



## ADVERTISEMENT

### CITY OF BOSTON DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT

#### REQUEST FOR PROPOSALS FOR: HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) 2013 PROGRAM

The City of Boston acting by and through its Public Facilities Commission by the Director of the Department of Neighborhood Development, will be distributing approximately **\$1,730,843** of HOPWA 2013 funds to non-profit organizations in Suffolk, Norfolk and Plymouth counties only for the following HIV/AIDS housing-related activities:

- Housing-Related Supportive Services two grants available of: (1) services for 20 Shelter Plus Subsidies administered through the AIDS Action Committee and (2) services for approximately 45 scattered site households receiving HOPWA rental assistance.
- Management of HOPWA Rental Assistance Funds for up to 32 households
- Management of the Homelessness Prevention Program

The Request for Proposals (RFP) contains a complete description for each program activity, requirements for program sponsors, proposal specifications and application materials. This RFP will be available beginning on **Monday, May 6, 2013 at 9:00 AM** and can be picked up at the Department of Neighborhood Development's Bid Counter, 26 Court Street, 10<sup>th</sup> floor, Boston, MA 02108 and will remain available until 4:00 PM on May 21, 2013 or you may download the package by registering at <http://www.cityofboston.gov/dnd/rfp>.

All proposals must be returned in sealed envelopes no later than 4:00 p.m. on **Tuesday, May 21, 2013** to the Bid Counter to be considered for review and funding. **No late proposals will be accepted.**

An optional bidder's conference to review this RFP and answer applicant questions will be held on **Wednesday, May 15, 2013 at 10:00 A.M.** at 26 Court Street, 8<sup>th</sup> Floor (Conference Room 8A), Boston, MA. Applicants who may need assistance in completing this proposal should consider attending this bidder's conference. If you have any questions or need additional information, please contact Kathy Duffy, Housing Development Officer, 617-635-0372 or [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov).

Sheila A. Dillon  
Chief and Director

Please note: Bid Counter hours of operation are: Monday – Friday, 9:00 AM – Noon and 1:00 PM to 4:00 PM. Please plan accordingly.

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



**May 6, 2013**

**Department of Neighborhood Development**

**Thomas M. Menino, Mayor  
Sheila A. Dillon, Director, DND  
Applications Due: Tuesday, May 21, 2013 at 4:00 P.M.**

**Department of Neighborhood Development  
HOPWA 2013  
Request for Proposals**

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**HOPWA 2013**  
**Request for Proposals (RFP)**

**I. Introduction**

Program Overview

The Housing Opportunities for Persons With AIDS program (HOPWA) is a federally funded program authorized by the U.S. Congress in 1992 and administered through the Department of Housing and Urban Development (HUD). The program authorizes funding for a variety of housing and housing-related activities for people with HIV/AIDS and their families.

Ninety percent (90%) of HOPWA funds are distributed nationally to over 100 federally defined jurisdictions in states and metropolitan areas through a formula based on the number of cumulative AIDS cases in those jurisdictions. The remaining ten percent (10%) is distributed through a competitive grant process called Special Projects of National Significance (SPNS). The City of Boston through the Department of Neighborhood Development (DND) administers the formula allocation of the HOPWA funds throughout the Boston Primary Metropolitan Statistical Area (PMSA), which includes Suffolk, Norfolk and Plymouth counties.

The City of Boston received a total of \$1,784,374 for federal fiscal year 2013. Of that amount, \$1,730,843 is available for commitments to service programs. DND intends to distribute up to \$1,730,843 of HOPWA funds at this time for housing-related programs. All non-profit agencies providing services to households with HIV/AIDS may apply for one or more of the grants listed in this RFP. The period of performance will be from July 1, 2013 through June 30, 2015, subject to the availability and appropriation of funds. To ensure continuity of service provision, preference will be given to those agencies currently providing the services listed in this RFP. Contracts for these programs will be funded at the level needed to carry out the activities outlined in the application, subject to funding allocations from HUD. All applicants are required to complete a separate application for each grant for which they are applying.

The HOPWA program has always been designed to provide a full range of housing services to households affected by HIV/AIDS. During the early years of the AIDS epidemic, HOPWA funds were needed to provide critical supportive services to persons living with HIV/AIDS who were part of a variety of residential and scattered-site programs. As new treatments and new sources of funding have become available, the quality of life for a great many of those persons living with HIV/AIDS has improved dramatically.

Funding Categories

Through this Request for Proposals (RFP), DND is seeking to allocate approximately \$1,730,843 from the City's FY2013 HOPWA allocation. For purposes of this RFP, we are requesting applications for the funding of housing programs and services for the following activities:

- Supportive services for up to 20 households receiving Shelter Plus Care (SPC)/COC rental assistance subsidies through AIDS Action Committee's ROOF program
- Services for approximately 45 households who receive HOPWA-funded rental assistance
- Management of HOPWA rental assistance funds for approximately 32 households with HIV/AIDS
- Management of the Homelessness Prevention Program

The following pages contain a description of the application process and guidelines as well as more detailed information about the specific funding categories. Please read this proposal carefully so you are clear about the preparation and submission requirements.

**Please note:** If an agency is applying for more than one program, a separate application for each service or program must be submitted.

DND reserves the right to change the requested amount of funds based on past spending patterns, past performance issues and the availability of funds.

#### Eligible Applicants

Non-profit organizations that provide housing and/or housing-related supportive services to households of persons with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) are eligible to apply for HOPWA funds (see HOPWA program regulations in the Appendices).

#### Application Process and Schedule

**Applicants must submit an original and two copies of the application in a sealed envelope marked "HOPWA RFP" no later than 4:00 PM, Tuesday, May 21, 2013 to the Bid Counter on the 10<sup>th</sup> floor at DND, 26 Court Street, Boston, MA 02108.**

#### Please note:

**Bid Counter hours of operation are:  
Monday – Friday, 9:00 AM – Noon and 1:00 PM to 4:00 PM.**

Please adhere to the following guidelines: (1) Use large fasteners on your application. **No Binders Please;** (2) Use 8 ½" x 11" paper; (3) 1.5 space all text and 12-point font size; and (4) number each page of the proposal.

An optional bidder conference for all applicants will be held on:

Wednesday, May 15, 2013 at 10:00 a.m.  
Department of Neighborhood Development  
26 Court Street, 8<sup>th</sup> floor (Room 8A)  
Boston, MA 02108

**RFP's are now available on-line. You may download the proposal by registering at <http://www.cityofboston.gov/dnd/rfp>.**

**Proposals received after 4:00 P.M. on Tuesday, May 21, 2013 will not be accepted.**

DND reserves the right to waive minor requirements of the RFP when appropriate.

Proposals will be reviewed by DND staff for quality of answers to the proposal questions. Programs currently receiving HOPWA funds should complete the questions included under the heading "Specific Questions for Current HOPWA Providers." Funding recommendations will be presented to the Deputy Director of Neighborhood Housing Development, and a final recommendation will be made to the Director of DND. Final decisions will be made in June and all applicants will be notified of the decisions at that time. Following notifications of awards, awardees will work with DND staff to prepare contracts. DND expects to have contracts executed on or about July 1, 2013.

### Important RFP Dates

RFP Available	May 6, 2013	<b>Bid Counter DND 10<sup>th</sup> Floor or on-line at: <a href="http://www.cityofboston.gov/dnd/rfp">www.cityofboston.gov/dnd/rfp</a></b>  <b>DND offices 26 Court Street Boston, MA 11:00 a.m.-1:00 p.m. Room 8A (8<sup>th</sup> floor)</b>
RFP Bidders' Conference	May 15, 2013	
Applications Due	May 21, 2013	
Funding Notification	June	
		<b>Bid Counter DND 10<sup>th</sup> Floor</b>

Questions regarding this HOPWA 2013 RFP should be directed to Kathy Duffy, Development Officer, who may be reached by telephone at 617-635-0372 or by e-mail at [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov).

#### **Part II. General Guidelines**

Below are the general guidelines that apply to HOPWA funding of the programs covered under this RFP. Following these pages are more detailed guidelines and requirements for the specific service categories of this RFP: Housing-Related Supportive Services, Management of HOPWA Rental Assistance Funds and Homelessness Prevention.

#### **Please adhere to all guidelines so that your proposal is complete.**

- (1) Applicants may include **no more than 7% of their HOPWA request** for administrative overhead expense in the program budget (see budget form at the end of the application).
- (2) All programs will serve any client who requires program services regardless of where that client lives within the HOPWA region (Suffolk, Norfolk, Plymouth counties).
- (3) **All agencies funded under this RFP will be required to:**

- Where applicable, operate the funded program or service in accordance with the most recent version of the Standards of Care for Supportive Housing for Persons with HIV/AIDS of the Massachusetts Department of Public Health
- Ensure that programs do not discriminate against and are accessible to all clients regardless of their gender, race, ethnicity, sexual orientation and/or spoken language.
- Maintain computerized records of the households served by the program (e.g., income, race, ethnicity, gender, age, household size, location, duration of service, outcome of assistance, etc).
- Establish performance objectives; track, measure, and report on program outcomes to the Department of Neighborhood Development. ***These outcomes must be approved by DND and may be adjusted by DND in consultation with the applicant.***
- Submit an annual performance report to DND and other periodic reports of HOPWA-funded program activity, as necessary. Assist DND as necessary in gathering program information towards preparation and completion of HUD's annual HOPWA CAPER.
- Maintain a separate file for each person who receives services from a program funded by a HOPWA grant. Each file shall contain detailed and organized records. All files must be made available for periodic monitoring visits by DND.
- Submit requisitions for reimbursement of program expenses to DND on a quarterly basis. In certain cases, requisitions may be submitted to DND on a monthly basis. All requisitions need to conform to DND requirements, be submitted on the appropriate forms and contain complete and properly ordered backup documentation for requisitions to be paid in a timely fashion. Requisitions must also include documentation of spending of the administrative overhead expense. This documentation includes the City of Boston administrative costs cover page as well as payroll registers and timesheets for staff billed under administrative expenses. Moreover, staff time should be allocated by program on all timesheets.
- Establish supervision guidelines for staff funded by HOPWA grants. Maintain records of formal supervision sessions provided to these staff. The files must be available for review by DND at the time of the monitoring visits.
- Maintain organized, accurate and complete records of all personnel, programmatic and administrative costs incurred under the HOPWA grant.

These records shall be maintained under an adequate accounting system on an accrual basis in accordance with generally accepted accounting principles and standards. As needed, these records must be available for inspection by DND staff at site visits and at other times deemed appropriate by DND staff.

- Attend HOPWA COC provider meetings as required by DND.
- Attend HOPWA trainings as required by DND.
- Coordinate the HOPW services provided with other programs that are providing similar services and refer clients to additional services where appropriate.
- Fully understand and adhere to all HUD and HOPWA guidelines, statutes and regulations.
- HOPWA regulations required that all HOPWA program participants who meet HUD's definition of homeless **must** be entered into a HMIS system.

#### **(4) Boston Jobs and Living Wage Ordinance**

In accordance with The Boston Jobs and Living Wage Ordinance, and the provisions of the promulgated Regulations, the Living Wage, subject to increase each July 1, shall be paid to a "Covered Employee". "Covered Employee" is defined as any for-profit or not-for-profit employer who employs at least 25 full-time equivalents (FTE) who have been awarded a service contract of \$25,000 or more. Further, any Service Subcontractor who is under a subcontract and receiving funds from a service contract of \$25,000 or more from a "Covered Vendor", provided the Subcontractor(s) is/are paid for by funds from the Service contract, shall be required to comply with the Living Wage Ordinance.

The Living Wage Ordinance applies to service contracts of \$25,000 or more awarded to a vendor by the City for furnishing of services to or for the City; and subcontracts of \$25,000 or more awarded to a vendor by a "Covered Vendor", provided the subcontract is paid for by funds for the Service Contract.

**Please Note:** The Ordinance requires that all proposal submissions must include a completed "Vendor Living Wage Affidavit (Form LW-8)".

The following forms for the Living Wage Ordinance are attached for your review and use: LW-1, LW-2, LW-4, LW-8, LW-9, LW-9A, LW-10 and LW-10A are attached for your review and use.

## **CORI Ordinance**

The contract to be awarded pursuant to this Request for Proposals shall be subject to the City of Boston code (CBC) Chapter 4, ss 7 entitled “An Ordinance Regarding CORI” (hereinafter the “CORI Ordinance”) a copy of which is included herein with Forms CM 15A and CM Form 15B.

The purpose of the CORI Ordinance is to ensure that persons and businesses supplying goods and/or services to the City of Boston deploy fair practices related to the screening and identification of persons with criminal backgrounds through the CORI system. Vendors entering into contracts with the City must affirm that their practices regarding CORI information are consistent with the standards set by the City of Boston and must maintain such consistent practices throughout the period of performance of the contract.

No contract will be awarded pursuant to this Request for Proposals to a proposed vendor unless that vendor is in compliance with the CORI Ordinance. In the event the highest-rated proposer is not in compliance with the CORI Ordinance, the next highest-ranked proposer will be selected and awarded the contract provided they are in compliance with the CORI Ordinance.

Compliance with the CORI Ordinance is mandatory for the duration of this contract.

## **Pre-Contract Award Requirements**

All proposers are subject to the following reviews and must satisfy the following requirements prior to, and as a condition of, entering into a contract with the City. In the event that they do not satisfy these requirements, they will be disqualified and the City may elect to proceed to award a contract to the next highest ranked eligible Proposer pursuant to the Request for Proposals. Prior to the award of a contract, Proposers will be required to complete and execute the “City of Boston – Department of Neighborhood Development Property Affidavit” (attached hereto as “Exhibit A”) so that the City may perform these reviews.

### **Tax Delinquency Review**

The City of Boston’s Office of the Collector-Treasurer Office will conduct a review of the Proposer’s property tax history. The Proposer cannot be delinquent in the payment of taxes on any property owned within the City of Boston. A selected Proposer must cure such delinquency prior to award of a contract with the City. However, any Proposer who has been foreclosed upon by the City of Boston for failure to pay property taxes will be deemed ineligible to be awarded a contract unless such Proposer, promptly causes the Decree(s) or Judgment(s) of Foreclosure to be vacated by the Land Court, and the City of Boston made whole; DND, in its sole discretion, shall determine the timeliness of the Proposer’s correction action in this regard and will disqualify the Proposer if the vacation of the tax title foreclosure is not prosecuted expeditiously and in good faith, so as to avoid undue delay in the awarding of a contract.

### **Water and Sewer Review**

The City of Boston Water and Sewer Commission will conduct a review of the Proposer's water and sewer account(s). Proposers cannot be delinquent in the payment of water and sewer charges on any property owned within the City of Boston and must cure such delinquency prior to the award of the contract.

### **DND/City of Boston Prior Participation Review/Outstanding Obligations**

The City will review the Proposer's current and past participation in any DND programs. Proposers not fulfilling DND program requirements will not be awarded a contract pursuant to this Request for Proposal. Further, Proposers must be current with all monies owed to DND, in order to be awarded a contract.

### **Property Portfolio Review**

The City will review the Proposer's portfolio of property owned in the City of Boston to ascertain whether there are Inspectional Services Department (ISD) code violations. No contract will be awarded to any Proposer with outstanding ISD Code Violations or outstanding fines.

### **Employee Review**

Neither the proposer, nor any of the Proposer's immediate family, nor those with whom s/he has business ties, may be currently or have been within the past twelve months, an employee, agent, consultant, officer, or an elected or appointed office of the City of Boston's Department of Neighborhood Development. An "immediate family member" shall include parents, spouse, siblings or children, irrespective of their place of residence. A Proposer who does not satisfy the Employee Review requirements will be deemed ineligible and their proposal will not be considered. Prior to the award of a contract, Proposers will be required to execute the "Affidavit of Eligibility" (attached hereto as Exhibit "B").

## **III. FUNDING CATEGORIES**

### **(1) Housing –Related Supportive Services**

The Department of Neighborhood Development provides funding for support services for scattered-site programs. These services support clients who have some type of rental assistance (Section 8, HOPWA, Shelter Plus Care, Boston Housing Authority occupancy). The following agencies currently receive funding for these services: (1) AIDS Action Committee of Massachusetts, Inc.- ROOF (Roof Over Our Families); and (2) Justice Resource Institute, Inc- Scattered-Site Services for approximately 45 households receiving HOPWA rental assistance.

Non-profit, service agencies are invited to apply for funding of these contracts at the levels indicated to continue providing supportive services to these households with HIV/AIDS:

- Services for up to 20 Shelter Plus Care/COC rental assistance households in AIDS Action Committee's ROOF Program

- Services for approximately 45 scattered-site households who receive HOPWA rental Assistance (subsidies managed by Metropolitan Boston Housing Partnership) - MBHP.

### Program Requirements

The project sponsors for these grants will be required to provide:

- Housing search and placement services to qualified individuals/families in these programs who receive rental assistance or housing through programs managed by the Metropolitan Boston Housing Partnership (MBHP) (Shelter Plus Care and/or HOPWA rental assistance).
- Work directly with clients to locate and lease units where the subsidies can be used; Assist clients to make telephone and in-person contact with property owners, property managers and real estate agents; provide or arrange transportation for clients to housing appointments and accompany them to same; assist with rental applications.
- Directly provide or arrange assistance with lease-up and move-in, including procuring rental start-up funds and/or brokers' fees, assistance with moving, procuring furniture and household items, initiating utility and phone service, as needed.
- Perform assessments of clients' social service needs and prepare Individual Service Plans. Provide case management services, which include but are not limited to information and referral to medical care, child care, resources for food and clothing; financial and legal advocacy; assistance with development of life skills (scheduling, budgeting, parenting); promote educational and vocational training when appropriate; assist with finding employment or related services; provide emotional and practical support.
- Establish measurable program objectives and direct activities to ensure that these objectives are achieved. The agency will maintain accurate records and report performance outcomes to DND as required.

### **(2) Management of HOPWA Rental Assistance Funds**

DND seeks to allocate funds to a provider who will provide management of the HOPWA rental assistance funds for 24 months for up to 32 households with HIV/AIDS. The Metropolitan Boston Housing Partnership (MBHP) currently provides services under this contract. Non-profit, service agencies are invited to apply for funding for this contract at the level indicated to continue providing management services to these households with HIV/AIDS.

### Program Requirements

The project sponsor will be required to:

- Determine tenant eligibility in accordance with HUD regulations.
- Verify tenant household income.
- Determine the tenant's share of rent, including utilities in accordance with Section 3(a) of the United States Housing Act of 1937 and 24 CFR 813.106.
- Perform annual re-certifications of tenant income and eligibility.
- Conduct pre-occupancy inspections of units for compliance with state and local housing codes, licensing requirements, and any other requirements regarding the condition of the structure and operation of the housing that may be in effect in the jurisdiction in which the housing is located.
- Conduct annual inspections of all assisted units for compliance with Article II (A) 5.
- Determine contract rents and rent reasonableness in accordance with HOPWA regulations (Sec. 574.320).
- Prepare leases, housing assistance payments contracts and certificates of participation for each tenancy.
- Issue rent checks to landlords.
- Maintain records in accordance with HUD requirements and in a manner which will facilitate the compilation of annual reports to HUD.
- Assist the Official in the compilation of data regarding the program as may be required.
- The Contractor shall ensure that all of the above services are provided in a manner equal in all respects to the best standard of practice.
- Contractor shall be responsible for ensuring rental assistance to participating households is terminated in only the most severe cases for violation of program requirements or conditions of occupancy. In terminating assistance to any program participant, the contractor must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law, in accordance with HOPWA regulations (Sec. 574.310(d)).

- Contractor, in conjunction with the Service Provider, will endeavor to geographically distribute HOPWA-funded rental assistance to communities within the PMSA in rough proportion to the incidence of AIDS in those communities.
- Contractor will ensure that clients served through this contract are low- and moderate-income households as defined by the U.S. Department of Housing and Urban Development.

### **(3) Homelessness Prevention Program**

DND seeks to allocate HOPWA funds for the provision of emergency and short-term rental assistance, rental start-up/move-in and utilities assistance, as deemed appropriate to low-income individuals and families with HIV/AIDS for a period of up to 24 months. DND reserves the right to change the maximum amount and time a household can be served with homelessness prevention funds. This assistance will enable participants to remain in their housing and thereby prevent homelessness among this population by paying the back rent or mortgage and utility debt for households faced with the immediate prospect of legal eviction, foreclosure due to non-payment or shut-off of utility services. Assistance would also be provided to households that are at risk of homelessness due to a high rent burden. Funds may also be used to assist households to pay first months and last month's rents and security deposits. HOPWA regulations mandate that the emergency, short-term assistance to clients cannot exceed 21 weeks. DND reserves the right to implement a cap on the level of assistance that can be provided to clients in order to assist a greater number of HOPWA-eligible households.

DND needs to understand the short and long-term impacts of using these funds on the housing stability of clients served. The uses of these funds are twofold: (1) to resolve the immediate financial crisis faced by a client to prevent the loss of housing; and (2) ensuring that the clients' case managers develop an effective, workable plan to address the long-term financial stability of these households. DND needs to understand how these funds affect both of the uses cited above. Recipients of these funds are required to have a system in place to collect this data and to report findings to DND on a regular basis.

#### Program Requirements

The project sponsor will be required to:

- Enter into a contract with DND for a 24-month period. DND seeks to reach the largest population of those with HIV/AIDS whose acute financial issues may affect their housing stability and to devise a sound and thoughtful, long-term solution to these problems with the active assistance of the clients' case managers.
- Provide emergency and short-term rental assistance, utilities assistance and rental start-up to low-income people (see Appendices for guidelines) with HIV/AIDS throughout the Boston HOPWA region. The maximum award available to any one eligible household shall be equivalent to 21 weeks of assistance (in any 52-week period) at the Fair Market Rent (see Appendices for guidelines) for the housing that is currently occupied by the

applicant. Within this maximum award, the service agency may agree to pay for rent or mortgage arrearages, and/or prospective rent or mortgage payments and/or utilities assistance.

