South Carolina Department of Public Health
Housing Opportunities for Persons with AIDS Funding
2026-2029 Grant Year

REQUEST FOR GRANT APPLICATIONS

CFDA Number: 14.241
Posting Date: October 14, 2025

ATTENTION! IMPORTANT DETAIL!

Your application must be submitted in a sealed package or submitted electronically via email.
RFGA Number and Deadline/Closing Date (see below) must appear on package exterior or email subject line.

Deadline/Closing Date for Applications:	Must be received in the SC DPH Public Health Contracts Office no later than **December 12, 2025, by 2:30 PM EST**
RFGA Number: FY2026-RFGA-HV-408	

Submit your sealed package to one of the following addresses:		
MAILING ADDRESS:	PHYSICAL ADDRESS:	EMAIL ADDRESS:
SC DPH – Public Health Contracts Bureau of Business Management PO Box 2046 West Columbia, SC 29171	SC DPH – Public Health Contracts Bureau of Business Management 400 Otarre Parkway Cayce, SC 29033 **See additional physical address information below.**	RFGA@dph.sc.gov

Number of Hard Copies to be Submitted: One (1) original and four (4) bound, hard copies marked as "Copy"

The South Carolina Department of Public Health (DPH) offers this Request for Grant Applications (RFGA) for the funds administered by DPH for the State of South Carolina from the U.S. Department of Housing and Urban Development (HUD) "Housing Opportunities for Persons with AIDS" (HOPWA) Program under a grant disbursement program. Applications that support the activities, objectives, and goals of the HOPWA Program as required by HUD and the DPH Public Health, STD/HIV/Viral Hepatitis Section will be considered. Funds may not be used for any other purpose. The use of these funds is subject to all federal and state requirements as outlined in the Scope of Work and any revisions to the requirements during the subaward agreement period. DPH reserves the right to determine whether a proposal falls within the scope of services and is eligible under the stated guidelines. Applications are accepted only during the RFGA period and will be evaluated by DPH evaluators based on the award criteria stated in the solicitation.

It is the intent of the State of South Carolina DPH to accept applications to fund HOPWA Project Sponsors to provide emergency housing assistance, defined as short-term rent, mortgage and utilities (STRMU) assistance; supportive services, permanent housing placement (PHP), and transitional short-term housing subsidy (TSHS) to low-income persons with HIV disease who are homeless or who are at risk of becoming homeless.

This RFGA is for nine (9) service areas of the state: **(1) Oconee County; (2) Spartanburg, Cherokee, and Union Counties; (3) Greenwood, Abbeville, and McCormick Counties; (4) Newberry County; (5) Florence, Chesterfield, Marlboro, Darlington, Dillon, and Marion Counties; (6) Barnwell and Allendale Counties; (7) Orangeburg and Bamberg Counties; (8) Beaufort, Hampton, Colleton, and Jasper Counties; and (9) Georgetown, Horry, and Williamsburg Counties**.

The Project Sponsors shall use federal HOPWA funds administered by DPH, to provide services to eligible persons in accordance with the requirements of applicable HUD regulations 24 CFR part 574 – eCFR :: 24 CFR Part 574 -- Housing Opportunities for Persons with AIDS and in the same or substantially similar manner as detailed in DPH's Action Plan submitted annually to HUD through the South Carolina Department of Commerce Consolidated Plan – SC CDBG (cdbgsc.com) and follow the S.C. Service Provider HOPWA Guidelines including any revisions made during the Subaward project period.

Provision of services will be required to begin within thirty (30) days of the execution of a subaward.

The anticipated annual amount of subaward in each service area, based on the anticipated available grant year funding, is as follows:

1) **Oconee County: $36,038**
2) **Spartanburg, Cherokee, and Union Counties: $332,852**
3) **Greenwood, Abbeville, and McCormick Counties: $105,406**
4) **Newberry County: $34,926**
5) **Florence, Chesterfield, Marlboro, Darlington, Dillon, and Marion Counties: $481,814**
6) **Barnwell and Allendale Counties: $45,821**
7) **Orangeburg and Bamberg Counties: $167,882**
8) **Beaufort, Hampton, Colleton, and Jasper Counties: $229,045**
9) **Georgetown, Horry, and Williamsburg Counties: $501,602**

ESTIMATE ONLY: FUNDING FOR PROJECT SPONSORS IS DEPENDENT UPON RECEIPT BY DPH OF FEDERAL FUNDS. Estimated subaward amounts may increase or decrease due to the amount and/or availability of funding during the subawards.

