housing Site Manual
	Evaluation Consultant / Subcontractor / Vendor	CSH prior approval required and the finalized vendor/consulting/subrecipient contract must be submitted to CSH. All expenses must be documented in monthly invoices.
Program Expenses	Housing: Emergency housing services (hotel/gap lodging)	Emergency housing services, may include but is not limited to hotel or gap lodging that enables a client or family to gain or maintain health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care

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	Housing: Short term rental assistance, SURE Housing Rapid Rehousing (RRH) Assistance	In accordance with HRSA Policy Notice 18-02 "Short-term basis" refers to the time-limited provision of core medical and support services that are not prohibited by the statutory payor of last resort requirements. HRSA HAB defers to recipients/subrecipients for a determination of the time limitation."
	Housing: Security deposits	In accordance with HRSA Housing Security Deposits in the Ryan White HIV/AIDS Program letter.
	Housing: Utility assistance	In accordance with HRSA Policy Notice 16-02, utility assistance may be provided on a limited one-time or short-term payment to assist an HRSA RWHAP client.
	Housing: Move-in related expenses (application fees, cleaning fees, small household furniture, toiletries, welcome packages, etc.)	This line item may be used to expense cost related to item or services the client may need at the time they move into their unit. One-time or time limited expense.
	Housing rental arrears	This line item may include back rent/utilities (up to $3000 total) if these past due bills are impeding the client from getting a new lease in their own name or impeding the client from setting up utilities in their name. We encourage sites to help clients negotiate with landlords and utility companies about repayment options, ask your ITAP coach for examples.
	Housing: Other Professional Services	The scope of allowable legal services as outlined under the "Other Professional Services" service category in HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs
	Office/Supplies: Equipment (computers, software)	Equipment that supports the implementation of your organization's rapid rehousing program. For example, computers/software.
	Office/Supplies: Telecommunications (cell phone, teleconference, phone, monthly phone fees)	This line item includes communication expenses such as monthly phone fees or communications costs
	Office/Supplies: Materials (office supplies, printing, postage)	This line item may be used for general office supplies including but not limited to postage and printing.
	Office/Supplies: Office rent, occupancy, liability insurance	This line item may be used for office rent, occupancy, liability insurance, etc., for space needed for SURE Housing staff to conduct and perform the responsibilities related to delivering the rapid rehousing intervention.

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	Client Expense: Client Transportation (bus/train passes, Lyft, Uber, or millage)	Client transportation to/from medical appointments, housing navigation services.
	Client Expense: SURE Multi-Site Evaluation (MSE) Participant incentives	Incentive provided to client enrolled in the SURE Housing Muli-Site Evaluation at 1) baseline, 2) 6-months, 3, 12-months
	Client Expense: Food Insecurity Subsidy	In accordance with HRSA Policy Notice 16-02, food or grocery vouchers may be provided on a limited one-time or short-term payment to assist HRSA RWHAP clients in need.
	Client Expense: Telecommunications (cell phone, teleconference, phone, monthly phone fees)	This line item includes client communication expenses such as monthly phone fees or communications costs. This activity supports continued client and case management communications. Stockpiling of phones or minutes is strictly prohibited.
	Evaluation TA: Training costs / Institutional Review Board (IRB) / CITI / Human Subjects Training	Supports expenses incurred by the IRB or training related to the SURE Housing evaluation
	Implementation TA: Training costs	Includes training cost **(virtual)** that support the roles defined and described in the Site Manual. Prior approval from SURE Housing CSH is required.
Travel	SURE Housing National Multisite Meetings 2024 (hotel, flights, meals, etc.)	Please use this line item for expenses incurred for staff who attend the 2024 National Multisite Meetings. Please note, we can only reimburse sites after the event has occurred. Please budget for two in person multi-site meetings in this program year (October 2024, and tentatively April 2025).
	SURE Housing Approved Trainings/Conferences (hotel, flights, meals, registration fees, etc.)	Please use this line item for expenses SURE Housing **APPROVED (in-person)** trainings and conferences. Please note, we can only reimburse sites after the event has occurred.
	Staff Milage	This line item supports travel for SURE Housing program staff. This may include outreach, recruitment, housing navigation, housing case management, and medical appointments.
	Staff Public Transportation (i.e., bus / train passes)	This line item supports travel for SURE Housing program staff. This may include outreach, recruitment, housing navigation, housing case management, and medical appointments.

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Expense Glossary (Non-reimbursable)

Below are examples of expenses which are not eligible for reimbursement with HRSA SURE Housing funds. The list is not all inclusive, if you have questions about an expense, please contact CSH at HRSA.TA@csh.org.