- Agree that all recipients of homeless prevention funding must meet at least once with a case manager and any agency that submits a request for financial assistance on behalf of their clients must agree to provide case management or refer clients to case management services. The administering agency for the Homelessness Prevention Program must put procedures and systems in place to insure that case management services are being provided.
- Provide an ongoing, long-term system to evaluate the efficacy of the program by surveying households and/or case managers who have used this program to ascertain their housing stability after using these funds; the vendor will provide periodic reports to DND with the outcomes of this survey.
- Ensure that eligible households obtain the support services necessary for them to continue living independently in their current residence and/or the services needed for them to obtain affordable housing elsewhere. Program staff will ensure, in conjunction with case management staff, that program participants prepare a reasonable plan to address their current financial problems and to develop a sound plan that ensures future financial stability. This may include the use of a representative payeeship if circumstances merit such action to support the financial stability of clients.
- Develop, maintain and distribute outreach, promotional and application materials to raise awareness of and provide access to assistance from the program.
- Maintain a referral network of agencies within the HOPWA region and provide ongoing training to these agencies on how to access assistance for their clients. The network should consist of a wide variety of organizations that provide services to people with HIV/AIDS: hospitals, health centers, AIDS service organizations, housing and advocacy agencies, etc. Participate in activities of the Boston Regional Network to End Homelessness as requested.
- Participate in the City of Boston's Homeless Management Information System. Participation is defined as entering client-level data on each program participant in accordance with the HUD universal data elements and program specific data elements and any other data requested by DND. Case management efforts will also need to be documented in the HMIS system.

## **Part IV. HOPWA Proposal Instructions**

**Applicants must submit an original and two copies of the proposal in a sealed envelope marked "HOPWA RFP" no later than 4:00 P.M. on Tuesday, May 21, 2013 to:**

Bid Counter  
Department of Neighborhood Development  
26 Court Street, 10th Floor  
Boston, MA 02108

**Please note: Bid counter hours of operation are: Monday – Friday, 9:00 AM – Noon, and 1:00 PM – 4:00 PM**

Proposals received after this time will not be accepted and will not be considered for funding.

Requirements:

- Use large fasteners for your application. **Please do not use binders.**
- Respond to all questions in this application.
- Complete those forms and questions that are relevant to your project.
- Mark "N/A" where questions are not applicable.
- All documents should be 1.5-spaced and printed in 12-point type.
- Number all pages.

This proposal has up to five (5) sections to complete: I, II, III, IV and V. Below are instructions for completing each section of the application. Applicants must complete all applicable sections. Please label each section clearly.

### **Section I: Proposal Checklist (ALL APPLICANTS MUST COMPLETE)**

Use the Proposal Checklist as your guide in filling out the application. All forms and exhibits must be organized in the order shown on the checklist. Please include a copy of the checklist indicating which items are included. Explain the absence of any required items and write "N/A" in the space provided.

### **Section II: Proposal Summary (ALL APPLICANTS MUST COMPLETE)**

Applicants should fill out the organizational information completely and the amount of funding requested in the appropriate funding category. Your executive director must sign and date this document.

**Section III: Organizational Experience and Program Narrative (ONLY NEW HOPWA APPLICANTS COMPLETE THIS SECTION)**

Please provide concise and clearly identified responses to each of the questions using a narrative format. In order to respond to the program narrative, applicants must review the information set out in the “specific funding categories” descriptions. Applicants must provide specific responses using a narrative format to each of the program requirements. **Section III should not exceed 10 pages.**

**Section IV: Specific Questions for Current HOPWA Providers (ONLY CURRENT RECIPIENTS OF HOPWA FUNDS COMPLETE THIS SECTION)**

Agencies who currently receive HOPWA funds programs must complete this section. Before responding to the questions, applicants should review the information set out in the “funding categories” descriptions of the RFP. Applicants should answer questions using a narrative format. **Section IV should not exceed 8 pages.**

**Section V: Program Financial Information (ALL APPLICANTS MUST COMPLETE)**

All applicants are required to provide one financial document – HOPWA Budget Worksheet. Refer to the items below for a description of items requested in this budget. Use the form provided to complete this section. **Applicants should contact Kathy Duffy at her email address, [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov), to receive an electronic version of this budget form.**

- Job Title/Total Program FTEs -include the job title for each staff position and the number of FTEs working in the entire program.
- HOPWA FTEs – list the number of FTEs (or fraction thereof) that will be paid for by these HOPWA funds. If a staff person will only be spending half of his/her time on the HOPWA program, this column should be .5; a full time position would be 1.0.
- HOPWA \$ Request - should reflect the amount of HOPWA funds requested for the HOPWA FTEs listed.
- Other Funding-should reflect the other sources of funding contributing to each line item.
- Program Costs- should include all of the non-personnel costs to support the operation of this program
- By HOPWA regulations, grantees may include no more than 7% of the sub-total of staff and non-personnel costs for administrative overhead.

- Be sure to calculate the subtotal for "Total HOPWA Staff Costs," "Fringe," "Program Costs," as well as the total for each column. All of the far right columns on the budget page need to be filled in.
- Please email Kathy Duffy at [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov) to request an electronic version of this budget form.

### **Section VI:**

All applicants for funding are required to complete Section VI: LOOPS Form: Property Affidavit. If the organization does not own any property in the City of Boston, please indicate N/A on the form and include it with your proposal.

### **Section VII:**

All applicants are required to complete and submit City of Boston Living Wage Ordinance Form LW-8.

### **Section VIII:**

#### **Applicant Attachments and Exhibits**

Please provide all attachments and exhibits required by this RFP and clearly label each of them.

- Board of Directors
- Job descriptions of program staff paid for by HOPWA funds
- 

Thank you for your interest in working with DND for the benefit of people living with HIV/AIDS.

**Part V Section I**  
**Proposal Checklist**

Name of Applicant Agency: \_\_\_\_\_

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

**Funding Category (check one):**

- Housing Related Supportive Services
- Management of HOPWA Rental Assistance Funds
- Homelessness Prevention Program

**Proposal:**

- I. Proposal Checklist ALL APPLICANTS
- II. Proposal Summary ALL APPLICANTS
- III. Organizational Experience and Program Narrative NEW APPLICANTS
- IV. Specific Questions for Current HOPWA Providers CURRENT VENDORS
- V. Program Budget ALL APPLICANTS
- VI. LOOPS Form: Property Affidavit & Affidavit of Eligibility
- VII. City of Boston Living Wage Ordinance Form LW-8

**Attachments: (Section VIII)**

- Current Board of Directors
- Job descriptions for HOPWA program staff

**Section II**  
**Proposal Summary**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Location(s) of Service Delivery: \_\_\_\_\_

Federal Tax-Exempt ID #: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Indicate the funding amount your agency is seeking (check one):

- | <u>Category:</u>   | <u>Amount Requested:</u> |
|--|--------------------------|
| <input type="checkbox"/> Housing Related Supportive Services | \$ _____                 |
| <input type="checkbox"/> Management of Rental Asst. Funds    | \$ _____                 |
| <input type="checkbox"/> Homelessness Prevention Program     | \$ _____                 |

The statements and information provided in this proposal are accurate and complete to the best of my knowledge. I certify that the Board of this organization has authorized me to apply for funding for this project.

\_\_\_\_\_  
Executive Director  
(signature)

\_\_\_\_\_  
Date

## Section III

### TO BE COMPLETED BY NEW HOPWA APPLICANTS ONLY

#### Organizational Experience and Program Narrative

**NOTE: This section should not exceed 10 pages.**

Please respond to the following questions:

1. Describe your organization, its mission and experience in providing services.
2. Describe your organization's previous experience with programs for persons with Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) and issues related to HIV/AIDS.
3. Describe your organization's experience in carrying out the type of services proposed in your application (e.g., housing information services, housing-related client services, technical assistance).
4. Describe your organization's previous experience in assisting low-income households and people with HIV/AIDS to obtain public benefits such as rental assistance, SSI, disability, etc.

Describe your project plan. Your program narrative must address the general guidelines and program requirements for the category under which you are applying. Include all of the following information:

- Narrative description of the proposed program, including services to be provided and services to be leveraged or accessed from other sources
- Geographic area to be served by the program
- Number of clients to be served, including demographic goals by family size, ethnicity, race, gender, age and income
- Outreach, intake and screening process
- System for tracking demographics of clients served and reporting information
- Current data collection system for tracking client outcomes
- System for ensuring confidentiality
- Staffing and supervision for program
- Coordination with other providers
- Ability to start program activities within 2 months of the award
- Performance measures for your program and how you will measure outcomes
- How your program collaborates with other agencies to achieve program goals

**Section IV**  
**TO BE COMPLETED BY CURRENT HOPWA RECIPIENTS ONLY**

**Note: This Section Should Not Exceed 8 Pages**

Please answer each of the following questions:

- (1) For the time period of your most recent HOPWA contract, describe your program's accomplishments. Be specific about the number of clients served as well as the number who obtained housing and/or received other services. Any accomplishments listed must be data-driven. Please provide the data source that supports your accomplishments.
- (2) Include a copy of the goals listed the last time your program was funded and report on those goals. Have you achieved your stated goals? How did you accomplish this? If you did not achieve your stated goals, what were your obstacles? What revisions do you need to make to your goals? If you are proposing to change your goals, please include a list of the proposed goals, the need for the changes and how you will track the goals.
- (3) What changes to your current program design would enhance your delivery of services? In answering this question, address both the quality of services offered as well as any changes to the number of clients you would serve. Consider staffing levels, program structure, funding levels and agency organizational structure.
- (4) Select two (2) client cases and briefly describe how the HOPWA program services have been of assistance. Discuss two (2) cases in which you were unable to achieve your stated goals with the client. Describe the obstacles that prevented you from achieving your stated goals and suggest strategies that may have resulted in an improved outcome.
- (5) Describe coordination and collaboration efforts taken to enhance the services offered and provided to your clients. The goals and outcomes reported should include data on the number served and how those clients achieved the outcomes described in the last submission. Provide specific examples of how coordination and collaboration resulted in tenancy prevention. Include how these collaborations may have had an impact on system-wide service delivery.

**Section V**  
**Financial Information**

Complete the attached form labeled HOPWA Program Budget at the end of this application. You may request an electronic version of this form from Kathy Duffy at [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov).

**Section VI**  
**LOOPS Form: Property Affidavit and Eligibility Affidavit**

Complete the attached form labeled LOOPS Form: Property Affidavit and Eligibility Affidavit at the end of the application.

**Section VII**  
**City of Boston Living Wage Ordinance Form LW-8**

Complete the attached form labeled City of Boston Living Wage Ordinance Form LW-8 at the end of the application.

## EXPLANATION OF APPLICATION SECTIONS

Please Note: New applicants for HOPWA funds must fill out all sections of this application with the exception of Section IV. Applicants who currently receive HOPWA funds for these services should only complete the specified sections of this application.

This HOPWA application has seven (7) sections to complete (I-VI).

- All applicants must complete Sections I, II, V, VI and VII.
- New applicants for HOPWA funds must complete Section III (omit Section IV).
- Current HOPWA recipients must complete Section IV.

Section I: Proposal Checklist (All applicants complete)

**NOTE:** Include a copy of this checklist page with your application indicating which items are included. Use the Proposal Checklist as your guide in filling out the application. All forms and exhibits must be organized in the order shown on the checklist. Explain the absence of any required items and write "N/A" in the space provided.

Section II: Proposal Summary (All applicants complete)

**NOTE:** Your executive director must sign and date this document. Applicants should fill out the organizational information completely and the amount of funding requested in the appropriate funding category.

Section III: Organizational Experience and Narrative (Only new applicants complete this section)

Please provide clear and concise responses to each of the questions using a narrative format.

Section IV: Questions for Current Providers of HOPWA Services  
(Only current HOPWA providers complete this section)

Applicants must provide specific responses using a narrative format to each of the program requirements. Pay particular attention to your program's goals. Additionally, applicants must review the HOPWA eligibility criteria found in the HOPWA regulations.

Only agencies currently providing the services identified in this RFP and who are reapplying for funds should answer the questions in this section.

Section V: Program Financial Information (All applicants complete)

**NOTE:** You must request an electronic version of the budget page by sending an email to [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov) or call 617-635-0372. Applicants are required to complete one financial document – 2013 HOPWA Program Budget. See below for the details regarding completion of this budget page.

1. Completing the Program Budget Section for Personnel Costs

- **"Job Title"** This should include the title of each staff position and the number of staff in the program who do this job (example- Case Manager- 3.0 FTE).
- **"HOPWA FTE"** Of the number of FTEs listed in the "job title" column, how many are funded by the HOPWA program. For example, if your housing information services (HIS) program has 3 case managers and .75 FTE is funded by HOPWA, list .75 in this column.
- **"HOPWA Salary Budget "** Include the amount of HOPWA funds being used to pay for this position **for the entire term of the contract period** (for example, if the total salary for the HOPWA staff position for the entire term of the contract is \$70,000 and HOPWA is listed as a .75 FTE, then the HOPWA salary budget is \$52,500 ( $\$70,000 \times .75 = \$52,500$ ))
- **"HOPWA Fringe Budget"** Include the amount of fringe paid by HOPWA for this position for the entire term of the contract. (for example, the HOPWA portion of the case manager is .75 FTE for a total of \$52,500. The maximum fringe permitted is 25% of the HOPWA portion of the salary, so  $\$52,500 \times .25 = \$12,600$ .)
- **"Other Funding and Source of Funding"** Include in this column the amounts and sources of other funds contributing to the HOPWA positions in your program. (for example, the salary for the case manager position listed above is \$70,000 of which HOPWA pays \$52,500 (.75). The remaining .25 FTE is \$17,500 and the fringe for this is listed as 25% (\$4,375). The total for this column is \$21,875 ( $\$17,500 + \$4,375$ ).) Include the name of the other funding source(s) that pays for this \$21,875. If HOPWA pays 100% of the salary and fringe, this column will be 0.
- **"Total Costs for this Position"** Add the amounts from the three columns for the HOPWA position ( $\$52,500 + \$12,600 + \$21,875 = \$86,975$ ).
- Calculate the "Total HOPWA Staff Costs" (A+B) by adding "Staff Costs" (A) and "Fringe" (B). Fringe costs are limited to 25% of the amount in the "HOPWA Salary Budget" column.

### Completing the Program Budget Section for Non-Personnel Costs

- **“Program Activity Costs”** Include the non-personnel activities that are required to support the HOPWA-funded position (s). Please note: **DND reserves the right to limit the amount of HOPWA funds used for some of these activities.**
- **“HOPWA \$ Amount”** Include the amount of HOPWA funds budgeted for this activity for the entire term of the contract.
- **“Other Funding”** Include the additional funds budgeted for the activity listed for the entire term of the contract.
- **“Total Activity Budget”** Total the amounts from the two columns.
- By HOPWA regulations, grantees may include up to 7% of the sub-total of program and staff costs for administrative overhead expense.

Section VI: Loops Form: Property Affidavit and Affidavit of Eligibility

Section VII: City of Boston Living Wage Ordinance Form LW-8

Section VIII: Attachments

- Current Board of Directors
- Current job descriptions of HOPWA-funded program staff

### **VI. Appendices**

- Guidelines of Developing Performance Measures
- Boston EMSA Map
- HUD Income Limits and Fair Market Rents
- Boston Jobs and Living Wage & CORI Ordinance Forms
- HOPWA Regulations

**Section V**

**HOPWA Program Budget**

**Section V  
2013 HOPWA PROGRAM BUDGET**

Agency & Project Name: \_\_\_\_\_

Dates of Contract Period: \_\_\_\_\_

**PROGRAM PERSONNEL COSTS**

Job Title* (include total FTEs for this position in the HOPWA program)	HOPWA FTEs**	HOPWA Salary Budget	HOPWA Fringe Budget	Other Funding & Source of Funding (for the HOPWA position)	Total Costs for this Position
Example: Case Manager (3.0 FTE)	.75 FTE	\$ 52,500	\$ 12,600	\$21,875 Ryan White	\$ 86,975
					<b>TOTAL HOPWA STAFF COSTS (A)</b>
					\$ -
					<b>TOTAL HOPWA FRINGE COSTS (B)**</b>
					\$ -
					<b>TOTAL HOPWA STAFF COSTS (A+B)</b>
					\$ -
<b>TOTALS</b>		\$ -	\$ -		\$ -

\*\*\*not to exceed 25% of HOPWA staff costs

\*include full job title and total FTEs for this job in your program

\*\*for FTE, specify that portion of the position paid by HOPWA funds (e.g. .75 FTE)

**NON-PERSONNEL COSTS**

Program Activity Costs^	HOPWA \$ Amount	Other Funding (for this program cost)	Total Activity Budget
Example: Brochures, Training Aids	\$ 800	\$ 600	\$ 1,400
			\$ -
			\$ -
			\$ -
			\$ -
			<b>TOTAL HOPWA PROGRAM COSTS (C)</b>
			\$ -
			\$ -
<b>TOTALS</b>			\$ -
			<b>SUBTOTAL HOPWA COSTS (A+B+C)</b>
			\$ -
			<b>ADMINISTRATIVE COSTS*** (D)</b>
			\$ -
			<b>TOTAL HOPWA COSTS (A+B+C+D)</b>
			\$ -

^be specific with these activity costs; do not use the word "other" to describe expenses

(revised 4/11/13)

Electronic version of this form is available. Contact Kathy Duffy at [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov)

\*\*\*\*-may not exceed 7% of subtotal

**Section VI**

**LOOPS Form: Property Affidavit & Affidavit of Eligibility**



**Section VII**

**City of Boston Living Wage Ordinance Form LW-8**



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5259

## VENDORS LIVING WAGE AFFIDAVIT

Any for-profit or any not-for-profit Vendor who employs at least 25 full-time equivalents (FTE) who has been awarded a Service Contract of \$25,000 or more from the City of Boston must comply with the provisions of the Boston Jobs And Living Wage Ordinance which requires any such Vendors to pay at least the **Living Wage which is \$13.49 per hour** to any employee who directly expends his or her time on the services set out in the contract. All Subcontractors whose subcontracts are at least \$25,000 are also required to pay the Living Wage.

*If you are bidding on or negotiating a Service Contract that meets the above criteria, you should submit this Affidavit prior to the awarding of the contract. If you believe that you are exempt from the Living Wage Ordinance, complete Section 4: Exemption from Living Wage Ordinance, or if you are requesting a General Waiver, please complete Section 5: General Waiver Reason(s).*

**WARNING:** No Service Contract will be executed until this Affidavit is completed, signed and submitted to the Contracting Department

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting, The Living Wage Administrator, The Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259, facsimile: (617) 918-5299, or your Contracting Department.

### Part 1: VENDOR INFORMATION:

Name of Vendor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Part 2: CONTRACT INFORMATION:

Name of the program or project under which the Contract or Subcontract is being awarded:  
\_\_\_\_\_

Contracting Department: \_\_\_\_\_

Start Date of Contract: \_\_\_\_\_ End Date of Contract: \_\_\_\_\_

Length of Contract:  1 year  2 years  3 years  Other: \_\_\_\_\_ (years)

**PART 3: ADDITIONAL INFORMATION**

Please answer the following questions regarding your company or organization:

1. Your company or organization is: *check one*:

- For Profit
- Not For Profit

2. Total number of "FTE" employees which you employ: \_\_\_\_\_

3. Total number of employees who will be assigned to work on the above-stated contract:  
\_\_\_\_\_

4. Do you anticipate hiring any additional employees to perform the work of the Service Contract?

- Yes
- No

If yes, how many additional F.T.E.s do you plan to hire? \_\_\_\_\_

**PART 4: EXEMPTION FROM BOSTON JOBS AND LIVING WAGE ORDINANCE**

Any Vendor who qualifies may request an Exemption from the provisions of the Boston Jobs And Living Wage Ordinance by completing the following:

I hereby request an Exemption from the Boston Jobs And Living Wage Ordinance for the following reason(s): Attach any pertinent documents to this Application to prove that you are exempt from the Boston Jobs And Living Wage Ordinance. Please check the appropriate box(es) below:

- The construction contract awarded by the City of Boston is subject to the state prevailing wage law; and
- Assistance or contracts awarded to youth programs, provided that the contract is for stipends to youth in the program. "Youth Program" means any city, state, or federally funded program which employs youth, as defined by city, state, or federal guidelines, during the summer, or as part of a school to work program, or in other related seasonal or part-time program; and
- Assistance or contracts awarded to work-study or cooperative educational programs, provided that the Assistance or contract is for stipends to students in the programs; and
- Assistance and contracts awarded to vendors who provide services to the City and are awarded to vendors who provide trainees a stipend or wage as part of a job training program and provides the trainees with additional services, which may include but are not limited to room and board, case management, and job readiness services, and provided further that the trainees do not replace current City funded positions.

Please give a full statement describing in detail the reasons you are exempt from the Boston Jobs And Living Wage Ordinance (attach additional sheets if necessary):

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**PART 5. GENERAL WAIVER REASON(S)**

I hereby request a General Waiver from the Boston Jobs And Living Wage Ordinance. The application of the Boston Jobs And Living Wage Ordinance to my (check one):

- Service Contract
- Subcontract

violates the following state or federal statutory, regulatory or constitutional provision or provisions.