Service area subawards will be formulated from the most recent available HIV prevalence data by county from DPH's Surveillance, Assessment, and Evaluation Section.

The HOPWA subaward agreement will be awarded for a three (3) year project period, with the first fiscal year April 1, 2026, through March 31, 2027, with annual renewals, depending on performance, availability of funds, and service priorities. Annual subaward amounts may increase or decrease.

Eligibility: Organizations that are eligible to apply for funds **must** comply with the following:

1. The applicant must have at least three (3) years of documented, established history (within the past three (3) years) of providing quality HOPWA-eligible services to HOPWA-eligible persons with HIV (PWH) as outlined in the attached RFGA, Section III, Scope of Work.

2. The applicant must be physically located in the service area for which they are applying or must demonstrate experience serving clients from the county(ies) and have an established referral process for receiving client referrals from those counties.

3. The applicant must include a Letter of Support (Letter) from each county government entity where the applicant will provide HOPWA services indicating cooperation and coordination with local government. The Letter(s) should state the county's support for the applicant to implement the HOPWA Program within the county's jurisdiction [24 CFR 574.420(b)].

4. The applicant must agree to provide services to PWH living in all counties in the service area.

5. The applicant must be able to make services available within 30 days of the start of the subaward agreement.

6. The applicant must have the infrastructure capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.

7. The applicant must submit a Certificate of Existence, also known as a Certificate of Good Standing from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx

8. DPH subrecipients in a probationary status with DPH are not eligible to apply for additional federal funding or funds derived from federal funds.

9. A subrecipient previously terminated by DPH must wait three (3) years before an application will be considered for funding from DPH.

10. A completed pre-award risk assessment must be included with the application and will be reviewed by DPH's Bureau of Financial Management and provided to the review panel evaluators to be included in the award decisions. (*Attachment 1*).

    Risk Assessment: As noted in the Code of Federal Regulations 2 CFR 200.331 (b), DPH as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipals laws, ordinances, rules, and regulations.

    Pre-award - DPH has adopted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (*Attachment 1*) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients.

Applicants should refer to Section IV: Information for Applicants to Submit/Scoring Criteria, under Item A - Eligibility Determination to review eligibility documentation and submission requirements.

If the applicant is deemed eligible to apply based on the requirements above and in Section IV, the applicant must also be able to fulfill the Scope of Work in Section III.

How to Apply: See the Request for Grant Applications (RFGA) for additional details regarding information to be included with your submission. A cover letter should be included and signed by a person having the authority to commit the applicant to a subaward with DPH. Eligible applicants must submit the required documents to either the mailing address or physical address listed above or electronically to the email address listed above.

Deadline: The deadline for all applications is **December 12, 2025,** by 2:30 P.M. EST.

Questions & Answers: Questions will be accepted until 5:00 P.M. EST, October 24, 2025. All questions must be submitted in writing to Leigh Oden at odenl@dph.sc.gov. Responses will be posted by October 31, 2025, at 5:00 PM EST.

Available Funding Date: Contingent upon available funds, anticipated to be awarded by HUD no later than **April 1, 2026**.

Available Funding Date: Final selection of all successful applicants is anticipated to be made and notifications released on or before February 12, 2026. Final awards are contingent upon available funds, anticipated to be awarded to DPH by HUD no later than April 1, 2026. Subrecipient agreements will be executed to be effective when signed by the subrecipient and DPH. April 1, 2026, is the anticipated start work date.

Subaward Agreement: A draft copy of the subaward can found on this website: Funding Opportunities for STD/HIV Grantees/Contractors | South Carolina Department of Public Health

For more information about this Request for Grant Application process, please visit our website at https://dph.sc.gov/professionals/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/funding. You must have a state vendor number to receive reimbursement from DPH. To obtain a state vendor number, visit www.procurement.sc.gov and select New Vendor Registration. (To determine if your business is already registered, go to "Vendor Search"). Upon registration, you will be assigned a state vendor number. You must keep your vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with the agencies at https://scbos.sc.gov/).

Additional Physical Address Information:

400 Otarre Parkway

Cayce, SC 29033

All visitors should enter the campus at the 12th Street Extension entrance (the Saxe Gotha entrance is employee only). Visitors will check in with the guard at this gate, provide their identification, their license plate number, purpose for their visit and agency they are meeting with.