Category	Expense Activities	Description
Program Expenses	Housing Repair	Direct maintenance expenses (roofing repairs, foundation repairs, etc.)
	Major Appliances	In accordance to HRSA Policy Notice 16-02, "unallowable costs include household appliances, pet foods, and other non-essential products".
Travel	Trainings/Conferences not previously reviewed and approved by SURE Housing Program Team	

ATTACHMENT A

Contract Budget

CSH PAR #:	**24034-C**
Subrecipient:	Orange County Government
Address:	2002A E. Michigan Street Orlando, FL 32806

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

Scope of Work

As part of the SURE Housing initiative, the site will 1) adapt and implement approved intervention strategy (Enhanced Housing Placement Assistance); and 2) fully participate in a multisite evaluation to assess implementation and outcomes of the intervention strategy.The implementation site will implement and adapt approved housing intervention strategy of "Enhanced Housing Plancement Assistance" for people who have been or are presently involved with the justice system with HIV and are unstably housed.

Task #	Task Budget (if applicable)	Title
1	0	Implement intervention (Enhanced Housing Placement Assistance) as required through the HRSA SURE Housing initiative. Implementation of the intervention should promote long-term stability, measured by successful connection to permanent housing supports and/or housing retention. All the interventions replicated and adapted for the SURE Housing initiative must be implemented with low barrier service models including Housing First,Harm Reduction, and Trauma-Informed Care. Further requirements for intervention implementatin are provided in the RFP and RFP Appendix.
2	0	Participate in Multi-site Evaluation as required through the HRSA SURE Housing initiative. Evaluation participation will include interviews and surveys with organizational leadership, staff, and clients as well as electronic submission of information on enrolled clients, their exposure to the intervention strategy, and their health and housing outcomes. Implementation site is required to ensure appropriate staffing to support the evaluation activities. Further details on evaluation requirements are provided in the RFP.
3	0	Task 3
4		Task 4
5		Task 5
6		Task 6
7		Task 7
8		Task 8
9		Task 9

ATTACHMENT A

Contract Budget

CSH PAR #: **24034-C**
Subrecipient: **Orange County Government**
Address: 2002A E. Michigan Street
Orlando, FL 32806

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

			Current Budget	Expended	Balance
A. Personnel					
Position Title, Staff Person	**Annual Salary**	**FTE%**			
Housing Case Manager	49,400.00	100%	49,400.00	-	49,400.00
Evaluator	79,539.20	50%	5,000.00	-	5,000.00
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
		0%	-	-	-
Total Personnel			54,400.00	-	54,400.00
		Rate			
B. Fringe Benefits		19%	10,336.00	-	10,336.00
Total Personnel & Fringe			64,736.00	-	64,736.00
C. Program Expenses					
Expenses (ex: rental subsidies, participant incentives, training costs, etc.)	**Cost**	**Quantity**			
Housing: Emergency housing services (hotel/gap lodg	50,000.00		25,500.00	-	25,500.00
Housing: Short term rental assistance (up to 24 montl	396,000.00		95,213.00	-	95,213.00
Housing: security deposits	6,000.00		6,000.00	-	6,000.00
Housing: move-in related expenses	5,000.00		3,800.00	-	3,800.00
Client expense: client transportation	1,500.00		500.00	-	500.00
Client expense: SURE Multi-Site eval (MSE) Participa	1,500.00		1,500.00	-	1,500.00
Client expense: food insecurity subsidy	1,500.00		250.00	-	250.00
Office/supplies: telecommunications	1,500.00		400.00	-	400.00
Office/supplies: equipment (computers/software)	500.00		250.00	-	250.00
Office/supplies: materials	1,500.00		250.00	-	250.00
Office supplies: office rent, occupancy, liability insura	15,900.00		15,900.00	-	15,900.00
			-	-	-
			-	-	-
			-	-	-
Subcontractor/vendor	6,900.00		6,410.00	-	6,410.00
			-	-	-
			-	-	-
Total Program Expenses			155,973.00	-	155,973.00
D. Travel Expenses					
Expenses (ex: air/train/ground transportation, hotels, meals, etc.)	**Cost**	**Quantity**			
Travel, DC, 3 nights, Orange County Staff	5,500.00		3,032.00	-	3,032.00
Travel, DC, 3 nights, Zebra Staff	6,000.00		3,032.00	-	3,032.00
Local Travel	500.00		500.00	-	500.00
	-		-	-	-
	-		-	-	-
	-		-	-	-
	-		-	-	-
Total Travel Expenses			6,564.00	-	6,564.00
F. Total Direct Costs			227,273.00	-	227,273.00
		Rate			
G. Indirect Costs*		10.0%	22,727.00	-	22,727.00
H. Total Budget			250,000.00	-	250,000.00

Indirect Costs must be supported by a Negotiated Indirect Cost Rate Agreement. Use of a 10% de minimis rate is only allowed for entities that have never received a negotiatied indirect cost rate or as otherwise allowed under 2 CFR 200.414.