State the specific state or federal statutory, regulatory or constitutional provision or provisions, which makes compliance with the Boston Jobs And Living Wage Ordinance unlawful:

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**GENERAL WAIVER ATTACHMENTS:**

Please attach a copy of the conflicting statutory, regulatory or constitutional provisions that makes compliance with this ordinance unlawful.

Please give a full statement describing in detail the reasons the specific state or federal statutory, regulatory or constitutional provision or provisions makes compliance with the Boston Jobs And Living Wage Ordinance unlawful (attach additional sheets if necessary):

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**PART 6: VENDOR AFFIDAVIT:**

I \_\_\_\_\_ a principal officer of the Covered Vendor certify and swear/affirm that the information provided on this **Vendors Living Wage Affidavit** is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Section VIII**

**Applicant Attachments and Exhibits**

# DND HOPWA Quantitative Report

## Sections I-III

Agency Name:	
Reporting Period:	

Section I. Program Referrals		
Referrals to the Program		
A.1	Number of referrals to the program	
A.2	Number who entered the program	
A.3	Number who did not enter the program	
A.4	Number on your wait list at end of reporting period	
Referral Sources		
B.1	Hospital, Health Center or Medical Clinic	
B.2	Alcohol/Drug Treatment Program	
B.3	Homeless Shelter	
B.4	Transitional Housing Program	
B.5	Criminal Justice System	
B.6	Psychiatric Hospital or Clinic	
B.7	AIDS Service Organization (ASO)	
B.8	Social Service Agency	
B.9	Self	
B.10	<b>Total</b>	0
	<b>Data Check = Sum of lines B.1-B.9 equals A.1</b>	<b>TRUE</b>
Reasons for Not Entering Program		
C.1	Dropped Out	
C.2	No Vacancies	
C.3	Selected Another Program	
C.4	Ineligible	
C.5	Unknown	
C.6	Other (specify)	
C.7	<b>Total</b>	0
	<b>Data Check = Sum of lines C.1-C.6 equals A.3</b>	<b>TRUE</b>

# DND HOPWA Quantitative Report

## Sections I-III

	Agency Name:	
	Reporting Period:	
	<b>Section II. Caseload Information</b>	
	<b>Total Cases Served</b>	
D.1	Number of cases at beginning of reporting period	
D.2	Number of new cases this reporting period	
D.3	Number of cases that were closed	
D.4	Number of cases served this period (=D.1+D.2)	0
	<b>Housing Status At Intake - New Cases Only</b>	
	<b>A. Homeless</b>	
E.1	Living in a Shelter	
E.2	Living on the Streets	
E.3	Transitional Housing Program	
E.4	Medical Facility/Detox	
E.5	Halfway House	
E.6	Short-term Treatment Program	
E.7	Prison	
E.8	Staying with Family/Friends	
E.9	<b>Subtotal</b>	0
	<b>B. Permanent Housing</b>	
E.10	Tenant-Based Rental Assistance	
E.11	AIDS Residential Program	
E.12	Public Housing Development	
E.13	Privately Subsidized Development	
E.14	Private Housing - Rent Burdened	
E.15	Private Housing-Overcrowded/Substandard	
E.16	Private Housing - Not Rent Burdened	
E.17	Staying with Family/Friends	
E.18	<b>Subtotal</b>	0
E.19	<b>Total (A+B)</b>	0
	<b>Data Check = Subtotal of A+B equal line D.2</b>	<b>TRUE</b>

# DND HOPWA Quantitative Report

## Sections I-III

	Agency Name:	
	Reporting Period:	
	<b>Section III. Demographics</b>	
	<b>Races/Ethnicity-All Cases</b>	
F.1	African-American/Black (not Latino)	
F.2	African	
F.3	Asian/Pacific Islander	
F.4	Brazilian	
F.5	Cape Verdean	
F.6	Caucasian/White (not Latino)	
F.7	Haitian	
F.8	Hispanic/Latino	
F.9	Native American	
F.10	Portuguese	
F.11	Other	
F.12	<b>Total</b>	<b>0</b>
	<b>Data Check = Sum of lines F.1-F.11 equals D.4</b>	<b>TRUE</b>
	<b>Gender-All Cases</b>	
G.1	Female	
G.2	Male	
G.3	Transgender M to F	
G.4	Transgender F to M	
G.5	<b>Total</b>	<b>0</b>
	<b>Data Check = Sum of lines G.1-G.4 equals D.4</b>	<b>TRUE</b>
	<b>Household Size-All Cases</b>	
H.1	One Person	
H.2	Two Persons	
H.3	Three Persons	
H.4	Four Persons	
H.5	Five Persons	
H.6	Six Persons	
H.7	Seven or more Persons	
H.8	<b>Total</b>	<b>0</b>
	<b>Data Check = Sum of lines H.1-H.7 equals D.4</b>	<b>TRUE</b>

## DND HOPWA Quantitative Report Sections IV-V

Agency Name:	0
Reporting Period:	0

<b>Section IV. Client Outcomes</b>		<b>0</b>
<b>Housing placement activities for all cases</b>		
I.1	Number of clients in active housing search during last 12 months*	
I.2	Number of clients in I.1 placed in permanent housing	
I.3	Number of clients in I.1 placed in a transitional housing program	
I.4	Number of clients in I.1 placed in other housing	
I.5	Total number of clients placed in some type of housing (Sum of I.2-I.4)	0
I.6	Percent of clients placed in some form of housing	#DIV/0!
NOTE: *active housing search refers to those clients who are able to consistently engage in housing search activities and remain engaged with your program		
<b>Outcome of your work with all cases</b>		
Total Cases Served (From Section II Line D.4)		0
J.1	Receiving services, maintained current housing situation	
J.2	Receiving services, lost housing	
J.3	Receiving services, found some form of housing	
J.4	Receiving services, in housing search	
J.5	Left program, no longer in need of services	
J.6	Left program, did not comply with program rules	
J.7	Left Program, needs more supportive services (referred to another program)	
J.8	Voluntary departure	
J.9	Whereabouts unknown/disappeared	
J.10	Death	
J.11	Total	0
<b>Data Check = Sum of lines J.1-J.10 equals Total Cases Served</b>		<b>TRUE</b>

## DND HOPWA Quantitative Report Sections IV-V

Agency Name:	0
Reporting Period:	0

Current housing status of all clients		
K.1	Unsubsidized permanent housing	
K.2	Subsidized permanent housing	
K.3	Permanent supportive housing (congregate) program	
K.4	Transitional housing program	
K.5	Moved in with family or friends	
K.6	Street/Emergency shelter	
K.7	Alcohol/Drug treatment facility	
K.8	Hospital/Medical residential facility	
K.9	Psychiatric hospital	
K.10	Jail/Prison	
K.11	Unknown/Voluntary departure/Did not comply	
K.12	Died during this reporting period	
K.13	Total	0
<b>Data Check = Sum of lines K.1-K.12 equals Total Cases Served</b>		TRUE

Section V. Housing Information Services		0
Total Number of Clients Served		
L.1	Total number of persons who received housing information services funded by HOPWA (Equal to Tab 6 Line 6.13 on Data Collection Tool)	
Length of Housing Search for Permanent Housing Placements		
M.1	1-6 months	
M.2	7-12 months	
M.3	13-18 months	
M.4	> 18 months	
M.5	Total	0
<b>Data Check = Sum of lines M.1-M.4 equals I.2</b>		TRUE

**DND HOPWA Quantitative Report  
Section VI**

Agency Name:	0
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Reporting Period:	0
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**VI. Performance Measures and Outcomes**

**GOAL 1:**

--

**OUTCOME:**

--

**EXPLAIN HOW YOU ACHIEVED THIS OUTCOME:**

--

**GOAL 2:**

--

**DND HOPWA Quantitative Report  
Section VI**

**OUTCOME:**

**EXPLAIN HOW YOU ACHIEVED THIS OUTCOME:**

**GOAL 3:**

**OUTCOME:**

**EXPLAIN HOW YOU ACHIEVED THIS OUTCOME:**

# DND HOPWA Annual Reporting Data Collection Tool

## Instructions & Definitions

This is the data collection tool for your agency to report annual performance measures for the HOPWA program. Please note that you may not report data in all of the tabs of this spreadsheet. Please review the instructions carefully. Definitions for some of the terms that appear in the report are below.

Please note the COLOR CODING used throughout the report:

<b>Instructions</b>
<b>Enter Data Here</b>
<b>Data Totaled For You</b>
<b>Data Checks: When complete, all data checks must be "True"</b>

### Call or Email with questions:

Kathy Duffy	617.635.0372 <a href="mailto:kduffy.dnd@cityofboston.gov">kduffy.dnd@cityofboston.gov</a>
Elizabeth Malloy	617.927.0088 ext 26 <a href="mailto:emalloj@vpi.org">emalloj@vpi.org</a>
Liz Stewart	617.927.0088 ext 25 <a href="mailto:estewart@vpi.org">estewart@vpi.org</a>

### Summary of Data Requested by Tab

Tab 1	Organizational Data completed by all Sponsors
Tab 2	Demographic Data completed by Sponsors who provide HOPWA Housing Assistance
Tab 3	Housing Stability Outcomes completed by Sponsors who provide HOPWA Permanent and/or Transitional Housing Assistance
Tab 4	Homelessness Prevention Outcomes completed by Sponsors who provide HOPWA STRMU Assistance
Tab 5	Performance and Expenditure data completed by Sponsors who provide HOPWA Supportive Services
Tab 6	Performance, Expenditure and Leveraging data completed by all Sponsors
Tab 7	Access to Care and Support Outcomes completed by Sponsors who provide HOPWA Housing Assistance and/or HOPWA Supportive Services
Tab 8	Unmet Need completed by all Sponsors except those who only provide Technical Assistance or Resource ID

### Definitions for Tab 1

Permanent Housing Placement	A supportive housing service that helps establish the household in the housing unit, including but not limited to reasonable costs for security deposits not to exceed two months of rent costs.
Grassroots Organization	An organization headquartered in the local community where it provides services; has a social services budget of \$300,000 or less annually, and six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered "grassroots."

# DND HOPWA Annual Reporting Data Collection Tool

## Instructions & Definitions

Definitions for Tab 2	
Beneficiary	Any individual who received HOPWA housing assistance during the operating year and includes all members of the household receiving assistance.
Chronically Homeless	An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. Note that only new participants may be counted as "chronically homeless" for reporting purposes.
Family	A household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care and well being.
HOPWA Eligible Person	A low-income person with HIV/AIDS who qualifies the household for HOPWA assistance. This person may be considered the 'head of household.' When there is more than one person with HIV/AIDS in the household, the additional PWA(s), would be considered the beneficiary.
Household	A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. Caregivers and non-beneficiaries who resided in a shared unit are not reported.
Definitions for Tab 6	
Leveraged Funds	Cash resources separate from the HOPWA grant award and may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White CARE Act programs, other federal programs HHS, VA, DOL, etc, state funds, local government funds, and private philanthropy
In-Kind Resources	Involves additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. In determining the rate for contribution of volunteer time and services, use the rate established in HUD notices. The value of any donated material, equipment, building, or lease should be based on the fair market value at the time of donation.
Program Income	Gross income directly generated from the use of HOPWA funds, including repayments. (Resident rent payments are reported on a separate line.)
Definitions for Tab 7	
Medical Insurance /Assistance	Includes the following: MEDICAID Health Insurance Program (or local program name), AIDS Drug Assistance Program (ADAP/HDAP), Ryan White-funded Medical or Dental Assistance, Veterans Affairs Medical Services, State Children's Health Insurance Program (SCHIP or local program name).
Sources of Income	Temporary Assistance to Needy Families (TANF) income (or local program name), General Assistance, SSI, SSDI, Veteran's Disability Payment, Veteran's Pension, Pension from Former Job, Earned Income, Child Support, Alimony or Other Support, Retirement Income from Social Security, Unemployment Income, Worker's Compensation, Private Disability Insurance

# DND HOPWA Annual Reporting Data Collection Tool

## Tab 1 - Agency Information

**Provide the following information about your agency:**

1.1	Agency Name	
1.2	Operating Year	
1.3	Parent Company (if applicable)	
1.4	Name of Primary Contact	
1.5	Email of Primary Contact	
1.6	Business Address	
1.7	City	
1.8	County	
1.9	State	
1.10	Zip Code	
1.11	Phone (include area code)	
1.12	Fax (include area code)	
1.13	Employer ID # or Tax ID #	
1.14	Dun & Bradstreet Number	
1.15	Cities and Counties of Primary Service Area(s)	
1.16	Website	
1.17	Total HOPWA contract amount for operating yr	
1.18	HOPWA funds expended this operating year	

**Use the dropdown menu to answer the following Yes or NO:**

1.19	Does your organization maintain a waiting list?	
If yes, include a description of how the list is administered in the narrative section of your report.		
1.20	Is your organization a nonprofit?	
1.21	If yes, is it a faith-based organization?	
1.22	If yes, is it a grassroots organization?	

**Use to dropdown menu to indicate which activities are funded by your HOPWA grant:**

1.23	Facility-based Permanent Housing Assistance	
1.24	Tenant-based Rental Assistance	
1.25	Transitional Housing Assistance	
1.26	Short-term Rental, Mortgage, and Utilities Assistance (STRMU)	
1.27	Supportive Services	
1.28	Housing Information Services	
1.29	Permanent Housing Placement--1st & Last Month's Rent	
1.30	Technical Assistance and/or Resource ID	

**If you provide HOPWA Housing Assistance, go to Tab 2**

**If you provide HOPWA Supportive Services ONLY, go to Tab 5**

**If you don't provide HOPWA Housing Assistance or Supportive Services, go to Tab 6**

Lines 1.25  
through  
1.26 are  
HOPWA  
Housing  
Assistance

## DND HOPWA Annual Reporting Data Collection Tool

### Tab 2 - Demographic Data

Agency Name:	0
Operating Year:	0

Provide a count of the number of Individuals and other household members served by HOPWA Housing Assistance during this Operating Year.		
2.1	Number of Individuals with HIV/AIDS who have received HOPWA Housing Assistance only and qualify household for HOPWA eligibility	0
2.2	Of those individuals reported in Line 2.1, number of Veterans	0
2.3	Of those individuals reported in Line 2.1, number of Chronically Homeless	0
2.4	Number of <b>other</b> members of household, not including the Individuals reported in Line 2.1	0
<b>Total Beneficiaries (Sum of Line 2.1 and 2.4)</b>		<b>0</b>

Provide the Prior Living Situation for all <u>INDIVIDUALS</u> served by HOPWA Housing Assistance		
2.5	Continuing to receive HOPWA assistance from the prior operating year	0
2.6	Place not meant for human habitation (vehicle, abandoned building, bus/train/subway/airport, or outside)	0
2.7	Emergency shelter (including hotel paid for with emergency shelter voucher)	0
2.8	Transitional housing for homeless persons	0
2.9	Permanent housing for formerly homeless persons	0
2.10	Psychiatric hospital or other psych facility	0
2.11	Substance abuse treatment facility	0
2.12	Hospital (non-psychiatric facility)	0
2.13	Foster care home or foster care group home	0
2.14	Jail, prison, or juvenile detention facility	0
2.15	Rented room, apartment, or house	0
2.16	House owned by HOPWA beneficiary	0
2.17	Staying or living in someone else's room, apartment, or home	0
2.18	Hotel or motel paid for without emergency shelter voucher	0
2.19	Other	0
2.20	Don't know or refused	0
<b>Total Individuals</b>		<b>0</b>
<b>Data Check (Total Individuals above equals Line 2.1)</b>		<b>TRUE</b>

# DND HOPWA Annual Reporting Data Collection Tool

## Tab 2 - Demographic Data

Agency Name:	0
Operating Year:	0

**Provide the RACE and ETHNICITY for all Beneficiaries. Note: Total of Line 2.5 - Line 2.14 must equal Total Beneficiaries calculated above.**

	Category	All Beneficiaries	Also Hispanic/Latino
2.21	American Indian/Alaskan Native	0	0
2.22	Asian	0	0
2.23	Black/African American	0	0
2.24	Native Hawaiian/Other Pacific Islander	0	0
2.25	White	0	0
2.26	American Indian/Alaskan Native & White	0	0
2.27	Asian & White	0	0
2.28	Black/African American & White	0	0
2.29	Am. Indian/Alaskan Native & Black/African Am.	0	0
2.30	Other Multi-Racial	0	0
<b>Total Beneficiaries</b>		0	
<b>Data Check (Total Beneficiaries above equals sum of Lines 2.1 &amp; 2.4)</b>			<b>TRUE</b>

**Provide the AGE and GENDER for all Beneficiaries**

	Category	Male	Female	Total
2.31	Under 18	0	0	0
2.32	18 to 30 years	0	0	0
2.33	31 to 50 years	0	0	0
2.34	51 years and Older	0	0	0
<b>Total Beneficiaries</b>		0	0	0
<b>Data Check (Total Beneficiaries above equals sum of Lines 2.1 and 2.4)</b>				<b>TRUE</b>

**Provide the Area Median Income for all HOUSEHOLDS served by HOPWA Housing Assistance**

2.35	0-30% of area median income (extremely low)	0
2.36	31-50% of area median income (very low)	0
2.37	51-60% of area median income (low)	0
2.38	61-80% of area median income (low)	0
<b>Total Households</b>		0
<b>Data Check (Total Households above equals Total Housing Assistance on Tab 6)</b>		<b>TRUE</b>

IF you provide PERMANENT HOPWA Housing Assistance, go to Tab 3  
 IF you provide TRANSITIONAL HOPWA Housing Assistance, go to Tab 3  
 IF you provide STRMU Assistance, go to Tab 4

**DND HOPWA Annual Reporting Data Collection Tool**  
**Tab 3 - Permanent and Transitional Housing Assistance**

Agency Name:	0
Operating Year:	0
<b>If your agency provided Permanent or Transitional HOPWA Housing Assistance (not STRMU) during this operating year, then complete this section.</b>	

<b>Use the dropdown menu to indicate which type of HOPWA Housing Assistance your agency provides:</b>	
3.1 Facility-based Permanent Housing Assistance	
3.2 Tenant-based Rental Assistance	
3.3 Transitional Housing Assistance	

<b>Enter the number of households served:</b>	
3.4 Total number of households that received HOPWA Housing Assistance during this operating year:	
3.5 Number of households that will continue to be served into the following operating year with HOPWA Housing Assistance	

<b>For those Households who will not continue into the following operating year, report the housing status upon exiting.</b>	
3.6 Emergency shelter/streets	
3.7 Temporary housing ( ≈ 90 days in either: transitional program, family/friends, temporary placement in institution)	
3.8 Private housing (unsubsidized room/house/apartment)	
3.9 Other HOPWA (other HOPWA program or other HOPWA Assistance)	
3.10 Other subsidy (HCVP, HOME Unit, LIHTC, etc)	
3.11 Institution (with long term stay expected)	
3.12 Jail/prison	
3.13 Disconnected/Unknown	
3.14 Death	
<b>Total Exited this Year</b>	
0	
<b>Total Served this Year</b>	
0	
<b>Data Check (Total Served this Year equals Line 3.4)</b>	
TRUE	

<b>If you provide HOPWA Transitional Housing Assistance, provide the following data:</b>	
3.15 Total number of households whose residency in the program exceeded 24 months	0

If you provide HOPWA STRMU Assistance, go to Tab 4.  
 If you provide HOPWA Supportive Services, go to Tab 5.  
 If you provide HOPWA Permanent or Transitional Housing Assistance ONLY, go to Tab 6

## DND HOPWA Annual Reporting Data Collection Tool

### Tab 4 - STRMU Assistance

Agency Name:	0
Operating Year:	0
<b>If your agency provided Short-term Rent, Mortgage, and Utility (STRMU) Assistance during this operating year, then complete this section.</b>	

<b>Enter the number of households served:</b>		
4.1	Total number of households that received HOPWA STRMU Assistance during this operating year:	0
<b>Enter the number of households served for each outcome.</b>		
4.2	Households that were able to Maintain Private Housing without subsidy (e.g., Assistance provided/completed and client is stable, not likely to seek additional support)	0
4.3	Other Private Housing without subsidy (e.g., permanent arrangement with family, other affordable rental unit)	0
4.4	Other HOPWA (TBRA or Facility-based permanent housing)	0
4.5	Other housing subsidy	0
4.6	Institution (e.g., residential and long-term care)	0
4.7	Likely to maintain current housing arrangements, with additional STRMU assistance in the future	0
4.8	Transitional Facilities/Short-term (e.g., temporary or transitional arrangement)	0
4.9	Temporary/non-permanent housing arrangement (e.g., moved in with family or friends but expects to live there less than 90 days)	0
4.10	Emergency Shelter/street	0
4.11	Jail/prison	0
4.12	Disconnected	0
4.13	Death	0
<b>Total Households Served</b>		<b>0</b>
<b>Data Check (Total Households Served equals Line 4.1)</b>		<b>TRUE</b>

<b>Enter the number of households served:</b>		
4.14	Total number of households that received STRMU assistance this year AND in the previous year	
4.15	Total number of households that received STRMU assistance this year AND in the previous two years	

Lines 4.2 through 4.6 indicate Stable Housing Outcome which is defined as households that accessed assistance for some period of the permitted 21-week period and there is a reasonable expectation that additional support is not needed in order to maintain permanent housing living situation

Line 4.7 through 4.9 indicate Temporarily Stable with Reduced Risk of Homelessness Outcome defined as households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/nonpermanent housing arrangement and there is a reasonable expectation additional support will be needed to maintain housing arrangements in the next year.