After checking in with the guard, visitors must use the main entrance at Building D. They will deliver the application to the front desk receptionist, who will date and time stamp the application.

Visitors may park anywhere on campus, but a spot close to the Building D entrance is recommended, if available. The two parking garages have two levels with stair access; they do not have elevators. All handicap parking spaces are located on the top levels of the parking garages and in the surface parking lots.

South Carolina Department of Public Health
Housing Opportunities for Persons with AIDS (HOPWA) 2026-2029 Grant Year

REQUEST FOR GRANT APPLICATIONS (RFGA)

I. BACKGROUND

The Federal U.S. Department of Housing and Urban Development (HUD) "Housing Opportunities for Persons with AIDS" (HOPWA) Program funding for the State of South Carolina is administered by the SC Department of Public Health (DPH), STD, HIV, and Viral Hepatitis Section. DPH distributes the funds to regional Ryan White Care Providers and/or eligible non-profit organizations that assist people with HIV. The state HOPWA program serves all areas of South Carolina, with the exception of the Columbia, Greenville, and Charleston Eligible Metropolitan Areas (EMAs) which receive HOPWA funding directly from HUD and Aiken, Chester, Lancaster, and York counties which are part of neighboring states' EMAs. The Catalog of Federal Domestic Assistance program number for HOPWA is 14.241

The SC HOPWA Program has aligned with the following national and state HIV plans and strategies:

The United States National HIV/AIDS Strategy (NHAS), Updated to 2022-2025
https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf

The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025
https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf

Ending the HIV Epidemic (EHE): A Plan for America
Ending the HIV Epidemic in the US (EHE) | EHE Initiative | CDC

S.C. DPH's HIV/AIDS Strategy, 2022-2026
https://dph.sc.gov/sites/scdph/files/media/document/SCHAS_2022-2026_FINAL.pdf

II. SCOPE OF PROPOSAL

The State of South Carolina, South Carolina Department of Public Health, solicits proposals from organizations to serve as Project Sponsors for funds administered by DPH for the State of South Carolina from the U.S. Department of Housing and Urban Development HOPWA Program in nine (9) service areas of the state.

(A) PURPOSE

The Project Sponsor shall use HOPWA Program funding administered by DPH for the State of South Carolina to provide the following services to eligible persons: emergency housing assistance in the form of short-term rent, mortgage and utilities (STRMU) payments, supportive services, permanent housing placement (PHP), and transitional short-term housing subsidy (TSHS) to low-income persons with HIV disease who are homeless or who are at risk of becoming homeless with the goal of preventing homelessness among low-income persons with HIV disease. Services must be provided in accordance with the requirements of applicable HUD regulations (24 CFR part 574 – eCFR :: 24 CFR Part 574 -- Housing Opportunities for Persons with AIDS. The Project Sponsor must provide services in the same or

substantially similar manner as detailed in the South Carolina Department of Commerce Consolidated Plan – SC CDBG (cdbgsc.com) and follow the S.C. Service Provider HOPWA Guidelines including any revisions made during the Subaward project period.

(B) FUNDING

The anticipated annual amount of subaward in each of the nine (9) service areas, based on the anticipated available grant year funding, is as follows:

1) Oconee County: $36,038
2) Spartanburg, Cherokee, and Union Counties: $332,852
3) Greenwood, Abbeville, and McCormick Counties: $105,406
4) Newberry County: $34,926
5) Florence, Chesterfield, Marlboro, Darlington, Dillon, and Marion Counties: $481,814
6) Barnwell and Allendale Counties: $45,821
7) Orangeburg and Bamberg Counties: $167,882
8) Beaufort, Hampton, Colleton, and Jasper Counties: $229,045
9) Georgetown, Horry, and Williamsburg Counties: $501,602

ESTIMATE ONLY: FUNDING FOR PROJECT SPONSORS IS DEPENDENT UPON RECEIPT BY DPH OF FEDERAL FUNDS. Estimated subaward amounts may increase or decrease due to the amount and/or availability of funding during the subawards.

Service area subawards will be formulated from the most recent available HIV prevalence data by county from DPH's Surveillance, Assessment, and Evaluation Section.

The HOPWA subaward agreement will be awarded for a three (3) year project period, with the first fiscal year April 1, 2026, through March 31, 2027, with annual renewals, depending on performance, availability of funds, and service priorities. Annual subaward amounts may increase or decrease.