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ATTACHMENT A

Contract Budget

CSH PAR #: **24034-C**
Subrecipient: **Orange County Gover**
Address: 2002A E. Michigan Stre
Orlando, FL 32806

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

		Starting Budget	Amendment 1	Amendment 2
A. Personnel				
Position Title, Staff Person	**Annual Salary**			
Housing Case Manager	49,400.00	49,400.00	-	-
Evaluator	79,539.20	5,000.00	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
Total Personnel		54,400.00	-	-
B. Fringe Benefits		10,336.00	-	-
Total Personnel & Fringe		64,736.00	-	-
C. Program Expenses				
Expenses (ex: rental subsidies, participant incentives, training costs, etc.)	**Cost**			
Housing: Emergency housing services (hotel/gap lodg	50,000.00	25,500.00	-	-
Housing: Short term rental assistance (up to 24 montl	396,000.00	95,213.00	-	-
Housing: security deposits	6,000.00	6,000.00	-	-
Housing: move-in related expenses	5,000.00	3,800.00	-	-
Client expense: client transportation	1,500.00	500.00	-	-
Client expense: SURE Multi-Site eval (MSE) Participa	1,500.00	1,500.00	-	-
Client expense: food insecurity subsidy	1,500.00	250.00	-	-
Office/supplies: telecommunications	1,500.00	400.00	-	-
Office/supplies: equipment (computers/software)	500.00	250.00	-	-
Office/supplies: materials	1,500.00	250.00	-	-
Office supplies: office rent, occupancy, liability insura	15,900.00	15,900.00	-	-
		-	-	-
		-	-	-
		-	-	-
Subcontractor/vendor	6,900.00	6,410.00	-	-
		-	-	-
		-	-	-
Total Program Expenses		155,973.00	-	-
D. Travel Expenses				
Expenses (ex: air/train/ground transportation, hotels, meals, etc.)	**Cost**			
Travel, DC, 3 nights, Orange County Staff	5,500.00	3,032.00	-	-
Travel, DC, 3 nights, Zebra Staff	6,000.00	3,032.00	-	-
Local Travel	500.00	500.00	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Travel Expenses		6,564.00	-	-
F. Total Direct Costs		227,273.00	-	-
G. Indirect Costs*		22,727.00	-	-
H. Total Budget		250,000.00	-	-

**** Indirect Costs must be supported by a Negotiated Indirect Cost Rate Agr minimis rate is only allowed for entities that have never received a negotia otherwise allowed under 2 CFR 200.414.***

ATTACHMENT A

Contract Budget

CSH PAR #:	**24034-C**
Subrecipient:	**Orange County Goverı**
Address:	2002A E. Michigan Stre Orlando, FL 32806

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

		Amendment 3	Amendment 4	Amendment 5
A. Personnel				
Position Title, Staff Person	**Annual Salary**			
Housing Case Manager	49,400.00	-	-	-
Evaluator	79,539.20	-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
Total Personnel		-	-	-
B. Fringe Benefits		-	-	-
Total Personnel & Fringe		-	-	-
C. Program Expenses				
Expenses (ex: rental subsidies, participant incentives, training costs, etc.)	**Cost**			
Housing: Emergency housing services (hotel/gap lodg	50,000.00	-	-	-
Housing: Short term rental assistance (up to 24 montl	396,000.00	-	-	-
Housing: security deposits	6,000.00	-	-	-
Housing: move-in related expenses	5,000.00	-	-	-
Client expense: client transportation	1,500.00	-	-	-
Client expense: SURE Multi-Site eval (MSE) Participa	1,500.00	-	-	-
Client expense: food insecurity subsidy	1,500.00	-	-	-
Office/supplies: telecommunications	1,500.00	-	-	-
Office/supplies: equipment (computers/software)	500.00	-	-	-
Office/supplies: materials	1,500.00	-	-	-
Office supplies: office rent, occupancy, liability insurai	15,900.00	-	-	-
		-	-	-
		-	-	-
		-	-	-
Subcontractor/vendor	6,900.00	-	-	-
		-	-	-
		-	-	-
Total Program Expenses		-	-	-
D. Travel Expenses				
Expenses (ex: air/train/ground transportation, hotels, meals, etc.)	**Cost**			
Travel, DC, 3 nights, Orange County Staff	5,500.00	-	-	-
Travel, DC, 3 nights, Zebra Staff	6,000.00	-	-	-
Local Travel	500.00	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Travel Expenses		-	-	-
F. Total Direct Costs		-	-	-
G. Indirect Costs*		-	-	-
H. Total Budget		-	-	-