**If you provide HOPWA Supportive Services, go to Tab 5**  
**If you don't provide HOPWA Supportive Services, go to Tab 6**



## DND HOPWA Annual Reporting Data Collection Tool

### Tab 6 - Performance, Expenditures, and Leveraging

Agency Name:		0			
Operating Year:		0			
<b>Report the total number of HOUSEHOLDS that received HOPWA and Leveraged Housing Assistance and the amount of HOPWA and Leveraged funds expended for all grant activities.</b>					
		Number HOPWA Asstd Hshlds	Amount of HOPWA Funds Expended	Number Lever- aged Hshlds	Amount of Leveraged Funds*
<b>HOUSING SUBSIDY ASSISTANCE</b>					
6.1	Tenant-Based Rental Assistance (TBRA)	0	\$ -	0	\$ -
6.2	Households in permanent housing facilities receiving operating subsidies/leased units	0	\$ -	0	\$ -
6.3	Households in transitional/short-term facilities receiving operating subsidies/leased units	0	\$ -	0	\$ -
6.4	Households in permanent housing facilities developed with capital funds AND placed in service during the operating year	0	\$ -	0	\$ -
6.5	Households in transitional housing facilities developed with capital funds AND placed in service during the operating year	0	\$ -	0	\$ -
6.6	Short-term Rent, Mortgage, and Utility Assistance	0	\$ -	0	\$ -
6.7	<i>Of STRMU assistance, total to homeowners (mortgage or utility)</i>	0	\$ -	0	\$ -
<b>In Line 6.8 below, enter the number of households who have received more than one kind of Housing Subsidy Assistance listed above.</b>					
6.8	Adjustment for duplication	0	/	0	/
<b>TOTAL Housing Assistance</b>		<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>

		Number HOPWA Asstd Units	Amount of HOPWA Funds Expended	Number Lever- aged Units	Amount of Leveraged Funds*
<b>HOUSING DEVELOPMENT</b>					
6.9	Facility-based units being developed with capital funding but not yet opened (units planned)	0	\$ -	0	\$ -
6.10	Stewardship units subject to 3- or 10- year use periods	0	/	0	/
<b>TOTAL Housing Development</b>		<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>

<b>Report on number of Households served by and Amount of HOPWA funds expended on Supportive Services in EITHER Line 6.11 or Line 6.12.</b>					
		HOPWA Asstd Hshlds	Amount of HOPWA Funds Expended	/	/
<b>SUPPORTIVE SERVICES</b>					
6.11	Supportive Services delivered by project sponsors also delivering HOPWA Housing Assistance	0	\$ -	/	/
6.12	Supportive Services delivered by project sponsors serving households who have other housing arrangements	0	\$ -	/	/
<b>TOTAL Supportive Services</b>		<b>0</b>	<b>\$ -</b>	<b>/</b>	<b>/</b>

## DND HOPWA Annual Reporting Data Collection Tool

### Tab 6 - Performance, Expenditures, and Leveraging

Agency Name:	0
Operating Year:	0

	HOPWA Asstd Hshlds	Amount of HOPWA Funds Expended		
<b>HOUSING PLACEMENT ASSISTANCE ACTIVITIES</b>				
6.13 Housing Information Services	0	\$ -		
6.14 Permanent Housing Placement Services	0	\$ -		
<b>In Line 6.15 below, enter the number of households who have received more than one kind of Housing Placement Assistance.</b>				
6.15 Adjustment for duplication (subtract)				
<b>TOTAL Housing Placement Assistance</b>	<b>0</b>	<b>\$ -</b>		

		Amount of HOPWA Funds Expended		
<b>GRANT ADMINISTRATION AND OTHER ACTIVITIES</b>				
6.16 Resource Identification to establish, coordinate and develop housing assistance resources		\$ -		
6.17 Technical Assistance (if approved in grant agreement)		\$ -		
6.18 Grantee Administration (maximum 3% of total HOPWA grant)		\$ -		
6.19 Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)		\$ -		
6.20 Other Activity (if approved in grant agreement). Specify:		\$ -		
<b>TOTAL Grant Administration and Other Activities</b>		<b>\$ -</b>		

		Amount of HOPWA Funds Expended		Amount of Leveraged Funds for Hsg Asst.
<b>TOTAL Expenditures for Program Year</b>				
<b>Total Expenditures</b>		<b>\$ -</b>		<b>\$ -</b>

## DND HOPWA Annual Reporting Data Collection Tool

### Tab 6 - Performance, Expenditures, and Leveraging

Agency Name:	0
Operating Year:	0

Report the funds and value of in-kind donations leveraged from federal, state, local or private sources by type of HOPWA Assistance.		
	Housing Assistance	Supportive Services and other non-direct housing costs
Source of Leveraging*		
6.21 Program Income*	\$ -	\$ -
6.22 Federal Government (please specify):	\$ -	\$ -
6.23	\$ -	\$ -
6.24	\$ -	\$ -
6.25	\$ -	\$ -
6.26 State Government (please specify):	\$ -	\$ -
6.27	\$ -	\$ -
6.28	\$ -	\$ -
6.29	\$ -	\$ -
6.30 Local Government (please specify):	\$ -	\$ -
6.31	\$ -	\$ -
6.32	\$ -	\$ -
6.33	\$ -	\$ -
6.34 Foundations and other private cash resources (please specify):	\$ -	\$ -
6.35	\$ -	\$ -
6.36	\$ -	\$ -
6.37	\$ -	\$ -
6.38 In-kind resources*	\$ -	\$ -
6.39 Resident rent payments in Rental, Facilities, and Leased Units	\$ -	\$ -
6.40 Grantee/project sponsor (Agency) cash	\$ -	\$ -
<b>TOTALS</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Data Check</b> (Sum of Lines 6.21 - 6.40 equals Sum of Column F, Lines 6.1 - 6.7 and 6.9)	<b>TRUE</b>	

\* See Definition Tab

If you provide HOPWA Housing Assistance and/or Supportive Services, go to Tab 7

If you provide HOPWA Housing Information Services only, go to Tab 8

# DND HOPWA Annual Reporting Data Collection Tool

## Tab 7 - Access To Care and Support Outcomes

Agency Name:	0
Operating Year:	0
<b>Provide Access to Care and Support Outcomes for households served by your agency.</b>	
Does your agency provide any form of HOPWA-funded housing assistance (emergency assistance, transitional assistance, long-term rental assistance, facility-based housing)?	
7.1 <b>If you answered yes, then complete Chart 1A Lines 7.1 - 7.6</b>	
<b>If you answered no, then complete Chart 2A Lines 7.7 - 7.12</b>	

<b>CHART 1A. Complete this chart for those households who were served by your agency with HOPWA Housing Assistance.</b>		
	# of Households Receiving	Outcome Indicator
7.2 Has a housing plan for maintaining or establishing stable, on-going housing	0	<i>Support for Stable Housing</i>
7.3 Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan	0	<i>Access to Support</i>
7.4 Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	0	<i>Access to Health Care</i>
7.5 Has accessed and can maintain medical insurance/assistance*	0	<i>Access to Health Care*</i>
7.6 Successfully accessed and/or maintained qualification for sources of income*	0	<i>Sources of Income*</i>
7.7 Household obtained an income-producing job during the operating year as a result of HOPWA funded services	0	<i>Sources of Income</i>

<b>CHART 2A. Complete this chart for those households who were served by your agency with HOPWA-funded Supportive Services ONLY.</b>		
	# of Households Receiving	Outcome Indicator
7.8 Has a housing plan for maintaining or establishing stable, on-going housing	0	<i>Support for Stable Housing</i>
7.9 Successfully accessed and/or maintained qualification for sources of income*	0	<i>Access to Support</i>
7.10 Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	0	<i>Access to Health Care</i>
7.11 Has accessed and can maintain medical insurance/assistance*	0	<i>Access to Health Care</i>
7.12 Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan	0	<i>Sources of Income</i>
7.13 Household obtained an income-producing job during the operating year as a result of HOPWA funded services	0	<i>Sources of Income</i>

\* See Definition Tab  
Go to Tab 8

**DND HOPWA Annual Reporting Data Collection Tool**  
**Tab 8 - Unmet Need Estimates**

Agency Name:	0
Operating Year:	0
<b>Please provide the following data:</b>	
8.1 Total number of households that have unmet housing needs	

**For those households reported under Item 8.1, which type of housing assistance would meet their needs? Note that the sum of 8.2 - 8.4 must equal Line 8.1.**

8.2	Tenant Based Rental Assistance:	
8.3	Short-Term Rent, Mortgage and Utility payments (STRMU):	
8.4	Housing Facilities, such as community residences, SRO dwellings and other housing facilities	
	<b>Subtotal</b>	0
	<b>Data Check (Sum of Lines 8.2 - 8.4 equals Line 8.1)</b>	<b>TRUE</b>

**Did your organization use the following recommended data sources for assessing unmet need (check all sources used):**

8.5	Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives	
8.6	Data established by area HIV/AIDS housing planning and coordination efforts, e.g., Continuum of Care	
8.7	Data from client information provided in Homeless Management Information Systems (HMIS)	
8.8	Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need	
8.9	Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted	
8.10	Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing	
8.11	Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g., local health department or CDC surveillance data	

**End of Report. Please verify that all the Data Check fields are TRUE.**

CITY OF BOSTON  
DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT

INSTRUCTIONS FOR ANNUAL HOPWA  
REPORT OF PROGRAM ACTIVITIES:

NARRATIVE AND QUANTITATIVE SECTIONS  
(revised 7/1/2011)

All programs receiving HOPWA funds need to complete this report. However, each of the service categories (housing information services, client-related housing services, rental assistance, technical assistance) may have different sections of this report to complete.

Read these instructions carefully. Complete only those sections that apply to your program.

All programs need to complete the **narrative section** of the report. This includes the report cover sheet and questions 1-5. Please remember the following:

- Each program receiving HOPWA funds needs to complete a separate report. If your agency has more than one HOPWA grant, you must complete a report for each one of them.
- The supervisor of the person preparing this report needs to review and sign off on it.
- Please note the due dates for submission of completed reports.
- If you choose, you can use a bulleted format when completing the narrative section.
- Note: Do not recopy your answers to questions from past reports for this report.

For the **quantitative section**, programs need to complete this section as follows:

- Housing information services- all SECTIONS
- Client-related housing services- Sections I; II; III; IV; VI (omit Section V.)
- The following programs will submit a modified quantitative report and fill in applicable data that describes their program activities:
  - Rental Assistance Program (MBHP)
  - Technical Assistance Program (TAP at VPI)
  - Emergency Rental Assistance/Rental Start-Up Program (AAC)

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**  
**REPORT OF PROGRAM ACTIVITIES**

NAME OF FUNDED PROGRAM: \_\_\_\_\_

AGENCY: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

REPORT DUE TO DND ON OR BEFORE: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_

PERSON PREPARING THIS REPORT: \_\_\_\_\_

SIGNATURE OF PERSON PREPARING REPORT: \_\_\_\_\_

SIGNATURE OF SUPERVISOR REVIEWING REPORT: \_\_\_\_\_

DATE SUBMITTED VIA EMAIL TO DND: \_\_\_\_\_

DATE MAILED TO DND: \_\_\_\_\_

**Submission Requirements:**

**(1) Email a copy of both the narrative and quantitative sections of this report to DND. No paper copy required.**

**(2) You need only mail to DND this page with the appropriate signatures.**

Please mail the signed cover page to:

Kathy Duffy  
Program Manager  
Department of Neighborhood Development  
26 Court Street, 8<sup>th</sup> Floor  
Boston, MA 02108

**QUESTIONS ? Call 617-635-0372 or email [kduffy.dnd@cityofboston.gov](mailto:kduffy.dnd@cityofboston.gov)**

**Email copy received at DND:** \_\_\_\_\_

**Signed cover page received at DND:** \_\_\_\_\_

Please respond to all applicable questions below and then complete the attached quantitative section about your activities this reporting period. You may use a bulleted format to answer the narrative section of this report.

**NARRATIVE SECTION**

1. Briefly discuss the following items and complete information below:

A. Total number of clients served during this period: \_\_\_\_\_

B. Does your organization maintain a waitlist? YES/NO

**If yes, please answer the following:**

a. Number of people on your current wait list: \_\_\_\_\_

b. Average length of time clients remain on your wait list to get services/housing: \_\_\_\_\_

C. What specific activities/ services (outputs) were provided during this reporting period?

Outputs Reported: Describe program accomplishments or challenges in achieving the number of housing units supported and the number of households assisted with HOPWA funds during this operating year. Include comparisons between proposed (as approved in the grant agreement) and actual accomplishments. In the narrative, describe how housing assistance is coordinated to serve clients. If your organization has a waiting list, please explain how it is administered.

D. Provide an assessment of the client outcomes during this operating year.

Outcomes Assessed: Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, reduce risks of homelessness (STRMU providers) and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If current year results are lower than the national program targets (80 percent of HOPWA clients will maintain housing stability, avoid homelessness and access care each year), please explain. Please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in the next operating year.

E. Describe any changes in the population you served during this year compared to previous years (ethnicity/race, gender, income, age, etc).

F. Describe any barriers (including regulatory and non-regulatory) you encountered during the operating year, actions taken in response to the barriers and recommendations for program improvement. Select as many as are applicable from the following list and provide an explanation for each selected category:

HOPWA/HUD Regulations	Planning	Housing Availability	Rent Determination & FMR
Discrimination/Confidentiality	Multiple Diagnosis	Eligibility	Technical Assistance or Training
Supportive Services	Credit History	Rental History	Criminal Justice History
Housing Affordability	Other, please specify		

G. Describe any technical assistance needs and how they would benefit program beneficiaries:

2. Have you made changes to your original program plan during this reporting period?  
 YES/NO  
 Include changes such as the program's budget, staffing changes in agency operations, delivery of services, new linkages with outside agencies, changes to your office/treatment space, etc. Include changes to your program due to a DND site visit report or other site visit reports from other funders of your program (MDPH, Ryan White, etc).

3. Have there been any staff vacancies during this past reporting period?  
 YES/NO  
 If yes, describe how long it has been vacant and describe your plans for hiring new staff.

[Empty rectangular box]

4. Identify any specific problems/challenges (both long-term and short-term) that currently exist for you in this program. What have you done/are you doing to address these issues? Be specific.

[Empty rectangular box]

5. Discuss any grant management issues and/or ways that DND can improve the administration of this grant (changes in reporting, value of monitoring visits, fiscal oversight, etc). Are there ways that DND can assist you with any of the issues you discussed in question #4.

[Empty rectangular box]

## GUIDELINES FOR COMPLETING THE QUANTITATIVE SECTION

**Note:** This reporting form will automatically indicate if you have an accurate “Total” (in the gray cells) for each item in this report by posting a “TRUE” or “FALSE” message (in the green cells).

Example: The “Total” for line B.10 comes from the numbers entered in lines B.1-B.9. If the total of the numbers you enter in lines B.1-B.9 does not equal the number in line A.1, the word “False” will appear in the green cells below line B.10. When the numbers you enter in lines B. 1-9 equals the number in line A.1, the word “correct” will appear in green cells below line B.10.

### **Section I. A.-C. PROGRAM REFERRALS**

- Indicate how many persons were referred to your program from all sources (A.1).
- Indicate how many of the referrals entered your program (A.2).
- How many referrals did not enter the program ( $A.3 = A.1$  minus A.2)
- If you have a wait list, indicate the number of clients on your current wait list (A.4).
- Indicate the number of clients who were referred from each of the sources listed in B.1-B.9 (totals of B.1 thru B.9=A.1)
- Indicate the reasons why some referrals did not enter your program (totals of C.1 thru C.6=A.3)

### **Section II. D.–E. CASELOAD INFORMATION**

- A case is defined as a single person, couple, or family who receives services from your program.
- **NOTE:** Even if your program receives funding from multiple sources, only include clients who receive services funded through this HOPWA grant
- For “Total Cases Served” (D.4) add D.1 and D.2 only
- In II.E. indicate the housing status for your NEW CASES ONLY at the time they entered your program (from II D.2).

### **Section III. F-H. DEMOGRAPHICS**

- For ALL CASES (II D.4) served, provide the information requested for race/ethnicity, gender and household size.
- When providing this demographic information, only count the person in the household who has HIV/AIDS (even if he/she is not the head-of-household). It is this person who meets the eligibility requirements for this HOPWA program.
- The total number of cases reported in sections F., G., and H. will each be the same.

## Section IV. I-K. CLIENT OUTCOMES

### NOTE: To be completed by all programs

- This section includes your total caseload as reported in II. D.4.
- In section IV. I, report on the housing placements for the clients you served.
- The number of cases reported in IV. J equals the number reported in II. D.4 .
- Include only one outcome per reported case (single person, couple or family) at the end of this reporting period.
- For all of the cases reported in IV. J., provide information on their housing status (IV. K.).

## Section V. L.-M. HOUSING INFORMATION SERVICES ONLY

- This section should only be completed by housing information services programs
- For V. L, include all clients that have received services from your program. This should include active clients, those clients referred to other housing programs, clients who received information from your program and clients in stabilization.
- For V. M. indicate the length of time that the clients who were placed in permanent housing were in housing search. The number of clients reported here should be the same as the total reported in IV. I. 2.

## Section VI. PERFORMANCE MEASURES AND OUTCOMES

- Only use the goals and outcomes that have been approved for your program at the time your grant was funded. If you receive SHP or SPC funds, you should use those goals in this report.
- When describing your goals, use only a percent in your goal.  
(example- 70% of clients who are housed will remain in their housing for at least one year)
- When describing your outcomes, use both percents and real numbers.  
(example- 80% (20/25) of clients who are housed remained in their housing for at least one year)
- Provide a brief explanation about how you achieved this particular outcome. In other words, explain how you were able to achieve the reported outcome. **DO NOT OMIT THIS QUESTION.**

## Part VI List of Appendices

- Appendix I: Guidelines for performance measures
- Appendix II: Map of HOPWA EMSA
- Appendix III: HUD Income Limits and Fair Market Rents (FMR)
- Appendix IV: Boston Jobs and Living Wage and CORI Ordinance Forms
- Appendix V: HUD HOPWA regulations and eligible activities  
24 CFR Part 574

## Appendix I

### Guidelines for Developing Performance Measures

All recipients of HOPWA funding must develop and periodically review performance measures for their programs or services. Each applicant must develop at least two but no more than three performance measures for each program or service for which they are requesting HOPWA funding. Each performance measure must have three key components.

It must relate to an outcome, and the outcome must be realistically achievable by program participants (e.g. the program participant will successfully locate and move into permanent housing within 6 months of becoming a program participant).

Each measure must have a time frame for achieving the goal

Each measure must have a percentage and indicate a level of achievement.

Performance measures should be appropriate and attainable given the population to be served and the housing and services to be provided. The City recognizes that goal attainment, for some programs and some populations, may be limited; therefore, we will not necessarily consider low levels of achievement as indications of poor performance.

The following are examples of appropriate performance measures.

60% of program participants will obtain permanent, affordable housing within 10 months of intake

75% of program participants who receive a tenant-based rental subsidy will lease a housing unit with that subsidy within 6 months of receiving the subsidy

80% of program participants will remain housed for at least 12 months following placement in housing.

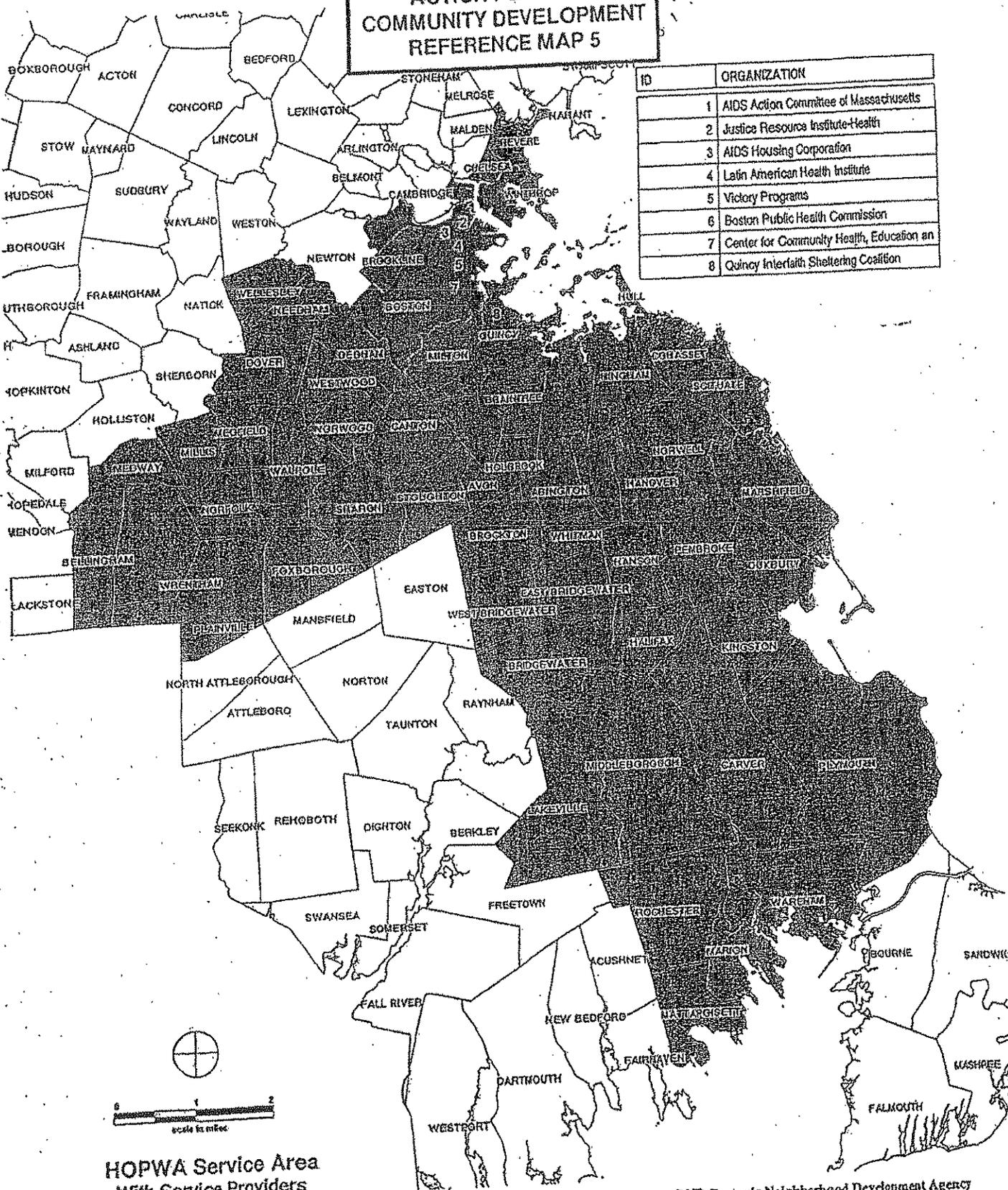
30% of program participants will engage in some form of educational, vocational or volunteer activity during the contract year.