The applicant must be physically located in the service area for which they are applying or must demonstrate experience serving clients from the county(ies) and have an established referral process for receiving client referrals from those counties applying to serve. HOPWA services must be provided to people with HIV living in all counties in the service area.

Provision of services will be required to begin within thirty (30) days of the execution of a subaward.

<u>FUNDING FOR PROJECT SPONSORS IS DEPENDENT UPON RECEIPT BY DPH OF FEDERAL FUNDS.</u>

(C) ELIGIBILITY

Applications from all eligible organizations will be evaluated. To be eligible to apply for funds, the organizations must meet the following criteria:

1. The applicant must have at least three (3) years of documented, established history (within the past three (3) years) of providing quality HOPWA-eligible services to HOPWA-eligible persons with HIV (PWH) as outlined in the attached RFGA, Section III, Scope of Work.

2. The applicant must be physically located in the service area for which they are applying or must demonstrate experience serving clients from the county(ies) and have an established referral process for receiving client referrals from those counties.

3. The applicant must include a Letter of Support (Letter) from each county government entity where the applicant will provide HOPWA services indicating cooperation and coordination with local government. The Letter(s) should state the county's support for the applicant to implement the HOPWA Program within the county's jurisdiction [24 CFR 574.420(b)]

4. The applicant must agree to provide services to PWH living in all counties in the service area.

5. The applicant must be able to make services available within 30 days of the start of the subaward agreement.

6. The applicant must have the infrastructure capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.

7. The applicant must submit a Certificate of Existence, also known as a Certificate of Good Standing from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx

8. DPH subrecipients in a probationary status with DPH are not eligible to apply for additional federal funding or funds derived from federal funds.

9. A subrecipient previously terminated by DPH must wait three (3) years before an application will be considered for funding from DPH.

10. A completed pre-award risk assessment must be included with the application and will be reviewed by DPH's Bureau of Financial Management and provided to the review panel evaluators to be included in the award decisions (*Attachment 1*).

    Risk Assessment: As noted in the Code of Federal Regulations 2 CFR 200.331 (b), DPH, as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipals laws, ordinances, rules, and regulations.

    Pre-award - DPH has adopted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (*Attachment 1*) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients.

Post-award - The post-award frequency of future monitoring will be determined by the identification of any risk factors which would indicate a need for increased monitoring. Actual subrecipient performance will be monitored on a perpetual basis. In addition, a risk assessment survey like the one used in the RFGA process will be mailed to each subrecipient on an annual basis.

Methods for evaluating risk and ensuring compliance may include, but are not limited to:

1. Risk assessment surveys
2. Desk audits of documentation
3. Reviewing the actions taken by the subrecipients to ensure obligations of the subrecipient agreement are being met
4. Interviews with the subrecipients, their clients, and program staff
5. Reviewing financial stability (financial statements)
6. Assessing the quality of management systems and ability to meet the management standards prescribed in 2 CFR 200
7. Reviewing the prior history of the subrecipient's performance in managing Federal awards
8. Reviewing findings from audits

III. SCOPE OF WORK

(A) REQUIRED ACTIVITIES

Subrecipient shall:

1. Provide emergency housing assistance in the form of short-term rent, mortgage, and utilities (STRMU) payments, supportive services, permanent housing placement (PHP), and transitional short-term housing subsidy (TSHS) to eligible clients in all counties of the awarded service area.

2. Operate the program services in accordance with the requirements of applicable HUD regulations 24 CFR Part 574.

3. Provide services in the same or substantially similar manner as detailed in DPH's Action Plan submitted annually to HUD through the South Carolina Department of Commerce Consolidated Plan – SC CDBG (cdbgsc.com) .

4. Follow the S.C. Service Provider HOPWA Guidelines, including any revisions made during the Subaward project period.

5. Screen all clients at HOPWA intake for eligibility into the program. Ensure those case managers who are employed by the subrecipient are responsible for determining a participant's eligibility for HOPWA-funded services (as defined in 24 CFR Part 574.3). Low-income persons (at or below eighty percent (80%) of area median income) that are medically diagnosed with HIV/AIDS and have a need for emergency housing assistance for a short period of time and their families are eligible to receive HOPWA-funded assistance.

6. Ensure that case managers develop and implement a coordinated plan of care, an Individualized Action Plan with a housing element, and attempt to secure permanent housing for clients. This includes assisting clients, as applicable, in applying for disability, public housing assistance such as Section 8 subsidies, the DPH-sponsored, statewide Tenant Based Rental Assistance program, and housing at community residential care facilities and/or long-term care facilities.