**** Indirect Costs must be supported by a Negotiated Indirect Cost Rate Agr minimis rate is only allowed for entities that have never received a negotia otherwise allowed under 2 CFR 200.414.***

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ATTACHMENT B
Source of Funds

CSH PAR #: **24034-C**

Subrecipient:	**Orange County Gover**	**Unique Entity ID:**	ZAMZMX9ZHCM9
Address:	2002A E. Michigan Street		
	Orlando, FL 32806		

Start Date:	8/1/2024
End Date:	7/31/2025
Value:	$250,000.00

FUNDING ALLOCATION

Amount:	250,000.00	**Source:**	U.S. Department of Health and Human Services, Health Resources and Services Administration	**Federal:**	Yes	**Federal Funds Obligated**	
Project ID	P00001258	**Name:**	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program	**CFDA #:**	93.928	**To CSH:**	3,500,000.00
Task ID:	P00001258 – Sites Implementation/Invoice			**FAIN:**	U9045842	**To Subrecipient:**	250,000.00
				Subrecipient/Contractor:	Subrecipient	**Award Date:**	6/20/2024

Amount:		**Source:**		**Federal:**		**Federal Funds Obligated**	
Project ID		**Name:**		**CFDA #:**		**To CSH:**	
Task ID:				**FAIN:**		**To :**	
				Subrecipient/Contractor:		**Award Date:**	

Amount:		**Source:**		**Federal:**		**Federal Funds Obligated**	
Project ID		**Name:**		**CFDA #:**		**To CSH:**	
Task ID:				**FAIN:**		**To :**	
				Subrecipient/Contractor:		**Award Date:**	

Amount:		**Source:**		**Federal:**		**Federal Funds Obligated**	
Project ID		**Name:**		**CFDA #:**		**To CSH:**	
Task ID:				**FAIN:**		**To :**	
				Subrecipient/Contractor:		**Award Date:**	

Amount:		**Source:**		**Federal:**		**Federal Funds Obligated**	
Project ID		**Name:**		**CFDA #:**		**To CSH:**	
Task ID:				**FAIN:**		**To :**	
				Subrecipient/Contractor:		**Award Date:**	

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention: Kishani Moreno
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C	
Invoice #:	1	
Period:		
x/x/xxxx	to	x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementation*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
Total Personnel				-

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B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

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Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention: Kishani Moreno
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	2
Period:	x/x/xxxx to x/x/xxxx
Work Plan #:	
Invoice Total	**$ -**

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementation*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
0	*Intervention Implementation*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-
Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention: Kishani Moreno
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C		
Invoice #:	3		
Period:			
x/x/xxxx	to	x/x/xxxx	

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementatio*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	4
Period:	
x/x/xxxx	to x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:	

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implem*	49,400.0	0%	-
Evaluator	*Evaluation Personn*	79,539.2	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Evaluation Personn*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
0	*Intervention Implem*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________

Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	5
Period:	
x/x/xxxx	to x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementa*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementa*	-	0%	-
Evaluator	*Intervention Implementa*	79,539.2	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ______________ Name: ______________

Date: ______________ Title: ______________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	6
Period:	
x/x/xxxx	to x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:	

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementa*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-
Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-
F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-
Total Invoice			-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ______________ Name: ______________
Date: ______________ Title: ______________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C		
Invoice #:	7		
Period:			
x/x/xxxx	to	x/x/xxxx	
Work Plan #:			

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementatio*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-
Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-
F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-
Total Invoice			-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________

Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	8
Period:	x/x/xxxx to x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementa*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
0	*Intervention Implementa*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ______________ Name: ______________
Date: ______________ Title: ______________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C
Invoice #:	9
Period:	x/x/xxxx to x/x/xxxx

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementatio*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-
Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-
F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-
Total Invoice			-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________

Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C		
Invoice #:	10		
Period:			
x/x/xxxx	to	x/x/xxxx	

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Work Plan #:	