Appendix II

Map of HOPWA EMSA

# ACTION PLAN FOR COMMUNITY DEVELOPMENT REFERENCE MAP 5

ID	ORGANIZATION
1	AIDS Action Committee of Massachusetts
2	Justice Resource Institute-Health
3	AIDS Housing Corporation
4	Latin American Health Institute
5	Victory Programs
6	Boston Public Health Commission
7	Center for Community Health, Education and
8	Quincy Interfaith Sheltering Coalition



**HOPWA Service Area  
With Service Providers**

■ Boston-Quincy Metropolitan Division

DND Boston's Neighborhood Development Agency  
PDR Mapping and Data Services  
11/02/06  
07SCAPE/CAP/ET1106

Appendix III

HUD Income Limits and Fair Market Rents

**HUD Income Limits - Calendar 2013**

Household Size	(1) 30% of median income	(1) 50% of median income	(1) 60% of median income	(2) CDBG Moderate Income: 80% of median income	(4) of 80% median income	(4) 95% of median income	(4) of 100% median income	(4) of 110% median income	(4) 120% of median income	(3) Inclusionary 80% Ownership limits	(3) Inclusionary 100% Ownership limits	(3) Inclusionary Rental limits
1 person	19,850	33,050	39,660	47,150	52,850	62,800	66,100	72,700	79,300	54,750	68,450	47,900
2 persons	22,650	37,800	45,360	53,900	60,400	71,750	75,500	83,050	90,600	62,600	78,250	54,750
3 persons	25,500	42,500	51,000	60,650	67,950	80,700	84,950	93,450	101,950	70,400	88,000	61,600
4 persons	28,300	47,200	56,640	67,350	75,500	89,700	94,400	103,850	113,300	78,250	97,800	68,450
5 persons	30,660	51,000	61,200	72,750	81,550	96,850	101,950	112,150	122,350	84,500	105,600	73,950
6 persons	32,850	54,800	65,760	78,150	87,600	104,050	109,500	120,450	131,400	90,750	113,450	79,400
7 persons	35,100	58,550	70,260	83,550	93,650	111,200	117,050	128,750	140,450	97,000	121,250	84,900
8 persons	37,400	62,350	74,820	88,950	99,700	118,400	124,600	137,050	149,550	103,300	129,100	90,350

(1) Issued by HUD effective February 9, 2012, and calculated in accordance with the IRS guidelines for consistency with HOME & LIHTC Programs. For FY 2013, Based on the "hold harmless" policy for MTS project after calendar year 2008.

(2) Income limits provided by HUD - December 11, 2012. The 2013 Median Income for the Boston Mero FMR Area has decreased to 94,400.

(3) Incomes set by the BRA for 2012

(4) Incomes calculated based on the HUD published median income for a family of four in the Boston area, adjusted for family size and rounded to nearest 50.

**Monthly Rent Limits**

Bedroom Size	Homeless Set-Aside (30% of median)	(1) Low HOME (50% of median)	(1) High Home (65% of median)	LIHTC (50% of median)	LIHTC (60% of median)	(2) CDBG (50% of median)	(2) CDBG (80% of median)	(3) Section 8 FMR	Section 8 110% of FMR	(5) Inclusionary Rent Limits	(6) Maximum Rent NSP Limits
SRO	372	642	820			620	884	776	853		
0 BR/eff.	496	856	1,093	826	991	826	1,179	1,035	1,139	1,061	2,054
1-BR	531	917	1,166	886	1,063	826 - 945	1,179 - 1,348	1,156	1,272	1,237	2,201
2-BR	638	1,101	1,369	1,062	1,275	945 - 1,180	1,348 - 1,684	1,444	1,588	1,414	2,642
3-BR	736	1,271	1,619	1,228	1,473	1,063 - 1,370	1,516 - 1,954	1,798	1,978	1,591	3,050
4-BR	821	1,418	1,786	1,370	1,644	1,275 - 1,559	1,684 - 2,224	1,955	2,151	1,768	3,403
5-BR	906	1,565	1,952	1,511	1,814	1,370 - 1,559	2,089 - 2,224	2,069	2,276	1,910	3,756
6-BR	935	1,711	2,118	-	-	1365+	2184+	2,339	2,573	2,051	4,106

(1) As issued by HUD January 2012, effective February 9, 2012

(2) As issued by City of Boston affordable rent statement

(3) As issued by HUD 8/3/12 effective 10/1/12

(5) as set by BRA dated 2012

(6) Maximum NSP Rents at 120% AMI

**Utility Allowance - BHA Leased Housing Division, Effective 11/1/12**

		SRO/0 BR	1BR	2BR	3BR	4BR	5BR	6+BR
Gas Heat	Single Family	47	63	76	95	108	126	144
	Duplex, 3 Decker	43	55	73	91	106	121	139
	Garden, Row/Townhouse	35	47	64	80	97	112	129
	Elevator/Highrise	36	42	49	60	68	84	97
Oil Heat	Single Family	149	202	242	304	344	400	160
	Duplex, 3 Decker	136	176	233	289	339	385	443
	Garden, Row/Townhouse	113	150	204	254	308	358	411
	Elevator/Highrise							
Electric Heat	Single Family	48	64	77	97	110	128	147
	Duplex, 3 Decker	44	56	74	92	108	123	142
	Garden, Row/Townhouse	36	48	65	81	98	114	132
	Elevator/Highrise	33	41	49	61	75	88	101
Water Heat	Gas	8	11	14	18	22	24	27
	Oil	24	31	41	51	64	69	79
	Electric	11	15	20	24	30	32	37
Water Use	Tenant Paid	48	69	89	115	131	152	172
Cooking	Gas Oven	7	9	11	14	18	19	22
	Electric Oven	7	9	12	14	18	19	22
Lights & Appliances		24	31	41	51	64	69	79
Refrigerator		3	3	3	5	5	7	7
Range		4	4	5	5	5	5	5

**Inclusionary Development Price Limits 2012**

BRA	80% AMI	100% AMI	0 BR	1 BR	2 BR	3 BR	4BR
			\$138,900	\$167,900	\$197,100	\$266,100	\$255,300
			\$182,600	\$218,800	\$255,300	\$291,500	\$327,900

**HOME Purchase Price/Value Limits (as of 4/20/11)**

	1 Living Unit	2 Living Unit	3 Living Unit	4 Living Unit	Last Updated
Suffolk	313,500	401,348	485,136	602,905	12/7/2011

**Home Per Unit Subsidy Caps:**

Based on High Cost % effective 1/1/11

	0 BR & SRO's	1 BR Units	2 BR Units	3 BR Units	4+ BR Units
Boston	\$144,248	\$165,972	\$201,822	\$261,090	\$286,597

Appendix IV

Boston Jobs and Living Wage and CORI Ordinance Forms



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5259

## NOTICE TO VENDORS

### Requirements Of The Boston Jobs And Living Wage Ordinance

All City of Boston Departments awarding Service Contracts must provide vendors responding to Invitation for Bids (IFB), Request for Proposals (RFP) and Unadvertised Contracts with a copy of this Notice.

- 1. COVERED VENDOR:** Any for-profit or not-for-profit employer who employs at least 25 full-time equivalents (FTE) who has been awarded a Service Contract of \$25,000 or more from the City of Boston must comply with the provisions of the Boston Jobs And Living Wage Ordinance. FTE is defined in the Ordinance as a formula to calculate the number of employee work hours which equal one full-time position. For the purposes of this Ordinance, full time shall mean the standard number of working hours, between 35 hours and 40 hours per week that is used by the Covered Vendor to determine full-time employment.
- 2. COVERED SUBCONTRACTOR:** Any Subcontractor who is awarded a Subcontract of \$25,000 or more from a Covered Vendor and the Subcontract is paid from the funds of the City of Boston service contract, must comply with the provisions of the Boston Jobs And Living Wage Ordinance.
- 3. AFFIDAVIT AND AGREEMENT REQUIRED:** All vendors proceeding with IFBs, RFPs or Unadvertised Contracts for \$25,000 or more, must file a **VENDORS LIVING WAGE AFFIDAVIT**, (Form LW-8), and the **COVERED VENDORS LIVING WAGE AGREEMENT**, (Form LW-2) at the time a Covered Vendor is awarded a Service Contract or signs an unadvertised Service Contract with the City of Boston.
- 4. PAYMENT OF LIVING WAGE:** Covered Vendors subject to the Ordinance must pay the *Living Wage*, which is currently \$13.49 per hour to all employees who expend time on a Service Contract of a Covered Vendor or Covered Subcontractor. The *Living Wage* is subject to an annual adjustment on July 1 of each year.
- 5. MAINTENANCE OF PAYROLL RECORDS:** Each Covered Vendor shall maintain payrolls for all Covered Employees and basic records relating thereto for a period of three years. The records shall contain the name and address of each employee, job title and classification, number of hours worked each day, gross wages, deductions made, actual wages paid, a copy of the social security returns, and evidence of payment thereof, a record of fringe benefit payments including contributions to approved plans, funds or programs and/or additional cash payments, and such other data as may be required by the Living Wage Division from time to time.
- 6. EXAMINATION OF PAYROLL RECORDS:** Each Covered Vendor shall permit the Living Wage Administrator or his/her designee to observe work being performed upon the work site, to interview employees and to examine the books and records relating to the payrolls being investigated.

7. **COVERED EMPLOYEE FACT SHEET (FORM LW-4) AND POSTER:** All Covered Vendors shall provide each Covered Employee with a *Covered Employee Living Wage Fact Sheet (Form LW-4)* containing information about the Ordinance. In addition, all Covered Vendors shall hang a poster containing information about the Ordinance in a conspicuous location visible to all employees. The Living Wage Administrator shall provide the fact sheet and poster to Covered Vendors.
8. **QUARTERLY AND BIENNIAL REPORTS (FORMS LW-9, LW-9A):** Covered Vendors shall provide Quarterly or Biannual reports to the Living Wage Administrator of their employment activities. Not-for-profit vendors with 50 or more FTEs and all for-profit vendors shall be required to provide such reports quarterly. Not-for-profit vendors with less than 50 FTEs shall be required to provide such reports biannually.
9. **IMPORTANT TAX INFORMATION/EARNED INCOME CREDIT:** Certain employees who earn less than \$50,000 per year may be eligible for certain federal and/or state tax credits called the **EARNED INCOME CREDIT**. Your payroll clerk is required to keep on hand the appropriate Internal Revenue Service forms, (Federal Form W5), information and instructions in the event any of your employees requests assistance in this matter.
10. **PENALTIES AND REMEDIES:** In the event the Director of the Living Wage Division determines, after notice and hearing, that any Covered Vendor has failed to pay the Living Wage or has otherwise violated the provisions of the Ordinance, the Director may order any or all of the following penalties and relief:
  - Fines in the amount of \$300 for each Covered Employee for each day that the Covered Vendor is in violation of this Ordinance;
  - The filing of a complaint with the pertinent State or Federal agency;
  - Wage restitution for each affected employee;
  - Suspension of ongoing contracts and subcontract payments; and
  - Ineligibility for future Contracts with the City for three years or until all penalties and restitution have been paid in full.
  - Any other action deemed appropriate and within the discretion and authority of the city.
  - None of the above remedies is intended to be exclusive or a prerequisite for asserting a claim for relief to enforce the right granted under the Ordinance in a court of law. The Ordinance shall not be construed to limit an employee's right to initiate a court action for wrongful termination.
11. **FIRST SOURCE HIRING AGREEMENT (FORM LW-10):** All Covered Vendors and Covered Subcontractors who are awarded a contract shall sign a First Source Hiring Agreement (Form LW-10) with one or more Referral Agencies or One Stop Career Centers.
12. **DESIGNATED DEPARTMENT:** For the purposes of the Ordinance, The Living Wage Division of the Office of Jobs and Community Services is the City's Designated Department responsible for overall implementation, compliance and enforcement. The *Contracting Department* is the agency awarding the service contract. The Living Wage Division is located at 43 Hawkins Street, Boston, MA 02114, telephone: (617) 918-5259 or fax: (617) 918-5299. Any questions concerning the Ordinance, Regulations, or the current *Living Wage* amount, should be referred to the Living Wage Administrator.
13. **REGULATIONS:** The Jobs and Living Wage Regulations are available during normal business hours at the Office of the Living Wage Division.



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5259

## COVERED VENDORS LIVING WAGE AGREEMENT

At the same time the City of Boston awards a Service Contract through a Bid, a Request for Proposal or an Unadvertised Contract, the Covered Vendor must complete this Form and submit it to the City, agreeing to the following conditions. In addition, any Subcontractor of the Covered Vendor shall complete this form and submit it to the City at the time the Subcontract is executed, also agreeing to the following conditions:

**Part 1: Covered Vendor (or Subcontractor) Information:**

Name of Vendor: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Part 2: Name of the program or project under which the Contract or Subcontract is being awarded:** \_\_\_\_\_

**Part 3: Workforce Profile of Covered Employees paid by the Service Contract or Subcontract:**

A. List all Covered Employees' job titles with wage ranges (Use additional sheets of paper if necessary): Identify number of employees in each wage range.

JOB TITLE	< \$13.49 p/h	\$13.49 p/h- \$15.00 p/h	\$15.01 p/h- \$20.00 p/h	> \$20.01 p/h

B. Total number of Covered Employees: \_\_\_\_\_

C. Number of Covered Employees who are Boston residents: \_\_\_\_\_

D. Number of Covered Employees who are minorities: \_\_\_\_\_

E. Number of Covered Employees who are women: \_\_\_\_\_

**Part 4: Covered Vendor's Past Efforts and Future Goals** *(Use additional sheets of paper if necessary in answering any of these questions):*

Describe your past efforts and future goals to hire low and moderate income Boston residents:

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Describe your past efforts and future goals to train Covered Employees:

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Describe the potential for advancement and raises for Covered Employees:

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What is the net increase and decrease in number of jobs or number of jobs maintained by classification that will result from the awarding of the Service Contract:

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**Part 5: Service Contracts:**

List all Service Subcontracts either awarded or that will be awarded to vendors with funds from the Service Contract:

<u>SUBCONTRACTOR</u>	<u>ADDRESS</u>	<u>AMOUNT OF SUBCONTRACT</u>

**NOTE:** Any Covered Vendor awarded a Service Contract must notify the Contracting Department within three (3) working days of signing a Service Subcontract with a Vendor.

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling, The Living Wage Administrator, The Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259 or your Contracting Department.

**Part 6:** The following statement must be completed and signed by an authorized owner, officer or manager of the Covered Vendor. The signature of an attorney representing the Covered Vendor is not sufficient:

I, (print or type) \_\_\_\_\_ (*Authorized Representative of the Covered Vendor*) on behalf of (print or type) \_\_\_\_\_ (*name of Covered Vendor*)

hereby state that the above-named, Covered Vendor is committed to pay all Covered Employees not less than the Living Wage, subject to adjustment each July 1, and to comply with the provisions of the Boston Jobs And Living Wage Ordinance.

I swear/affirm that the information which I am providing on behalf of Covered Vendor on this *Covered Vendor Agreement* is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position with Covered Vendor

Docket #: \_\_\_\_\_



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5259

## LIVING WAGE COMPLAINT

Any person, including a Covered Employee subject to the Living Wage Ordinance, may use this form to file a complaint with the Living Wage Division of the Office of Jobs and Community Services regarding violations of the Boston Jobs and Living Wage Ordinance.

**PART 1: LIVING WAGE DIVISION CONTACT PERSON:** All complaints or questions regarding the Boston Jobs And Living Wage Ordinance should be directed to:

Living Wage Administrator  
Office of Jobs and Community Services  
Living Wage Division  
43 Hawkins Street  
Boston, Massachusetts 02114  
Telephone: (617) 918-5259

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting The Living Wage Administrator. See Part 1.

**PART 2. COMPLAINANT INFORMATION:**

Name of Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**PART 3. VENDOR INFORMATION (Please provide as much of this information as possible):**

Name of Vendor: \_\_\_\_\_

Name of Owner or Principal Officer of Vendor: \_\_\_\_\_

Vendor Business Address: \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Vendor Daytime Telephone Number \_\_\_\_\_

Complainant Status (check appropriate box):

- Employee of Vendor     Applicant for Employment with Vendor
- Other (Please explain): \_\_\_\_\_

**PART 4:      COMPLAINANT'S ATTORNEY OR REPRESENTATIVE INFORMATION:**

**Please provide the following information only if someone other than the Complainant (such as an attorney who is representing the Complainant) is filling out this form.**

Representative's Name: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART 5:      REASONS FOR COMPLAINT**

The Vendor is not complying with the Boston Jobs And Living Wage Ordinance for the following reason(s) Please write a complete explanation of the violations you are alleging. (If you need more space attach additional sheets of paper):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 6: DISCRIMINATION OR RETALIATION AGAINST COVERED EMPLOYEES:**

If a Covered Vendor discharges; reduces the compensation of; or discriminates against any Covered Employee or any other person for making a complaint to the Living Wage Division, otherwise asserting his or her rights under the Jobs and Living Wage Ordinance, participating in any of its proceedings, or using any civil remedies to enforce his or her rights under the Ordinance, the Covered Vendor shall be considered in violation of the Ordinance.

Please write a complete explanation of the discriminatory or retaliatory acts you are alleging. (If you need more space attach additional sheets of paper):

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**PART 7: WAIVER OF CONFIDENTIALITY (OPTIONAL):**

**NOTE: READ CAREFULLY BEFORE SIGNING!**

Under the Boston Jobs And Living Wage Ordinance;

*"statements written or oral, made by an employee, shall be treated as confidential and shall not be disclosed to the Covered Vendor without the consent of the employee."*

You may, however, waive this right of confidentiality to allow the Living Wage Division to investigate your complaint as thoroughly as possible. If you choose to waive your right of confidentiality, please sign the following statement:

I, (print or type) \_\_\_\_\_, hereby waive my right of confidentiality and permit the Living Wage Division to release my statements both written and oral to the Covered Vendor against whom I have filed this complaint.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**PART 8: COMPLAINANT SIGNATURE:**

I, (print or type) \_\_\_\_\_ swear/affirm that the information provided on this Living Wage Complaint is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**The Complainant must sign this form even if an agent or attorney fills it out**



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION ● (617) 918-5259

## COVERED EMPLOYEE LIVING WAGE FACT SHEET

Covered Vendors shall provide each Covered Employee with a copy of this fact sheet.

- 1. COVERED VENDOR:** Any for-profit or any not-for-profit employer who employs at least 25 full-time equivalents (FTE) who has been awarded a Service Contract of \$25,000 or more from the City of Boston must comply with the provisions of the Boston Jobs And Living Wage Ordinance. FTE is defined in the Boston Jobs And Living Wage Ordinance as a formula to calculate the number of employee work hours which equal one full-time position. For the purposes of this Ordinance, full time shall mean the standard number of working hours, between 35 hours and 40 hours per week that is used by the Covered Vendor to determine full time employment.
- 2. COVERED SUBCONTRACTOR:** Any subcontractor who is awarded a subcontract of \$25,000 or more from a Covered Vendor and the subcontract is paid from the funds of the City of Boston service contract must comply with the provisions of the Boston Jobs And Living Wage Ordinance.
- 3. LIVING WAGE:** As of July 1, 2012 the *Living Wage* is **\$13.49 per hour** for all employees who expend time on a Service Contract awarded by the City or the Subcontract awarded from the Service Contract. The *Living Wage* is subject to adjustment on July 1 of each year.
- 4. OFFICE OF JOBS AND COMMUNITY SERVICES CONTACT:** All complaints and inquiries regarding the Boston Jobs And Living Wage Ordinance shall be directed to:

Living Wage Administrator  
Living Wage Division  
Office Of Jobs And Community Services  
43 Hawkins Street  
Boston Ma 02114  
Phone: (617) 918-5259

- 5. COVERED EMPLOYEE COMPLAINTS:** A person or an employee who believes that he or she is a Covered Employee or a person who is an applicant for a position to be filled by a Covered Employee and believes that his or her employer is not complying with requirements of the Boston Jobs And Living Wage Ordinance applicable to the employee, may file a Covered Employee Complaint (Form LW-3) with the Living Wage Division. Complaints by Covered Employees of alleged

violations may be made at any time. Statements written or oral, made by an employee, shall be treated as confidential and shall not be disclosed to the Covered Vendor without the consent of the employee.