7. Agree to comply with the maximum time period for short-term supported housing as mandated by HUD regulations: 21 weeks in any 52-week period for short-term rent, mortgage, and utilities (STRMU) payments (24 CFR Part 574.330(a)).

8. Ensure that no fees except rent are charged to eligible clients for activities carried out under this subaward agreement.

9. Funds may be used to provide temporary short-term housing, including transitional shelter rent and hotel/motel leasing, to any eligible person for up to 60 days during any 6 -month period. Case management services must be provided to the individual receiving the HOPWA short term assistance, with the goal of promoting long-term housing stability.

(B) <u>SUBAWARD REQUIREMENTS</u>

Subrecipient shall:

1. Consult with the DPH STD/HIV Program in developing programs/services and policies in order to ensure compliance with HUD regulations.

2. Ensure HOPWA Program is the payer of last resort and vigorously pursue alternate payer sources. Charges that are billable to third party payers are unallowable. The subrecipient must make every effort to ensure that alternate sources of payments are pursued, and that program income from third party payers is received, tracked, and used consistent with grant requirements. Subrecipient is required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, Veteran's Administration, Indian Health Service, and private insurance (including medical, drug, dental, and vision benefits).

3. Use *Provide Enterprise* (PE) for tracking and reporting all HOPWA program funded services. Must develop and implement protocols for ensuring accuracy and timeliness of documentation into *PE* for services provided. Must adhere to all updates to *PE* made during the subaward project period. DPH will provide the required *PE* licenses for HOPWA-funded staff.

4. Within 90 days of the execution of the Subaward, obtain or have on record a certificate of completion of the HOPWA Financial Management Online Training by at least one (1) of its employees. The certificate of completion must be maintained on site and must be updated at

least every three (3) years. https://www.hudexchange.info/training-events/courses/hud-hopwa-financial-management-online-training/

5. Within 90 days of the execution of the Subaward, obtain or have on record a certificate of completion of the Getting to Work curriculum by at least one (1) of its employees. The certificate of completion must be maintained on site and updated at least every three (3) years. https://www.hudexchange.info/trainings/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers/

6. Within 90 days of the execution of the Subaward, obtain or have on record a certificate of completion of the HOPWA Oversight training curriculum by at least one (1) of its employees. The certificate of completion must be maintained on site and updated at least every three (3) years. https://www.hudexchange.info/trainings/hopwa-oversight-training/

7. Upon implementation and training, planned for the grant year starting April 1, 2026, use the Grants Management System for reporting and invoice submissions.

8. Have a grievance policy for the HOPWA Program clients. The grievance policy must be in writing and shared with all HOPWA clients at the point of initial eligibility screening and annually thereafter. All attempts should be made at the Subrecipient level to resolve any grievance. The policy must state that any grievance related to denial of services or a complaint about services received which is unresolved at the Subrecipient level may be reported by the client to SC DPH HOPWA Program. It must include SC DPH HOPWA Program's number, which is 800-856-9954, and hours of operation, which are between the hours of 8:30AM-5:00PM Monday through Friday, excluding South Carolina state holidays. Further, the policy must state that client grievances filed with DPH will remain confidential, unless the client specifically requests that SC DPH HOPWA Program follow-up with the Subrecipient, and there shall be no reprisal towards the client when grievances are made. Project Sponsors must maintain a file of individuals refused services with reasons for refusal specified; include in the file any complaints from clients, with documentation of compliant review and decision reached and/or response given.

9. Develop an agency HOPWA Service Standard. The standard should include at a minimum HOPWA eligibility, household member definition, the process for approval/denial of services, service provision process, participant housing needs assessment, and year-end process (continuation/termination of enrollment in HOPWA). The standard should function to ensure that all clients at the agency are offered the same fundamental components of a service and establish the minimum level of service of care that the HOPWA Project Sponsor offers.

10. If the Project Sponsor plans to subcontract for the provision of HOPWA services to clients, the Subrecipient must first gain written prior approval from DPH's STD/HIV/Viral Hepatitis Section using the template in *Attachment 4*: Subcontract_Tier_2_Contract_Prior_Approval_202504.pdf. The contractual agreement with another entity must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent Subaward with DPH. The Subrecipient is responsible for providing oversight and monitoring to ensure entities receiving HOPWA Program funds comply with all HUD, State of South Carolina, and DPH subaward

and reporting requirements as stated in this RFGA and the Subaward with DPH. If approved, DPH will establish the monitoring profile in the Integrated Disbursement and Information System (IDIS). All Subrecipients are required to submit an annual HOPWA Consolidated Annual Performance and Evaluation Report (CAPER). Subrecipient assumes full responsibility for any contractor's performance.