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementati*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
0	*Intervention Implementati*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C		
Invoice #:	11		
Period:			
x/x/xxxx	to	x/x/xxxx	
Work Plan #:			

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementat*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
0	*Intervention Implementat*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-

Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-

Total Invoice	-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Orange County Government
Attention:
2002A E. Michigan Street
Orlando, FL 32806

CSH PAR #:	24034-C		
Invoice #:	12		
Period:			
x/x/xxxx	to	x/x/xxxx	
Work Plan #:			

Bill to: Corporation for Supportive Housing
Attention: Holly Sparks
61 Broadway Suite 2300
New York, NY 10006

Invoice Total $ -

A. Personnel	Intervention Implementation/ Evaluation	Annual Salary	FTE%	Period Amount
Housing Case Manager	*Intervention Implementatio*	49,400.0	0%	-
Evaluator	*Evaluation Personnel*	79,539.2	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Evaluation Personnel*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
0	*Intervention Implementatio*	-	0%	-
Total Personnel				-

B. Fringe Benefits	Budgeted Rate	Period Rate	Period Amount
Fringe Expense	19.0%	0.0%	-
Total Personnel and Fringe			-

C. Program Expenses			Period Amount
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			
Emergency housing services (hotel/gap lodging)			
Emergency housing services (hotel/gap lodging)			
Emergency housing services (hotel/gap lodging)			
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Emergency housing services (hotel/gap lodging)			-
Total Program Expenses			-

D. Travel Expenses			Period Amount
Travel, DC, 3 nights, Orange County Staff			-
Travel, DC, 3 nights, Zebra Staff			-
Local Travel			-
0			-
0			-
0			-
0			-
Total Travel Expenses			-

F. Total Direct Costs			-

B. Indirect Costs	Budgeted Rate	Period Rate	Period Amount
Overhead	10.0%	0.0%	-
Total Invoice			-

Subrecipient affirms by its signature below that this report is a true and accurate description of the tasks performed pursuant to the Subrecipient Agreement between CSH and the undersigned. Expenses reported are in compliance with the terms and conditions of the Subrecipient Agreement, no increment above cost is included in the expenses reported in this invoice. Subrecipient acknowledges and agrees that CSH will withold payment for invoices amounting to $25,000 or greater until CSH has received payment from HRSA.

Signature: ____________ Name: ____________
Date: ____________ Title: ____________

FOR CSH USE ONLY

CSH PAR #: **24034-C**
Subrecipient: **Orange County Government**
Address: 2002A E. Michigan Street
Orlando, FL 32806

Source	Project	Task	Department	Account
HHS-HRSA RWHAP	P00001258	P00001258 – Sites Implementati	Federal TA	69102
HHS-HRSA RWHAP	P00001258	P00001258 – Sites Implementati	Federal TA	69101
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Source	PXXXXXXXX	PXXXXXXXX Default	Department Name	XXXXX
Total				
Insurance Penalty	P00000001	P00000001 Default	Allocator-Bal. Sheet 9999	52230

Amount to

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

Invoice:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Amount:	-	-	-	-	-	-	-	-
Budget	**Allocation**	**Allocation**	**Allocation**	**Allocation**	**Allocation**	**Allocation**	**Allocation**	**Allocation**
25,000.00	-	-	-	-	-	-	-	-
225,000.00	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
250,000.00	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
	No	No	No	No	No	No	No	No
disburse:	-	-	-	-	-	-	-	-

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

9	10	11	12	
-	-	-	-	
Allocation	**Allocation**	**Allocation**	**Allocation**	**Balance**
-	-	-	-	25,000.00
-	-	-	-	225,000.00
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	250,000.00
-	-	-	-	
No	No	No	No	
-	-	-	-	

Docusign Envelope ID: 99EB412F-D2E6-4A8E-AAD5-7F9918634679

CONSULTANT DISBURSEMENT REQUEST

FOR CSH USE ONLY

CSH PAR#: 24034-C

Invoice # (select): 1

Payee:
Orange County Government
2002A E. Michigan Street
Orlando, FL 32806

Notes:

Invoice Amount: $ -

Funding Allocation	Project	Task	Department	Account	Amount
HHS-HRSA RWHAP	P00001258	P00001258 – Sites Implementation/Invoices	Federal TA	69102	-
HHS-HRSA RWHAP	P00001258	P00001258 – Sites Implementation/Invoices	Federal TA	69101	-
					-
					-
					-
					-
					-
					-
					-
					-
					-

Amount to Disburse: $ -

Requested by	Date	Approved by	Date

Additional Approval (if applica	Date	Finance Approval	Date