- 6. DISCRIMINATION AND RETALIATION AGAINST COVERED EMPLOYEES:** If a Covered Vendor discharges; reduces the compensation of; or discriminates against any Covered employee or any other person for making a complaint to the Living Wage Division, otherwise asserting his or her rights under the Boston Jobs And Living Wage Ordinance, participating in any of its proceedings, or using any civil remedies to enforce his or her rights under the Ordinance, the Covered Vendor shall be considered in violation of the Ordinance. The Living Wage Division shall investigate allegations of retaliation or discrimination.
- 7. PENALTIES AND REMEDIES:** In the event that the Office Of Jobs And Community Services determines, after notice and hearing, that any Covered Vendor has failed to pay the Living Wage rate or has otherwise violated the provisions of this Ordinance, the Office Of Jobs And Community Services may order any or all of the following penalties and relief:
- Fines in the amount of \$300 for each Covered Employee for each day that the Covered Vendor is in violation of this ordinance;
  - The filing of a complaint with the pertinent State or Federal agency;
  - Wage restitution for each affected employee;
  - Suspension of ongoing contracts and subcontract payments; and
  - Ineligibility for future Contracts with the City for three years or until all penalties and restitution have been paid in full.
  - Any other action deemed appropriate and within the discretion and authority of the city.
  - None of the above remedies is intended to be exclusive or a prerequisite for asserting a claim for relief to enforce the right granted under the Living Wage Ordinance in a court of law. The Boston Jobs And Living Wage Ordinance shall not be construed to limit an employee's right to initiate a court action for wrongful termination.
- 8. IMPORTANT TAX INFORMATION/EARNED INCOME CREDIT:** Certain employees who earn less than \$50,000 per year may be eligible for certain federal and/or state tax credits called **EARNED INCOME CREDIT**. Your employer's payroll clerk is required to keep on hand the appropriate Internal Revenue Service forms, (Federal Form W5), information and instructions in the event you request assistance in this matter. For more information, call the IRS at 1(800) TAX-1040.
- 9. LIVING WAGE ADVISORY COMMITTEE:** The Boston Jobs And Living Wage Ordinance is overseen by a Living Wage Advisory Committee which meets quarterly. If you have any questions about this Ordinance, contact your employee representatives, Greater Boston Legal Services, Employment Law Unit at 617-603-1810 or the Greater Boston Labor Council at 617-723-2370 or New England United for Justice at 617-265-7100.

Docket #: \_\_\_\_\_



**CITY OF BOSTON**  
**JOBS AND LIVING WAGE ORDINANCE**  
**THE LIVING WAGE DIVISION • (617) 918-5259**

**CONTRACTING DEPARTMENT LIVING WAGE HARDSHIP WAIVER**  
**APPLICATION**

**General Rule:** The City shall award a Service Contract to the lowest responsive and responsible bidder paying the Living Wage, provided that the bid does not exceed the funds available. If all bids from responsive and responsible bidders paying the Living Wage exceed the funds available for the contract, the Contracting Department shall reject the bids. If all bids have been rejected or if no responses are received to an Invitation For Bids (IFB) or Request For Proposals (RFP), the Contracting Department may request the Director of the Living Wage Division to grant a Hardship Waiver. Hardship Waivers will only be granted prior to the issuing or reissuing a RFP or IFB.

**Note:** Beneficiaries of Assistance are **NOT** eligible to apply for a Hardship Waiver.

**Referral Of Matter By Contracting Agency:** A Hardship Waiver may be granted prior to issuing or reissuing an RFP or IFB. The Director, upon the request of the Contracting Department, may grant a Hardship Waiver. The Contracting Department may apply for a Hardship Waiver where payment of the Living Wage by a Covered Vendor will (i) substantially curtail the service provided by the Covered Vendor; or (ii) have an adverse financial impact on the City.

**IMPORTANT:** *Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting The Living Wage Administrator, The Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259.*

**PART 1 CONTRACTING DEPARTMENT INFORMATION**

Contracting Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**PART 2 BASIC INFORMATION (Use additional sheets of paper where necessary)**

A. Please describe the purpose and functions of the contract and the types of jobs it will pay for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Please provide a detailed explanation of why payment of the Living Wage will substantially curtail the services provided by a Covered Vendor:

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C. Please provide a detailed explanation of why payment of the Living Wage will have an adverse financial impact on the City. As part of your statement, please provide a detailed financial analysis of your position:

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D. The current Living Wage is \$13.49 per hour. Please provide an estimated hourly salary for each job, which will pay less than the Living Wage. Also please explain the expected impact on Covered Employees if the Living Wage is waived:

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**PART 3 AUTHORIZED SIGNATURE**

I, (type or print) \_\_\_\_\_ am an authorized employee of the Contracting Department. I swear/affirm that the information which I am providing is true and within my own personal knowledge. I understand that I am signing under the pains and penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position with Contracting Department



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## VENDORS LIVING WAGE AFFIDAVIT

Any for-profit or any not-for-profit Vendor who employs at least 25 full-time equivalents (FTE) who has been awarded a Service Contract of \$25,000 or more from the City of Boston must comply with the provisions of the Boston Jobs And Living Wage Ordinance which requires any such Vendors to pay at least the **Living Wage which is \$13.49 per hour** to any employee who directly expends his or her time on the services set out in the contract. All Subcontractors whose subcontracts are at least \$25,000 are also required to pay the Living Wage.

*If you are bidding on or negotiating a Service Contract that meets the above criteria, you should submit this Affidavit prior to the awarding of the contract. If you believe that you are exempt from the Living Wage Ordinance, complete Section 4: Exemption from Living Wage Ordinance, or if you are requesting a General Waiver, please complete Section 5: General Waiver Reason(s).*

**WARNING:** No Service Contract will be executed until this Affidavit is completed, signed and submitted to the Contracting Department

**IMPORTANT:** Please print in ink or type all required information. Assistance in completing this Form may be obtained by calling or visiting, The Living Wage Administrator, The Living Wage Division of the Office Of Jobs And Community Services, telephone: (617) 918-5259, facsimile: (617) 918-5299, or your Contracting Department.

**Part 1: VENDOR INFORMATION:**

Name of Vendor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Part 2: CONTRACT INFORMATION:**

Name of the program or project under which the Contract or Subcontract is being awarded:  
\_\_\_\_\_

Contracting Department: \_\_\_\_\_

Start Date of Contract: \_\_\_\_\_ End Date of Contract: \_\_\_\_\_

Length of Contract:  1 year  2 years  3 years  Other: \_\_\_\_\_ (years)

**PART 3: ADDITIONAL INFORMATION**

Please answer the following questions regarding your company or organization:

1. Your company or organization is: *check one*:

- For Profit
- Not For Profit

2. Total number of "FTE" employees which you employ: \_\_\_\_\_

3. Total number of employees who will be assigned to work on the above-stated contract:  
\_\_\_\_\_

4. Do you anticipate hiring any additional employees to perform the work of the Service Contract?

- Yes
- No

*If yes*, how many additional F.T.E.s do you plan to hire? \_\_\_\_\_

**PART 4: EXEMPTION FROM BOSTON JOBS AND LIVING WAGE ORDINANCE**

Any Vendor who qualifies may request an Exemption from the provisions of the Boston Jobs And Living Wage Ordinance by completing the following:

I hereby request an Exemption from the Boston Jobs And Living Wage Ordinance for the following reason(s): Attach any pertinent documents to this Application to prove that you are exempt from the Boston Jobs And Living Wage Ordinance. Please check the appropriate box(es) below:

- The construction contract awarded by the City of Boston is subject to the state prevailing wage law; and
- Assistance or contracts awarded to youth programs, provided that the contract is for stipends to youth in the program. "Youth Program" means any city, state, or federally funded program which employs youth, as defined by city, state, or federal guidelines, during the summer, or as part of a school to work program, or in other related seasonal or part-time program; and
- Assistance or contracts awarded to work-study or cooperative educational programs, provided that the Assistance or contract is for stipends to students in the programs; and
- Assistance and contracts awarded to vendors who provide services to the City and are awarded to vendors who provide trainees a stipend or wage as part of a job training program and provides the trainees with additional services, which may include but are not limited to room and board, case management, and job readiness services, and provided further that the trainees do not replace current City funded positions.

Please give a full statement describing in detail the reasons you are exempt from the Boston Jobs And Living Wage Ordinance (attach additional sheets if necessary):

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**PART 5. GENERAL WAIVER REASON(S)**

I hereby request a General Waiver from the Boston Jobs And Living Wage Ordinance. The application of the Boston Jobs And Living Wage Ordinance to my (check one):

- Service Contract
- Subcontract

violates the following state or federal statutory, regulatory or constitutional provision or provisions.

State the specific state or federal statutory, regulatory or constitutional provision or provisions, which makes compliance with the Boston Jobs And Living Wage Ordinance unlawful:

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**GENERAL WAIVER ATTACHMENTS:**

Please attach a copy of the conflicting statutory, regulatory or constitutional provisions that makes compliance with this ordinance unlawful.

Please give a full statement describing in detail the reasons the specific state or federal statutory, regulatory or constitutional provision or provisions makes compliance with the Boston Jobs And Living Wage Ordinance unlawful (attach additional sheets if necessary):

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**PART 6: VENDOR AFFIDAVIT:**

I \_\_\_\_\_ a principal officer of the Covered Vendor certify and swear/affirm that the information provided on this **Vendors Living Wage Affidavit** is true and within my own personal knowledge and belief.

Signed under the pains and penalties of perjury.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_



**PART 4: CONTRACT INFORMATION:**

Contracting Agency: \_\_\_\_\_

Contract #: \_\_\_\_\_

Description of services provided under this contract or Name of Project:  
(Please attach a 8 1/2 x 11 sheet if additional detail is needed)  
\_\_\_\_\_

**PART 5: JOB POSITIONS CHARGED TO THE CONTRACT:**

List all job titles of Covered Employees, i.e., personnel assigned to do any part of the work under above-named City of Boston Contract. List the number of employees next to each job title in the appropriate wage range:

JOB TITLE	< \$13.49 p/h	\$13.49 p/h- \$15.00 p/h	\$15.01 p/h- \$20.00 p/h	> \$20.01 p/h

**PART 6: ADDITIONAL INFORMATION:**

Total number of Covered Employees: \_\_\_\_\_

Number of Covered Employees who are Boston residents: \_\_\_\_\_

Number of Covered Employees who are Minorities: \_\_\_\_\_

Number of Covered Employees who are Women: \_\_\_\_\_

**PART 7: SIGNATURE (An owner or officer of the Vendor must sign this Report.)**

I certify the above information is correct and within my personal knowledge.

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
JOB TITLE



**PART 4: CONTRACT INFORMATION:**

Contracting Agency: \_\_\_\_\_

Contract #: \_\_\_\_\_

Description of services provided under this contract or Name of Project:  
(Please attach a 8 1/2 x 11 sheet if additional detail is needed)

\_\_\_\_\_

**PART 5: JOB POSITIONS CHARGED TO THE CONTRACT:**

List all job titles of Covered Employees, i.e., personnel assigned to do any part of the work under above-named City of Boston Contract. List the number of employees next to each job title in the appropriate wage range:

JOB TITLE	< \$13.49 p/h	\$13.49 p/h- \$15.00 p/h	\$15.01 p/h- \$20.00 p/h	> \$20.01 p/h

**PART 6: ADDITIONAL INFORMATION:**

Total number of Covered Employees: \_\_\_\_\_

Number of Covered Employees who are Boston residents: \_\_\_\_\_

Number of Covered Employees who are Minorities: \_\_\_\_\_

Number of Covered Employees who are Women: \_\_\_\_\_

**PART 7: SIGNATURE (An owner or officer of the Vendor must sign this Report.)**

I certify the above information is correct and within my personal knowledge.

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
JOB TITLE



# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## FIRST SOURCE HIRING AGREEMENT Covered Vendors and Subcontractors

*Under the Boston Jobs and Living Wage Ordinance and Regulations, all Covered Vendors and Subcontractors (hereinafter referred to as "the Employer" for the purposes of this Agreement) are required to sign a First Source Hiring Agreement with a Referral Agency or Boston One-Stop Career Center (An Employer may sign additional First Source Hiring Agreements with as many Referral Agencies or Boston One-Stop Career Centers as it chooses). For a complete list of approved Referral Agencies and Boston One Stop-Career Centers, see Form LW-10A.*

**INSTRUCTIONS FOR COVERED VENDORS AND SUBCONTRACTORS:** You are not required to complete this form until after your Service Contract or Service Subcontract has been executed. After your Assistance documents are executed, you are required to do the following:

1. Complete the portions of this agreement that are applicable to you (Parts 1,2 and 5A)
2. Within five (5) business days after your Assistance documents are executed, deliver this agreement (or fax) to a **REFERRAL AGENCY OR BOSTON ONE-STOP CAREER CENTER** of your choice.

**INSTRUCTIONS FOR REFERRAL AGENCIES AND BOSTON ONE-STOP CAREER CENTERS:** Upon receipt of this Agreement, you are required to do the following:

1. An authorized person of the Referral Agency or Career Center must complete Part 3 of this Form and sign the Agreement in Part 5B.
2. Submit this Agreement within two (2) days of receipt to:

**LIVING WAGE ADMINISTRATOR  
LIVING WAGE DIVISION  
OFFICE OF JOBS AND COMMUNITY SERVICE  
43 HAWKINS STREET  
BOSTON, MASSACHUSETTS 02114**

**NOTE:** All parties to this Agreement should carefully read **Part 4: AGREEMENT OF PARTIES** If you have any questions telephone the Living Wage Administrator at (617) 918-5259.

**Part 1: EMPLOYER INFORMATION:**

Name of Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Part 2: NAME AND IDENTIFICATION NUMBER OF THE PROGRAM OR PROJECT UNDER WHICH THE SERVICE CONTRACT OR SERVICE SUBCONTRACT WAS AWARDED:**

\_\_\_\_\_  
\_\_\_\_\_

**Part 3: REFERRAL AGENCY OR BOSTON ONE-STOP CAREER CENTER INFORMATION:**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Part 4: AGREEMENT OF PARTIES**

The Employer and the Referral Agency or Boston One Stop Career Center signing this agreement agree to the following terms and conditions:

1. Prior to announcing or advertising an employment position for work which shall be performed as a result of a Service Contract or Service Subcontract created either as a result of a vacancy of an existing position or of a new employment position, the Employer shall notify the Referral Agency and/or Career Center about the position, including a general description and the Employer's minimum requirements for qualified applicants for such position. The notification shall also contain the words: **BOSTON JOBS AND LIVING WAGE ORDINANCE POSTING**, prominently displayed at the top of the first page of the notification.

2. The Employer shall not make such public announcement or advertisement for a period of five (5) business days after notification to the Referral Agency and/or Career Center of the availability of such position. Such five (5) day period is hereinafter referred to as the *Advance Notice Period*. The Referral Agency or Career Center may make public announcements or advertisements of the job position at any time. Any posting, public announcement or advertisement shall clearly state that only Boston residents may be referred for such job opportunities during the Advance Notice Period.
3. The Referral Agency or Career Center shall post any **BOSTON JOBS AND LIVING WAVE ORDINANCE JOB OPPORTUNITY NOTICE** within the first business day after receipt of the Notification from the Employer in a prominent location for a period of at least the five (5) business days. (*Advance Notice Period*). The Referral Agency or Career Center shall provide information on such job opportunities to all Boston residents who receive services. The Referral Agency or Career Center may refer qualified candidates to the Employer. The Referral Agency or Career Center shall maintain a database of such job opportunities.
4. The *Advance Notice Period* shall be waived if the Referral Agency and/or Career Center has no qualified candidates to refer to the Employer.
5. The Referral Agency or Career Center shall institute a tracking system and record the job postings referred by Employers, the number of applicants referred to jobs during the *Advance Notice Period*, which applicants were interviewed, which applicants were not interviewed, and which applicants were hired for the positions or any other information deemed relevant by the Living Wage Administrator. The Referral Agency or Career Center shall forward this information to the Living Wage Administrator, monthly, in a manner prescribed by the Living Wage Administrator.
6. The Agreement does not require the Employer to comply with these procedures if it fills the job vacancy or newly-created position by transfer or promotion from existing staff or from a file of qualified applicants previously referred to the Employer by the Referral Agency and/or Career Center.
7. The Agreement shall not require the Employer to hire any applicant referred under the terms of this Agreement.
8. This Agreement covers the term of the Service Contract or Subcontract.





# CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5259

## CERTIFIED REFERRAL AGENCIES AND BOSTON ONE-STOP CAREER CENTERS

All Covered Vendors and Beneficiaries of Assistance shall sign a First Source Hiring Agreement with one or more Referral Agencies or one or more Boston One Stop Career Centers. Please note that the following entities have been certified by the Living Wage Division of the Office of Jobs and Community Services to meet the First Source Hiring Agreement Requirements of the Boston Jobs And Living Wage Ordinance.

### **BOSTON CAREER LINK**

c/o Morgan Memorial  
1010 Harrison Avenue  
Boston, MA 02119  
TEL: (617) 536-1888  
FAX: (617) 536-1987  
TTY: (617) 867-4687  
Contact: Stella Mereves x 788

### **SOUTH BOSTON RESOURCE CENTER**

489 East Broadway  
South Boston, MA 02127  
TEL: (617) 635-0771  
FAX: (617) 635-0775  
Contact: Edward Downs

### **JOBNET**

210 South Street  
Boston, MA 02111  
TEL: (617) 338-0809  
FAX: (617) 338-2050  
TTY: (617) 338-4311  
Contact: Ed Crognalo x 215

### **ROXBURY EMPLOYMENT RESOURCE CENTER**

2201 Washington Street  
Roxbury, MA 02119  
TEL: (617) 989-9100  
FAX: (617) 989-9125  
Contact: Alan Gentle x162

### **THE WORKPLACE**

29 Winter Street, 4<sup>th</sup> Fl  
Boston, MA 02111  
TEL: (617) 737-0093  
FAX: (617) 428-0380  
TTY: (617) 428-0390  
Contact: Debra Garrett x 118

### **ALLSTON BRIGHTON RESOURCE CENTER**

367 Western Avenue  
Brighton, MA 02135  
TEL: (617) 562-5734  
FAX: (617) 562-5737  
Contact: Cathy Snedeker

Offered by Councillors CHUCK TURNER, STEPHEN J. MURPHY, FELIX D. ARROYO, CHARLES C. YANCEY, MAURA A. HENNIGAN, MICHAEL F. FLAHERTY, and MICHAEL P. ROSS



## CITY OF BOSTON

IN THE YEAR TWO THOUSAND FIVE

### AN ORDINANCE REGARDING CORI

*WHEREAS*, The City of Boston has focused on developing a system of screening for those with criminal backgrounds that is fair to all concerned; and

*WHEREAS*, The cornerstone of the system developed by the Human Resources Department is screening for the criminal background of applicants for positions which bring the prospective employee into unsupervised contact with youth or the elderly; and

*WHEREAS*, The City contracts for goods and services with thousands of vendors; and

*WHEREAS*, These vendors employ hundreds of thousands employees; and

*WHEREAS*, The City has a responsibility to ensure that its vendors have fair policies relating to the screening and identification of persons with criminal backgrounds. *NOW THEREFORE*,

*Be it ordained by the City Council of Boston, as follows:*

CBC Chapter IV is hereby amended by appending CBC 4-7 as follows:

4-7 CORI Screening by Vendors of the City of Boston

4-7.1 Purpose.

These sections are intended to ensure that the persons and businesses supplying goods and/or services to the City of Boston deploy fair policies relating to the screening and identification of persons with criminal backgrounds through the CORI system.

4-7.2 Definitions.

Unless specifically indicated otherwise, these definitions shall apply and control in CBC 4-7.

(a) *Applicant* means any current or prospective employee, licensee, or volunteer and includes all persons included in 803 CMR 2.03.

(b) *Awarding Authority* means any department, agency, or office of the City of Boston that purchases goods and/or services from a Vendor.

(c) *CHSB* means the Criminal History Systems Board defined in M.G.L. c. 6 and 803 CMR 2.00.

(d) *City* means the City of Boston or department, agency, or office thereof.

(e) *Otherwise Qualified* means any Applicant that meets all other criteria for a position or consideration for a position.

(f) *Vendor* means any vendor, contractor, or supplier of goods and/or services to the City of Boston.

#### 4-7.3 CORI-Related Standards of the City of Boston.

The City of Boston will do business only with Vendors that have adopted and employ CORI-related policies, practices, and standards that are consistent with City standards.

The City of Boston employs CORI-related policies and practices that are fair to all persons involved and seeks to do business with Vendors that have substantially similar policies and practices. The Awarding Authority shall review all Vendors' CORI policies for consistency with City standards. The Awarding Authority shall consider all Vendors' CORI standards as part of the criteria to be evaluated in the awarding of a contract and will consider a Vendor's execution of the CORI standards to be evaluated among the performance criteria of a contract. The Awarding Authority shall consider any Vendor's deviation from the CORI standards as grounds for rejection, rescission, revocation, or any other termination of the contract.

The CORI-related policies and practices of the City include, but are not limited to:

(a) The City does not conduct a CORI check on an Applicant unless a CORI check is required by law or the City has made a good faith determination that the relevant position is of such sensitivity that a CORI report is warranted.

(b) The City reviews the qualifications of an Applicant and determines that an Applicant is Otherwise Qualified for the relevant position before the City conducts a CORI check. The City does not conduct a CORI check for an Applicant that is not Otherwise Qualified for a relevant position.

(c) If the City has been authorized by the CHSB to receive CORI reports consisting solely of conviction and case-pending information and the CORI report received by the City contains other information (i.e. cases disposed favorably for the Applicant such as Not Guilty, Dismissal) then the City informs the Applicant and provides the Applicant with a copy of CHSB's information for the Applicant to pursue correction.