11. Participate in quality initiatives adopted by DPH for services funded by HOPWA or derived from the HOPWA Program.

12. The provisions of the Subaward are contingent upon any possible revision of State or Federal regulations and requirements governing CFDA No. 14.241, Department of Housing and Urban Development, Grant Title "Housing Opportunities for Persons with AIDS (HOPWA) Program," effective April 1, 2026, to March 31, 2027, and each year thereafter to March 31, 2029, contingent upon final subaward for each year.

13. Develop a Continuity of Operations Plan which: identifies systems or processes that might be vulnerable in an emergency situation; and addresses hazards that pose the greatest risks to the organization, mission critical employees, and functions and resources that are necessary to deliver services to clients. Ensure the plan includes a system is in place to protect records, assets, data, equipment, and facilities, including a plan for data backup and storage in secure locations.

14. Responsible for all matters pertaining to the Health Insurance Portability and Accountability Act (HIPAA), data security, and confidentiality, including relevant provisions in the subaward. The applicant must develop and implement policies addressing HIPAA Privacy, Data Security and Confidentiality, Client Consent, and a Client Bill of Rights or Clients' Rights and Responsibilities.

15. The Project Sponsor must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action (Atlanta, GA: U.S. DHHS, CDC; 2011) including any amendments; (b) submit annually a certification of compliance in the form attached *(Attachment 2)* ensuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.

16. Adhere to the Subrecipient Representation and Conduct: Code of Conduct (*Attachment 3*).

(C) SUBAWARD REPORTING & MONITORING REQUIREMENTS (FINANCIAL AND PROGRAMMATIC MONITORING)

The Subrecipient shall ensure compliance with HUD reporting and monitoring requirements and provide programmatic, demographic, and financial reports and information as requested by the STD, HIV, and Viral Hepatitis Section. Subrecipient shall submit the required reports in line with the DPH-established timeline and by using DPH reporting formats. An annual Reporting Calendar with specified reports, submission dates, and instructions, along with all required report templates,

are posted on the website: HOPWA Technical Assistance for Service Providers | South Carolina Department of Public Health (dph.sc.gov)

Reporting requirements, which are subject to change with advance notice during the subaward project period, include:

1. CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT (CAPER): A CAPER is required annually for the grant year April 1st through March 31st. Reports are due to DPH by April 30th of each year. Reporting forms are provided by DPH and HUD.

   The report includes demographic information for individuals and families assisted with HOPWA funds, actions taken to further fair housing, administrative costs charged to the program, and costs for emergency housing assistance and supportive services, including staffing costs. Additionally, the report includes the annual results of program activities under the HOPWA client outcome goals for achieving stable housing, reducing risks of homelessness, and improving access to healthcare and other support.

   Review ALL Quality Assurance Reports and resolve errors prior to sending reports to DPH. For reports submitted to DPG, indicating services to ineligible clients, DPH will require proof of eligibility prior to resubmission of HOPWA reports.

2. QUARTERLY FINANCIAL REPORTS: Quarterly Financial Reports for HOPWA Program funding source and/or project which identifies the amount of funds received and the amount expended both by operating category and HOPWA service category required to be submitted to DPH quarterly. Quarterly Financial Reports on the required templates *(Attachment 4)* are due 15 days after the end of each quarter.

3. QUARTERLY COMPLIANCE SUMMARY (QCR) REPORTS: Review and respond quarterly to DPH's HOPWA Program QCR Summary of the last quarter's submissions, which serves as a communication and contractual compliance monitoring tool. Update contact information.

4. PROGRAM INCOME REPORT: Program Income Report, with supporting documentation, at the end of each period of performance demonstrating the total program income earned and the total HOPWA eligible expenditures of that earned program income.

5. ADDITIONAL DOCUMENTATION AND REPORTING REQUIREMENTS: In addition to the specific reports above, in order to comply with the DPH contracting requirements and/or the HOPWA legislation, the funded Subrecipient must be able to document and report to DPH the following:
   a. Information required for establishing contracts and payments with DPH annually, including, but not limited to: W-9, vendor number, UEI number, EIN number, address, and contact information
   b. Subrecipient key staff contacts and contact information
   c. Other reports as indicated in the HOPWA Reporting Schedule posted to the DPH website annually

d. Type, amount, and costs of programs and services funded through the Subrecipient
e. Number and demographic characteristics of individuals and families served by the Subrecipient.

6. Communicate to the DPH's HOPWA Program all location changes and key program contact changes, including email communication list serve contacts, as changes are made or at least on a quarterly basis with the Quarterly Compliance Report request.

7. Retain all records with respect to all matters covered by this agreement in accordance with the Subaward Term and Conditions.

8. Allow HUD and DPH on-site for site visits and make records available upon request for financial, programmatic, and other topics, as required for monitoring purposes. Project Sponsors must actively participate in all site visits or desk reviews, and submit documentation of follow-up on all Corrective Actions, as indicated, until resolved.

9. Agree to make available to DPH and HUD for inspection financial records to ensure proper accounting and dispersing of HOPWA funds. These records will be monitored on an ongoing basis by DPH and are subject to review by HUD.

10. Permit and cooperate with any State and/or Federal investigations undertaken regarding programs conducted under HOPWA.

11. Provide, upon request by HUD or DPH, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:

    a. FINANCIAL MANAGEMENT: Financial records will be reviewed to ensure compliance with Generally Accepted Accounting Principles, as well as OMB and DPH's accounting principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DPH. Subrecipient financial records, such as payroll, tax statements, and expenditures must be available as necessary to meet the requirements of DPH Financial Management, DPH HOPWA Program, and 45 CR Part 75. Requested expenditures should align with the annual budget approved by DPH. Invoices must be submitted using the required invoice templates *(Attachment 4)* for each funding source. Out-of-state travel, equipment, and gift cards/vouchers must receive DPH approval prior to purchase.

    b. PROGRAM PROGRESS: Program reports will be reviewed to monitor the Subrecipient's progress in expending funds to provide short-term mortgage, rent, and utilities (STRMU) payments, supportive services, permanent housing placement, and transitional short-term housing subsidy.

12. Program income shall be monitored by DPH, retained by the Subrecipient, and used to provide HOPWA services to eligible clients. Program income is gross income – earned by the Subrecipient directly generated by the grant-supported activity or earned as a result of the HOPWA award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HUD's requirements. All program

income generated as a result of awarded funds must be used for HUD's HOPWA Program approved project-related activities.

13. Subrecipients lapsing 10% or more of their funding in a period of performance, without consultation and approval from DPH as to why the decreased need for available funding in the service area, may receive a reduced award in the following period of performance.

14. Non-compliance with subaward requirements may result in Corrective Actions, Probation, and/or Termination of the subaward or in funding reductions.

15. DPH will monitor the following areas:

    a. BENEFICIARIES: Review client files to determine whether clients are low-income persons with HIV disease or their family members and have a documented financial emergency. The review will include policies and procedures regarding intake of program participants, assessing/reassessing their needs, the extent to which the program helps clients live more independently, procedures to ensure that clients are being assisted with STRMU for no more than five months (21 weeks in a 52-week period), procedures to ensure clients are assisted with TSHS no more than 60 days during any 6-month period, and documentation of the resident length of stay, turnover, and reasons for leaving.

    b. Conduct an assessment of the housing assistance and supportive services required for participants in the program. Review the provision of supportive services to participants and ensure that case management is offered to each participant. Ensure that each participant has a current Case Management Individualized Action Plan.

(D) <u>FUNDING –RELATED SUBAWARD REQUIREMENTS</u>

Subrecipient shall:

1. Submit annually a Budget Narrative and Cost Allocation Plan (BNCAP), including planned expenditure details on personnel (including each funded staff by name, title, salary, and a brief description of job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within the state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by HOPWA service category. The BNCAP should include clear descriptions of the use and allocation of the funds. HOPWA Program funds are only for the provision of services and activities allowed under the legislation and defined by HUD Policy Notices and Manuals. The BNCAP Template can be found in *Attachment 4*.

2. Submit annually an organizational chart including all HOPWA Program funded staff.

3. Submit annually position descriptions for all staff whose positions will be fully or partially supported with HOPWA Program funding. Submitted position descriptions must include the following information: Subrecipient name, employee name, position title, position classification, employee annual salary, funding allocation (totaling 100%), and job duties. The Budget Narrative and Cost Allocation Plan (BNCAP) includes all of these elements except the job duties. To meet the position description requirement, the job duties can be sent as follows:

a. Position Descriptions (PD) i.e., individual employee PDs including the subrecipient name, employee name, position title, and job duties; OR
b. List by employee name, position title, and job duties (not just a summary of the position).