(d) When the City receives a proper CORI report of an Applicant that contains only

the CORI information that the City is authorized to receive and the City is inclined to refuse, rescind, or revoke the offer of a position to an Applicant then the City fully complies with 803 CMR 6.11 by, including, but not limited to, notifying the Applicant of the potential adverse employment action, providing the Applicant with a photocopy of the CORI report received by the City, informing the Applicant of the specific parts of the CORI report that concern the City, providing an opportunity for the Applicant to discuss the CORI report with the City including an opportunity for the Applicant to present information rebutting the accuracy and/or relevance of the CORI report, reviewing any information and documentation received from the Applicant, and documenting all steps taken to comply with 803 CMR 6.11.

(e) The City makes final employment-related decisions based on all of the information available to the City, including the seriousness of the crime(s), the relevance of the crime(s), the number of crime(s), the age of the crime(s), and the occurrences in the life of the Applicant since the crime(s). If the final decision of the City is adverse to the Applicant and results in the refusal, rescission, or revocation of a position with the City then the City promptly notifies the Applicant of the decision and the specific reason(s) therefor.

#### 4-7.4 Waiver.

Under exigent circumstances, an Awarding Authority, by its highest ranking member, may grant a waiver of CBC 4-7.3 on a contract-by-contract basis and shall submit a written record of the waiver to the Office of Civil Rights and to the Boston City Council's Staff Director who shall provide a copy to each and every City Councillor. The written record shall include, but not be limited to, (a) a summary of the terms of the contract, (b) the details of the Vendor's failure or refusal to conform with the City's CORI-related standards, and (c) a brief analysis of the exigency causing the grant of waiver.

No waiver may be considered perfected unless the Awarding Authority fully complies with the provisions of this sub-section.

#### 4-7.5 Data Collection and Report.

Any Awarding Authority, Vendor, Applicant, or other interested party may contact the Office of Civil Rights to report any problems, concerns, or suggestions regarding the implementation, compliance, and impacts of these sections, and the Office of Civil Rights shall log every comment received with a summary of the comment and shall keep on file any written comments. Subsequent to logging any comment, the Office of Civil Rights may refer a complaint to the CHSB and shall notify the relevant Awarding Authority. The Office of Civil Rights shall prepare a written report including, but not limited to, a summary of the granted waivers, a summary of any feedback regarding CORI-related policies and/or practices, and any other information or analysis deemed noteworthy by the Director of the Office of Civil Rights. The Office of Civil Rights shall file the report with the Boston City Council via the Boston City Clerk every six (6) months from the implementation date of these sections.

#### 4-7.6 Applicability.

If any provision of these sections imposes greater restrictions or obligations than those imposed by any other general law, special law, regulation, rule, ordinance, order, or policy then the provisions of these sections shall control.

4-7.7 Regulatory Authority.

The Office of Civil Rights shall have the authority to promulgate rules and regulations necessary to implement and enforce these sections and may promulgate a form of the Affidavit.

4-7.8 Severability.

If any provision of these sections shall be held to be invalid by a court of competent jurisdiction, then such provision shall be considered separately and apart from the remaining provisions, which shall remain in full force and effect.

4-7.9 Implementation.

The provisions of these sections shall be effective on July 1, 2006.

*In City Council*

OCT 05 2005

*Passed*

*Rosaria Salinas* City Clerk

*Approved*

*Thomas M. Allen*

Mayor

CM FORM 15A

CORI COMPLIANCE

The City of Boston is subject to City of Boston Code, Chapter 4, section 7, which is intended to ensure that persons and businesses supplying goods and/or services to the City of Boston deploy fair policies relating to the screening and identification of person with criminal backgrounds through the CORI system. Vendors entering into contracts with the City must affirm that their policies regarding CORI information are consistent with the standards set by the City of Boston.

CERTIFICATION

The undersigned certifies under penalties of perjury that the vendor is in compliance with the provisions of City of Boston Code, Chapter 4, section 7, as currently in effect. All Vendors must check one of the three lines below.

1. \_\_\_\_\_ CORI checks are not performed on any Applicants.
2. \_\_\_\_\_ CORI checks are performed on some or all Applicants. The Vendor, by affixing a signature below, affirms under penalties of perjury that its CORI policy is consistent with the standards set forth on the attached CM Form 15B.
3. \_\_\_\_\_ CORI checks are performed on some or all Applicants. The Vendor's CORI policy is not consistent with the standards set forth on the attached CM Form 15B (a copy of the Vendor's written CORI policy must accompany this form).

\_\_\_\_\_  
(Typed or printed name of person signing  
quotation, bid or proposal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Name of Business)

NOTE:

The Awarding Authority may grant a waiver of CBC 4-7.3 under exigent circumstance on a contract by contract basis.

Instructions for Completing CM Form 15B:

A Vendor should not check Line 1 unless it performs NO CORI checks on ANY applicant.  
A Vendor who checks Lines 2 certifies that the Vendor's CORI policy conforms to the standards set forth in CM Form 15B. A Vendor with a CORI policy that does NOT conform to the standards set forth on CM Form 15B must check Line 3. Vendors who check Line 3 will not be permitted to enter into contracts with the City, absent a waiver, as provided for in CBC 4-7.4. For any waiver to be granted, a completed CM Form 15C must be completed by the awarding authority and attached hereto.

APPROVED AS TO FORM BY CORPORATION COUNSEL MAY 9, 2006.

CM FORM 15B

CORI COMPLIANCE STANDARDS

By checking line 2 on the foregoing CM Form 15A, the Vendor affirms that its CORI-related policies, practices, and standards are consistent with the following standards:

1. The Vendor does not conduct a CORI check on an Applicant unless a CORI check is required by law or the Vendor has made a good faith determination that the relevant position is of such sensitivity that a CORI report is warranted.
2. The Vendor reviews the qualifications of an Applicant and determines that an Applicant is otherwise qualified for the relevant position before the Vendor conducts a CORI check. The Vendor does not conduct a CORI check for an Applicant that is not otherwise qualified for a relevant position.
3. If the Vendor has been authorized by the CHSB to receive CORI reports consisting solely of conviction and case-pending information and the CORI report received by the Vendor contains other information (i.e. cases disposed favorably for the Applicant such as Not Guilty, Dismissal) then the Vendor informs the Applicant and provides the Applicant with a copy of CHSB's information for the Applicant to pursue correction.
4. When the Vendor receives a proper CORI report of an Applicant that contains only the CORI information that the Vendor is authorized to receive and the Vendor is inclined to refuse, rescind, or revoke the offer of a position to an Applicant, then the Vendor complies with 803 CMR 6.11 by, including, but not limited to, notifying the Applicant of the potential adverse employment action, providing the Applicant with a photocopy of the CORI report received by the Vendor, informing the Applicant of the specific parts of the CORI report that concern the Vendor, providing an opportunity for the Applicant to discuss the CORI report with the Vendor including an opportunity for the Applicant to present information rebutting the accuracy and/or relevance of the CORI report, reviewing any information and documentation received from the Applicant, and documenting all steps taken to comply with 803 CMR 6.11.
5. The Vendor makes final employment-related decisions based on all of the information available to the Vendor, including the seriousness of the crime(s), the relevance of the crime(s), the age of the crime(s), and the occurrences in the life of the Applicant since the crime(s). If the final decision of the Vendor is adverse to the Applicant and results in the refusal, rescission, or revocation of a position with the Vendor then the Vendor promptly notifies the Applicant of the decision and the specific reasons therefor.

APPROVED AS TO FORM BY CORPORATION COUNSEL MAY 9, 2006.

**Appendix V**

**HUD HOPWA Regulations and Eligible Activities 24 CFR Part 574**

(b) *24 CFR part 84.* The provisions of 24 CFR part 84 apply to guaranteed loans under this part.

(c) *Lead-based paint.* Housing assisted under this part is subject to the lead-based paint requirements described in part 35, subparts A, B, E, G, and R of this title.

(d) *Labor standards—(1) Davis-Bacon.* All laborers and mechanics employed by contractors or subcontractors in the performance of construction work financed in whole or in part with Guaranteed Loan Funds under this part shall be paid wages at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a-5). This paragraph shall apply to the rehabilitation of residential property only if such property contains not less than 8 units.

(2) *Volunteers.* The provisions of paragraph (d)(1) of this section shall not apply to volunteers under the conditions set forth in 24 CFR part 70. In applying part 70, loan guarantees under this part shall be treated as a program for which there is a statutory exemption for volunteers.

(3) *Labor standards.* Any contract, subcontract, or building loan agreement executed for a project subject to Davis-Bacon wage rates under paragraph (d)(1) of this section shall comply with all labor standards and provisions of 29 CFR parts 1, 3 and 5 that would be applicable to a loan guarantee program to which Davis-Bacon wage rates are made applicable by statute.

[61 FR 47405, Sept. 6, 1996, as amended at 64 FR 50226, Sept. 15, 1999]

**§ 573.10 Fees for guaranteed loans.**

(a) No fees will be assessed by HUD for its guaranty of a loan under this part.

(b) The lender may assess the Borrower loan origination fees or other charges provided that such fees and charges are those charged by the lender to its other customers for similar transactions, and are no higher than those charged by the lender for similar transactions.

**§ 573.11 Record access and record-keeping.**

Records pertaining to the loans made by the Financial Institution shall be held for the life of the loan. A lender with a Section 4 Guaranteed Loan shall allow HUD, the Comptroller General of the United States, and their authorized representatives access from time to time to any documents, papers or files which are pertinent to the guaranteed loan, and to inspect and make copies of such records which relate to any Section 4 Loan. Any inspection will be made during the lender's regular business hours or any other mutually convenient time.

**PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

**Subpart A—General**

Sec.

574.3 Definitions.

**Subpart B—Formula Entitlements**

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- 574.110 Overview of formula allocations.
- 574.120 Responsibility of applicant to serve EMSA.
- 574.130 Formula allocations.
- 574.190 Reallocation of grant amounts.

**Subpart C—Competitive Grants**

- 574.200 Amounts available for competitive grants.
- 574.210 Eligible applicants.
- 574.240 Application requirements.
- 574.260 Amendments.

**Subpart D—Uses of Grant Funds**

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- 574.310 General standards for eligible housing activities.
- 574.320 Additional standards for rental assistance.
- 574.330 Additional standards for short-term supported housing.
- 574.340 Additional standards for community residences.

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- 574.645 Coastal barriers.
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- 574.655 Wage rates.

AUTHORITY: 42 U.S.C. 3535(d) and 12901-12912.

SOURCE: 57 FR 61740, Dec. 28, 1992, unless otherwise noted.

**Subpart A—General****§ 574.3 Definitions.**

The terms *Grantee* and *Secretary* are defined in 24 CFR part 5.

*Acquired immunodeficiency syndrome (AIDS) or related diseases* means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

*Administrative costs* mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

*Applicant* means a State or city applying for a formula allocation as described under § 574.100 or a State, unit of general local government, or a nonprofit organization applying for a competitive grant as described under § 574.210.

*City* has the meaning given it in section 102(a) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302).

*Eligible Metropolitan Statistical Area (EMSA)* means a metropolitan statistical area that has a population of more than 500,000 and has more than 1,500 cumulative cases of AIDS.

*Eligible person* means a person with acquired immunodeficiency syndrome or related diseases who is a low-income individual, as defined in this section, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services, as described in § 574.300(b)(1). Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases, as provided in § 574.300(b)(9).

*Eligible State* means a State that has:

(1) More than 1,500 cumulative cases of AIDS in those areas of the State outside of eligible metropolitan statistical areas that are eligible to be funded through a qualifying city; and

(2) A consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part. (A State may carry out activities anywhere in the State, including within an EMSA.)

*Family* means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death.

*Low-income individual* has the meaning given it in section 853(3) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

*Metropolitan statistical area* has the meaning given it in section 853(5) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

*Nonprofit organization* means any nonprofit organization (including a State or locally chartered, nonprofit organization) that:

(1) Is organized under State or local laws;

(2) Has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual;

(3) Has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system; and

(4) Has among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases.

*Non-substantial rehabilitation* means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation.

*Population* means total resident population based on data compiled by the U.S. Census and referable to the same point in time.

*Project sponsor* means any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to carry out eligible activities under this part. The selection of project sponsors is not subject to the procurement requirements of 24 CFR 85.36.

*Qualifying city* means a city that is the most populous unit of general local government in an eligible metropolitan statistical area (EMSA) and that has a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part.

*Rehabilitation* means the improvement or repair of an existing structure, or an addition to an existing structure that does not increase the floor area by more than 100 percent.

*State* has the meaning given it in section 853(9) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

*Substantial rehabilitation* means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

*Unit of general local government* means any city, town, township, parish, county, village, or other general purpose political subdivision of a State; Guam, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia and Palau, the Marshall Islands, or a general pur-

pose political subdivision thereof; and any agency or instrumentality thereof that is established pursuant to legislation and designated by the chief executive to act on behalf of the jurisdiction with regard to provisions of the National Affordable Housing Act.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995; 61 FR 5209, Feb. 9, 1996; 61 FR 7963, Feb. 29, 1996]

### Subpart B—Formula Entitlements

#### § 574.100 Eligible applicants.

(a) Eligible States and qualifying cities, as defined in § 574.3, qualify for formula allocations under HOPWA.

(b) HUD will notify eligible States and qualifying cities of their formula eligibility and allocation amounts and EMSA service areas annually.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995]

#### § 574.110 Overview of formula allocations.

The formula grants are awarded upon submission and approval of a consolidated plan, pursuant to 24 CFR part 91, that covers the assistance to be provided under this part. Certain states and cities that are the most populous unit of general local government in eligible metropolitan statistical areas will receive formula allocations based on their State or metropolitan population and proportionate number of cases of persons with AIDS. They will receive funds under this part (providing they comply with 24 CFR part 91) for eligible activities that address the housing needs of persons with AIDS or related diseases and their families (see § 574.130(b)).

[61 FR 7963, Feb. 29, 1996]

#### § 574.120 Responsibility of applicant to serve EMSA.

The EMSA's applicant shall serve eligible persons who live anywhere within the EMSA, except that housing assistance shall be provided only in localities within the EMSA that have a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be

provided under this part. In allocating grant amounts among eligible activities, the EMSA's applicant shall address needs of eligible persons who reside within the metropolitan statistical area, including those not within the jurisdiction of the applicant.

[60 FR 1917, Jan. 5, 1995]

**§ 574.130 Formula allocations.**

(a) *Data sources.* HUD will allocate funds based on the number of cases of acquired immunodeficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control, and on population data provided by the U.S. Census. The number of cases of acquired immunodeficiency syndrome used for this purpose shall be the number reported as of March 31 of the fiscal year immediately preceding the fiscal year for which the amounts are appropriated and allocated.

(b) *Distribution of appropriated funds for entitlement awards.* (1) Seventy-five percent of the funds allocated under the formula is distributed to qualifying cities and eligible States, as described in § 574.100, based on each metropolitan statistical area's or State's proportionate share of the cumulative number of AIDS cases in all eligible metropolitan statistical areas and eligible States.

(2) The remaining twenty-five percent is allocated among qualifying cities, but not States, where the per capita incidence of AIDS for the year, April 1 through March 31, preceding the fiscal year of the appropriation is higher than the average for all metropolitan statistical areas with more than 500,000 population. Each qualifying city's allocation reflects its EMSA's proportionate share of the high incidence factor among EMSA's with higher than average per capita incidence of AIDS. The high incidence factor is computed by multiplying the population of the metropolitan statistical area by the difference between its twelve-month-per-capita-incidence rate and the average rate for all metropolitan statistical areas with more than 500,000 population. The EMSA's proportionate share is determined by dividing its high incidence factor by the sum of the high incidence factors for all

EMSA's with higher than average per capita incidence of AIDS.

(c) *Minimum grant.* No grant awarded under paragraph (b) of this section shall be less than \$200,000. Therefore, if the calculations under paragraph (b) of this section would result in any eligible metropolitan statistical area or eligible State receiving less than \$200,000, the amount allocated to that entity is increased to \$200,000 and allocations to entities in excess of \$200,000 are proportionately reduced by the amount of the increase.

**§ 574.190 Reallocation of grant amounts.**

If an eligible State or qualifying city does not submit a consolidated plan in a timely fashion, in accordance with 24 CFR part 91, that provides for use of its allocation of funding under this part, the funds allocated to that jurisdiction will be added to the funds available for formula allocations to other jurisdictions in the current fiscal year. Any formula funds that become available as a result of deobligations or the imposition of sanctions as provided for in § 574.540 will be added to the funds available for formula allocations in the next fiscal year.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

**Subpart C—Competitive Grants**

**§ 574.200 Amounts available for competitive grants.**

(a) The Department will set aside 10 percent of the amounts appropriated under this program to fund on a competitive basis:

(1) Special projects of national significance; and

(2) Other projects submitted by States and localities that do not qualify for formula grants.

(b) Any competitively awarded funds that become available as a result of deobligations or the imposition of sanctions, as provided in § 574.540, will be added to the funds available for competitive grants in the next fiscal year.

(c) The competitive grants are awarded based on applications, as described in subpart C of this part, submitted in

response to a Notice of Funding Availability published in the FEDERAL REGISTER. All States and units of general local government and nonprofit organizations are eligible to apply for competitive grants to fund projects of national significance. Only those States and units of general local government that do not qualify for formula allocations are eligible to apply for competitive grants to fund other projects.

(d) If HUD makes a procedural error in a funding competition that, when corrected, would warrant funding of an otherwise eligible application, HUD will select that application for potential funding when sufficient funds become available.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

#### § 574.210 Eligible applicants.

(a) All States, units of general local government, and nonprofit organizations, may apply for grants for projects of national significance.

(b) Only those States and units of general local government that do not qualify for formula grants, as described in § 574.100; may apply for grants for other projects as described in § 574.200(a)(2).

(c) Except for grants for projects of national significance, nonprofit organizations are not eligible to apply directly to HUD for a grant but may receive funding as a project sponsor under contract with a grantee.

#### § 574.240 Application requirements.

Applications must comply with the provisions of the Department's Notice of Funding Availability (NOFA) for the fiscal year published in the FEDERAL REGISTER in accordance with 24 CFR part 12. The rating criteria, including the point value for each, are described in the NOFA, including criteria determined by the Secretary.

[61 FR 7963, Feb. 29, 1996]

#### § 574.260 Amendments.

(a) After an application has been selected for funding, any change that will significantly alter the scope, location, service area, or objectives of an activity or the number of eligible persons served must be justified to HUD and

approved by HUD. Whenever any other amendment to the application is made, the grantee must provide a copy to HUD.

(b) Each amendment request must contain a description of the revised proposed use of funds. Funds may not be expended for the revised proposed use of funds until:

(1) HUD accepts the revised proposed use; and

(2) For amendments to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing, an environmental review of the revised proposed use of funds has been completed in accordance with § 574.510.

(Approved by the Office of Management and Budget under control number 2506-0133)

### Subpart D—Uses of Grant Funds

#### § 574.300 Eligible activities.

(a) *General.* Subject to applicable requirements described in §§ 574.310, 574.320, 574.330, and 574.340, HOPWA funds may be used to assist all forms of housing designed to prevent homelessness including emergency housing, shared housing arrangements, apartments, single room occupancy (SRO) dwellings, and community residences. Appropriate supportive services, as required by § 574.310(a), must be provided as part of any HOPWA assisted housing, but HOPWA funds may also be used to provide services independently of any housing activity.

(b) *Activities.* The following activities may be carried out with HOPWA funds:

(1) Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;

(2) Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);

(3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;

(4) New construction (for single room occupancy (SRO) dwellings and community residences only).

(5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;

(6) Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling;

(7) Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals;

(8) Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs;

(9) Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence;

(10) Administrative expenses:

(i) Each grantee may use not more than 3 percent of the grant amount for its own administrative costs relating to administering grant amounts and allocating such amounts to project sponsors; and

(ii) Each project sponsor receiving amounts from grants made under this program may use not more than 7 percent of the amounts received for administrative costs.

(11) For competitive grants only, any other activity proposed by the applicant and approved by HUD.

(c) *Faith-based activities.* (1) Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the HOPWA program. Neither the Federal government nor a State or local government receiving funds under HOPWA programs shall discriminate against an organization on the basis of the organization's religious character or affiliation.

(2) Organizations that are directly funded under the HOPWA program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this part. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the beneficiaries of the HUD-funded programs or services.

(3) An organization that participates in the HOPWA program will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct HOPWA funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations may use space in their facilities to provide HOPWA-funded services, without removing religious art, icons, scriptures, or other religious symbols. In addition, a HOPWA-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

(4) An organization that participates in the HOPWA program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

(5) HOPWA funds may not be used for the acquisition, construction, or rehabilitation of structures to the extent

that those structures are used for inherently religious activities. HOPWA funds may be used for the acquisition, construction, or rehabilitation of structures only to the extent that those structures are used for conducting eligible activities under this part. Where a structure is used for both eligible and inherently religious activities, HOPWA funds may not exceed the cost of those portions of the acquisition, construction, or rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to HOPWA funds in this part. Sanctuaries, chapels, or other rooms that a HOPWA-funded religious congregation uses as its principal place of worship, however, are ineligible for HOPWA-funded improvements. Disposition of real property after the term of the grant, or any change in use of the property during the term of the grant, is subject to government-wide regulations governing real property disposition (see 24 CFR parts 84 and 85).

(6) If a State or local government voluntarily contributes its own funds to supplement federally funded activities, the State or local government has the option to segregate the Federal funds or commingle them. However, if the funds are commingled, this section applies to all of the commingled funds.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994; 68 FR 56405, Sept. 30, 2003].

**§574.310 General standards for eligible housing activities.**

All grantees using grant funds to provide housing must adhere to the following standards:

(a)(1) *General.* The grantee shall ensure that qualified service providers in the area make available appropriate supportive services to the individuals assisted with housing under this subpart. Supportive services are described in §574.300(b)(7). For any individual with acquired immunodeficiency syndrome or a related disease who requires more intensive care than can be provided in housing assisted under this subpart, the grantee shall provide for locating a care provider who can appropriately care for the individual and for

referring the individual to the care provider.

(2) *Payments.* The grantee shall ensure that grant funds will not be used to make payments for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

(i) Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(ii) By an entity that provides health services on a prepaid basis.

(b) *Housing quality standards.* All housing assisted under §574.300(b) (3), (4), (5), and (8) must meet the applicable housing quality standards outlined below.

(1) *State and local requirements.* Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

(2) *Habitability standards.* Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:

(i) *Structure and materials.* The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

(ii) *Access.* The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.

(iii) *Space and security.* Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.

(iv) *Interior air quality.* Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

(v) *Water supply.* The water supply must be free from contamination at

levels that threaten the health of individuals.

(vi) *Thermal environment.* The housing must have adequate heating and/or cooling facilities in proper operating condition.

(vii) *Illumination and electricity.* The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.

(viii) *Food preparation and refuse disposal.* All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

(ix) *Sanitary condition.* The housing and any equipment must be maintained in sanitary condition.

(c) *Minimum use period for structures.*

(1) Any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases:

(i) For a period of not less than 10 years, in the case of assistance provided under an activity eligible under §574.300(b) (3) and (4) involving new construction, substantial rehabilitation or acquisition of a building or structure; or

(ii) For a period of not less than 3 years in the cases involving non-substantial rehabilitation or repair of a building or structure.

(2) Waiver of minimum use period. HUD may waive the minimum use period of a building or structure as stipulated in paragraph (c)(1) of this section if the grantee can demonstrate, to the satisfaction of HUD, that:

(i) The assisted structure is no longer needed to provide supported housing or assistance, or the continued operation of the structure for such purposes is no longer feasible; and

(ii) The structure will be used to benefit individuals or families whose incomes do not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, if the Secretary finds that such variations are

necessary because of construction costs or unusually high or low family incomes.

(d) *Resident rent payment.* Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of:

(1) 30 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24 CFR 5.609). The calculation of the family's monthly adjusted income must include the expense deductions provided in 24 CFR 5.611(a), and for eligible persons, the calculation of monthly adjusted income also must include the disallowance of earned income as provided in 24 CFR 5.617, if applicable;

(2) 10 percent of the family's monthly gross income; or

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

(e) *Termination of assistance—(1) Surviving family members.* With respect to the surviving member or members of a family who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death, housing assistance and supportive services under the HOPWA program shall continue for a grace period following the death of the person with AIDS. The grantee or project sponsor shall establish a reasonable grace period for continued participation by a surviving family member, but that period may not exceed one year from the death of the family member with AIDS. The grantee or project sponsor shall notify the family of the duration of their grace period and may assist the family with information on other available housing programs and with moving expenses.

(2) *Violation of requirements—(i) Basis.* Assistance to participants who reside in housing programs assisted under this part may be terminated if the participant violates program requirements or conditions of occupancy. Grantees must ensure that supportive services are provided, so that a participant's assistance is terminated only in the most severe cases.

(ii) *Procedure.* In terminating assistance to any program participant for violation of requirements, grantees must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law. This process at minimum, must consist of:

(A) Serving the participant with a written notice containing a clear statement of the reasons for termination;

(B) Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

(C) Providing prompt written notification of the final decision to the participant.

(Paragraph (c) approved by the Office of Management and Budget under control number 2506-0133)

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994; 61 FR 7963, Feb. 29, 1996; 66 FR 6225, Jan. 19, 2001]

**§ 574.320 Additional standards for rental assistance.**

(a) If grant funds are used to provide rental assistance, the following additional standards apply:

(1) *Maximum subsidy.* The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between:

(i) The lower of the rent standard or reasonable rent for the unit; and

(ii) The resident's rent payment calculated under § 574.310(d).

(2) *Rent standard.* The rent standard shall be established by the grantee and shall be no more than the published section 8 fair market rent (FMR) or the HUD-approved community-wide exception rent for the unit size. However, on

a unit by unit basis, the grantee may increase that amount by up to 10 percent for up to 20 percent of the units assisted.

(3) *Rent reasonableness.* The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

(b) With respect to shared housing arrangements, the rent charged for an assisted family or individual shall be in relation to the size of the private space for that assisted family or individual in comparison to other private space in the shared unit, excluding common space. An assisted family or individual may be assigned a pro rata portion based on the ratio derived by dividing the number of bedrooms in their private space by the number of bedrooms in the unit. Participation in shared housing arrangements shall be voluntary.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

**§ 574.330 Additional standards for short-term supported housing.**

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

(a) *Time limits.* (1) A short-term supported housing facility may not provide residence to any individual for more than 60 days during any six month period. Rent, mortgage, and utilities payments to prevent the homelessness of the tenant or mortgagor of a dwelling may not be provided to such an individual for these costs accruing over a period of more than 21 weeks in any 52 week period. These limitations do not apply to rental assistance provided under § 574.300(b)(5).

(2) *Waiver of time limitations.* HUD may waive, as it determines appropriate, the limitations of paragraph (a)(1) and will favorably consider a

waiver based on the good faith effort of a project sponsor to provide permanent housing under subsection (c).

(b) *Residency limitations*—(1) *Residency*. A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals;

(2) *Waiver of residency limitations*. HUD may waive, as it determines appropriate, the limitations of paragraph (b)(1) of this section.

(c) *Placement*. A short-term supported housing facility assisted under this part must, to the maximum extent practicable, provide each individual living in such housing the opportunity for placement in permanent housing or in a living environment appropriate to his or her health and social needs.

(d) *Assistance to continue independent living*. In addition to the supportive services provided when an individual is relocated to a short-term supported housing facility, supportive services may be provided to individuals when they remain in their residence because the residence is appropriate to the needs of the individual. In the latter case, a rent, mortgage and utilities payments program assisted under this part shall provide, when reasonable, supportive services specifically designed to maintain the individual in such residence.

(e) *Case management services*. A program assisted under this section shall provide each assisted individual with an opportunity, if eligible, to receive case management services from the appropriate social service agencies.

(Paragraph (b) approved by the Office of Management and Budget under control number 2506-0133)

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

#### § 574.340 Additional standards for community residences.

(a) A community residence is a multiunit residence designed for eligible persons to provide a lower cost residential alternative to institutional care; to prevent or delay the need for such care; to provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently; and to enable such per-

sons to participate as fully as possible in community life.

(b) If grant funds are used to provide a community residence, except for planning and other expenses preliminary to construction or other physical improvement for a community residence, the grantee must, prior to the expenditure of such funds, obtain and keep on file the following certifications:

(1) *A services agreement*. (i) A certification that the grantee will itself provide services as required by § 574.310(a) to eligible persons assisted by the community residence; or

(ii) A certification that the grantee has entered into a written agreement with a project sponsor or contracted service provider to provide services as required by § 574.310(a) to eligible persons assisted by the community residence;

(2) *The adequacy of funding*. (i) A certification that the grantee has acquired sufficient funding for these services; or

(ii) A certification that the grantee has on file an analysis of the service level needed for each community residence, a statement of which grantee agency, project sponsor, or service provider will provide the needed services, and a statement of how the services will be funded; and

(3) *Capability*. (i) A certification that the grantee is qualified to provide the services; or

(ii) A certification that the project sponsor or the service provider is qualified to provide the services.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

### Subpart E—Special Responsibilities of Grantees and Project Sponsors

#### § 574.400 Prohibition of substitution of funds.

Amounts received from grants under this part may not be used to replace other amounts made available or designated by State or local governments through appropriations for use for the purposes of this part.

**§ 574.410 Capacity.**

The grantee shall ensure that any project sponsor with which the grantee contracts to carry out an activity under this part has the capacity and capability to effectively administer the activity.

**§ 574.420 Cooperation.**

(a) The grantee shall agree, and shall ensure that each project sponsor agrees, to cooperate and coordinate in providing assistance under this part with the agencies of the relevant State and local governments responsible for services in the area served by the grantee for eligible persons and other public and private organizations and agencies providing services for such eligible persons.

(b) A grantee that is a State shall obtain the approval of the unit of general local government in which a project is to be located before entering into a contract with a project sponsor to carry out an activity authorized under this part.

(c) A grantee that is a city receiving a formula allocation for an EMSA shall coordinate with other units of general local government located within the metropolitan statistical area to address needs within that area.

**§ 574.430 Fee prohibitions.**

The grantee shall agree, and shall ensure that each project sponsor agrees, that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under this part.

**§ 574.440 Confidentiality.**

The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance.

**§ 574.450 Financial records.**

The grantee shall agree, and shall ensure that each project sponsor agrees, to maintain and make available to HUD for inspection financial records sufficient, in HUD's determination, to ensure proper accounting and dis-

bursing of amounts received from a grant under this part.

**Subpart F—Grant Administration****§ 574.500 Responsibility for grant administration.**

(a) *General.* Grantees are responsible for ensuring that grants are administered in accordance with the requirements of this part and other applicable laws. Grantees are responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements.

(b) *Grant agreement.* The grant agreement will provide that the grantee agrees, and will ensure that each project sponsor agrees, to:

(1) Operate the program in accordance with the provisions of these regulations and other applicable HUD regulations;

(2) Conduct an ongoing assessment of the housing assistance and supportive services required by the participants in the program;

(3) Assure the adequate provision of supportive services to the participants in the program; and

(4) Comply with such other terms and conditions, including recordkeeping and reports (which must include racial and ethnic data on participants) for program monitoring and evaluation purposes, as HUD may establish for purposes of carrying out the program in an effective and efficient manner.

(c) *Enforcement.* HUD will enforce the obligations in the grant agreement in accordance with the provisions of 24 CFR 85.43. A grantee will be provided an opportunity for informal consultation before HUD will exercise any remedies authorized in paragraph (a) of that section.

**§ 574.510 Environmental procedures and standards.**

(a) Activities under this part are subject to HUD environmental regulations in part 58 of this title, except that HUD will perform an environmental review in accordance with part 50 of this title for any competitive grant for Fiscal Year 2000.

(b) The recipient, its project partners and their contractors may not acquire,

§ 574.520

rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under this part, or commit or expend HUD or local funds for such eligible activities under this part, until the responsible entity (as defined in § 58.2 of this title) has completed the environmental review procedures required by part 58 and the environmental certification and RROF have been approved (or HUD has performed an environmental review and the recipient has received HUD approval of the property). HUD will not release grant funds if the recipient or any other party commits grant funds (*i.e.*, incurs any costs or expenditures to be paid or reimbursed with such funds) before the recipient submits and HUD approves its RROF (where such submission is required).

(c) For activities under a grant to a nonprofit entity that would generally be subject to review under part 58, HUD may make a finding in accordance with § 58.11(d) and may itself perform the environmental review under the provisions of part 50 of this title if the recipient nonprofit entity objects in writing to the responsible entity's performing the review under part 58. Irrespective of whether the responsible entity in accord with part 58 (or HUD in accord with part 50) performs the environmental review, the recipient shall supply all available, relevant information necessary for the responsible entity (or HUD, if applicable) to perform for each property any environmental review required by this part. The recipient also shall carry out mitigating measures required by the responsible entity (or HUD, if applicable) or select alternate eligible property.

[68 FR 56130, Sept. 29, 2003]

§ 574.520 Performance reports.

(a) *Formula grants.* For a formula grant recipient, the performance reporting requirements are specified in 24 CFR part 91.

(b) *Competitive grants.* A grantee shall submit to HUD annually a report describing the use of the amounts received, including the number of individuals assisted, the types of assistance provided, and any other information that HUD may require. Annual reports

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are required until all grant funds are expended.

[60 FR 1918, Jan. 5, 1995]

§ 574.530 Recordkeeping.

Each grantee must ensure that records are maintained for a four-year period to document compliance with the provisions of this part. Grantees must maintain current and accurate data on the race and ethnicity of program participants.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

§ 574.540 Deobligation of funds.

HUD may deobligate all or a portion of the amounts approved for eligible activities if such amounts are not expended in a timely manner, or the proposed activity for which funding was approved is not provided in accordance with the approved application or action plan and the requirements of this regulation. HUD may deobligate any amount of grant funds that have not been expended within a three-year period from the date of the signing of the grant agreement. The grant agreement may set forth other circumstances under which funds may be deobligated or sanctions imposed.

[61 FR 7963, Feb. 29, 1996]

Subpart G—Other Federal Requirements

§ 574.600 Cross-reference.

The Federal requirements set forth in 24 CFR part 5 apply to this program as specified in this subpart.

[61 FR 5209, Feb. 9, 1996]

§ 574.603 Nondiscrimination and equal opportunity.

Within the population eligible for this program, the nondiscrimination and equal opportunity requirements set forth in 24 CFR part 5 and the following requirements apply:

(a) *Fair housing requirements.* (1) Grantees and project sponsors shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) and implementing regulations at 28 CFR part 35 (States and local government grantees)

and part 36 (public accommodations and requirements for certain types of short-term housing assistance).

(2) Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR, 1964-1965 Comp., p. 339; 3 CFR, 1966-1970 Comp., p. 684; 3 CFR, 1966-1970 Comp., p. 803; 3 CFR 1978 Comp., p. 230; and 3 CFR, 1978 Comp., p. 264) (Equal Employment Opportunity) does not apply to this program.

(b) *Affirmative outreach.* A grantee or project sponsor must adopt procedures to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA program, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 33894, June 30, 1994. Redesignated and amended at 61 FR 5209, Feb. 9, 1996; 61 FR 7964, Feb. 29, 1996]

**§574.605 Applicability of OMB circulars.**

The policies, guidelines, and requirements of 24 CFR part 85 (codified pursuant to OMB Circular No. A-102) and OMB Circular No. A-87 apply with respect to the acceptance and use of funds under the program by States and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 apply with respect to the acceptance and use of funds under the program by private non-profit entities. (Copies of OMB Circulars may be obtained from E.O.P. Publications, room 2200, New Executive Office Building, Washington, DC 20503, telephone (202) 395-7332. (This is not a toll-free number.) There is a limit of two free copies.

**§574.625 Conflict of interest.**

(a) In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision

making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

(b) *Exceptions: Threshold requirements.* Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (a) of this section when it determines that the exception will serve to further the purposes of the HOPWA program and the effective and efficient administration of the recipient's program or project. An exception may be considered only after the recipient has provided the following:

(1) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(c) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (b) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

(1) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(2) Whether the person affected is a member of a group or class of eligible persons and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decisionmaking process with respect to the specific assisted activity in question;

(4) Whether the interest or benefit was present before the affected person

was in a position as described in paragraph (a) of this section;

(5) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and

(6) Any other relevant considerations.

**§ 574.630 Displacement, relocation and real property acquisition.**

(a) *Minimizing displacement.* Consistent with the other goals and objectives of this part, grantees and project sponsors must assure that they have taken all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of a project assisted under this part.

(b) *Relocation assistance for displaced persons.* A displaced person (defined in paragraph (f) of this section) must be provided relocation assistance at the levels described in, and in accordance with the requirements of, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR part 24.

(c) *Real property acquisition requirements.* The acquisition of real property for a project is subject to the URA and the requirements described in 49 CFR part 24, subpart B.

(d) *Appeals.* A person who disagrees with the grantee's or project sponsor's determination concerning whether the person qualifies as a "displaced person," or the amount of relocation assistance for which the person is eligible, may file a written appeal of that determination with the grantee. A low-income person who is dissatisfied with the grantee's determination on his or her appeal may submit a written request for review of that determination to the HUD Field Office.

(e) *Responsibility of grantee.* (1) Each grantee shall certify (i.e., provide assurance of compliance as required by 49 CFR part 24) that it will comply with the URA, the regulations at 49 CFR part 24, and the requirements of this section, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.

(2) The cost of required relocation assistance is an eligible project cost in the same manner and to the same extent as other project costs. Such costs also may be paid for with funds available from other sources.

(3) The grantee shall maintain records in sufficient detail to demonstrate compliance with these provisions.

(f) *Definition of displaced person.* (1) For purposes of this section, the term "displaced person" means a person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project assisted under this part. This includes any permanent, involuntary move for an assisted project including any permanent move for an assisted project, including any permanent move from the real property that is made:

(i) After notice by the grantee, project sponsor, or property owner to move permanently from the property, if the move occurs on or after the date that the grantee submits to HUD an application for assistance that is later approved and funded;

(ii) Before the submission of the application to HUD, if the grantee, project sponsor, or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the assisted project; or

(iii) By a tenant-occupant of a dwelling unit, if any one of the following three situations occurs:

(A) The tenant moves after the "initiation of negotiations" and the move occurs before the tenant has been provided written notice offering him or her the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex, under reasonable terms and conditions, upon completion of the project. Such reasonable terms and conditions include a monthly rent and estimated average monthly utility costs that do not exceed the greater of:

(1) The tenant's monthly rent before the initiation of negotiations and estimated average utility costs, or

(2) 30 percent of gross household income; or

(B) The tenant is required to relocate temporarily, does not return to the building/complex and either:

(1) The tenant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, or

(2) Other conditions of the temporary relocation are not reasonable; or

(C) The tenant is required to move to another unit in the same building/complex but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

(2) Notwithstanding the provisions of paragraph (f)(1) of this section, a person does not qualify as a "displaced person" (and is not eligible for relocation assistance under the URA or this section), if:

(i) The person has been evicted for serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation or applicable Federal, State or local law, or other good cause, and HUD determines that the eviction was not undertaken for the purposes of evading the obligation to provide relocation assistance;

(ii) The person moved into the property after the submission of the application and, before signing a lease and commencing occupancy, was provided written notice of the project, its possible impact on the person (e.g., the person may be displaced, temporarily relocated, or suffer a rent increase) and the fact that the person would not qualify as a "displaced person" (or for any assistance provided under this section), if the project is approved;

(iii) The person is ineligible under 49 CFR 24.2(g)(2); or

(iv) HUD determines that the person was not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

(3) The grantee or project sponsor may request, at any time, HUD's determination of whether a displacement is or would be covered under this section.

(g) *Definition of initiation of negotiations.* For purposes of determining the formula for computing the replacement housing assistance to be provided to a residential tenant displaced as a direct result of privately undertaken rehabili-

tation, demolition, or acquisition of the real property, the term "initiation of negotiations" means the execution of the agreement between the grantee and the project sponsor.

#### § 574.635 Lead-based paint.

The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at part 35, subparts A, B, H, J, K, M, and R of this part apply to activities under this program.

[64 FR 50226, Sept. 15, 1999]

#### § 574.640 Flood insurance protection.

No property to be assisted under this part may be located in an area that has been identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards, unless:

(a)(1) The community in which the area is situated is participating in the National Flood Insurance Program and the regulations thereunder (44 CFR parts 59 through 79); or

(2) Less than a year has passed since FEMA notification regarding such hazards; and

(b) The grantee will ensure that flood insurance on the structure is obtained in compliance with section 102(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001 et seq.).

#### § 574.645 Coastal barriers.

In accordance with the Coastal Barrier Resources Act, 16 U.S.C. 3501, no financial assistance under this part may be made available within the Coastal Barrier Resources System.

#### § 574.650 Audit.

The financial management system used by a State or unit of general local government that is a grantee must provide for audits in accordance with 24 CFR part 44. A nonprofit organization that is a grantee or a project sponsor is subject to the audit requirements set forth in 24 CFR part 45.

#### § 574.655 Wage rates.

The provisions of the Davis-Bacon Act (40 U.S.C. 276a-276a-5) do not apply

to this program, except where funds received under this part are combined with funds from other Federal programs that are subject to the Act.

[59 FR 17201, Apr. 11, 1994]

**PART 576—EMERGENCY SHELTER GRANTS PROGRAM: STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT**

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**Subpart B—Eligible Activities**

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**Subpart F—Grant Administration**

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AUTHORITY: 42 U.S.C. 3535(d) and 11376.

SOURCE: 54 FR 46799, Nov. 7, 1989, unless otherwise noted.

**Subpart A—General**

**§ 576.1 Applicability and purpose.**

This part implements the Emergency Shelter Grants program contained in subtitle B of title IV of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11371-11378). The program authorizes the Secretary to make grants to States, units of general local government, territories, and Indian tribes (and to private nonprofit organizations providing assistance to homeless individuals in the case of grants made with reallocated amounts) for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain operating expenses and essential services in connection with emergency shelters for the homeless, and for homeless prevention activities. The program is designed to be the first step in a continuum of assistance to enable homeless individuals and families to move toward independent living as well as to prevent homelessness.

[61 FR 51548, Oct. 2, 1996]

**§ 576.3 Definitions.**

The terms *Grantee* and *HUD* are defined in 24 CFR part 5.

*Administrative costs* means as the term is defined in § 583.135(b) of this part, except that the exclusion relates to the costs of carrying out eligible activities under § 576.21(a).

*Consolidated plan* means the plan prepared in accordance with part 91 of this title. An approved consolidated plan means a consolidated plan that has been approved by HUD in accordance with part 91 of this title.

*Conversion* means a change in the use of a building to an emergency shelter for the homeless under this part, where the cost of conversion and any rehabilitation costs exceed 75 percent of the value of the building after conversion.

*Emergency shelter* means any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

*Essential services* includes services concerned with employment, health, drug abuse, and education and may include (but are not limited to):