When staff positions are added or replaced during the period of performance, a budget revision indicating the staff change in the justification section, position description including salary and funding allocation, and updated organizational chart must be submitted.

4. If, throughout the course of a grant year, a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, either operating and/or HOPWA service category, the Subrecipient must make a written request to DPH HOPWA Program for approval of the revision. The budget revision will not be authorized until the Subrecipient receives written approval from DPH. The Budget Revision Template can be found in *Attachment 4.*

5. Limit administrative charges to the grant to seven percent (7%) of expenditures. The HOPWA regulation at 24 C.F.R. § 574.3 defines administrative costs as "costs for general management, oversight, coordination, evaluation and reporting on eligible activities." Administrative costs do not include the costs of staff necessary to assess clients and provide housing assistance.

6. Not use funds to make cash payments to intended recipients of services.

7. Develop written billing and collection policies and procedures from third-party payers. Bill third-party payers and collect reimbursement. Charges that are billable to third party payers are unallowable for reimbursement with HOPWA Program funds, as HOPWA is the payer of last resort.

8. Subrecipient must have financial mechanisms in place to monthly track program income and expenditures of program income. Program income should be retained by the Subrecipient for "additive" use within their programs furthering the HOPWA program and can only be used in accordance with HUD's HOPWA Program requirements. Program income must be accounted for and utilized in the year in which it is received.

9. Must have and maintain financial mechanisms for monthly adequate and accurate reporting, reconciliation, and tracking of program expenditures for HOPWA funds and program income, if applicable. Each HOPWA awarded funding source and program income must be budgeted, tracked, and reported separately. Reimbursement requests must also be by funding source. Mechanisms must be in place for accurately tracking clients and expenditures and ensuring no duplication of payment for services.

10. Per 2 CFR 200.430 Compensation – Personal Services, Standards for Documentation of Personnel Services, charges to federal awards for salaries and wages much be based on records that accurately reflect the work performed. Subrecipients must maintain a Time and Effort

report to document time and effort of individual staff funded with HOPWA Program funds demonstrating fiscal stewardship of HOPWA funds, as all staff time charged to the HOPWA Program must be for carrying out HOPWA activities. Time and Effort logs must be documented by the staff and include the number of hours spent working on each grant and a brief description of the task performed for salaries charged to the grants. Time and Effort logs must be submitted to DPH with monthly invoices for each staff funded on multiple funding sources.

11. Upon request, submit de-identified client-level data with the monthly invoice.

12. Program Income earned as a direct result of activities funded under this HOPWA award must be used by Subrecipient for the purposes and under the conditions of the HOPWA Program in accordance with the addition method as provided in 2 CFR 200.307(e)(2). Program Income must be held in a separate account and tracked separately. Subrecipient must have financial mechanisms in place to collect and report Program Income earned and expended.

13. Monthly submission for reimbursement of expenditures must be submitted on the 15th of the following month using the required invoice templates (*Attachment 4).* Reimbursement requests must be sent to the assigned RWHOPWAInvoices@dph.sc.gov email address. Reimbursement requests must include the required supporting documentation in accordance with DPH's "Federal Grants Compliance Requirements for Subrecipients" Federal Grant Compliance Requirements for Subawards 110724 (dph.sc.gov) and DPH's "Federal Subaward Invoice Supporting Documentation Guide" Subaward-Invoices-and-Supporting-Documentation-072024.pdf (dph.sc.gov).

14. If a previously submitted and approved invoice must be adjusted to a reduced amount due to a refund received by the Subrecipient or an overpayment by DPH, a refund check must be issued to DPH. Adjustment to previous invoices for a refund or overpayment cannot be listed as deductions on a new invoice. Conversely, additional expenses can be added to a later invoice.

15. All out-of-state travel requests must be preapproved by DPH HOPWA Program prior to initiation of travel plans using the template in *Attachment 4* – Subrecipient-0104-Out-State-Travel-Request-Form-07.24.xlsx

16. All gift cards and vouchers must be preapproved by DPH HOPWA Program and DPH Bureau of Financial Management's Office of Federal Grants Compliance prior to purchase using the template in *Attachment 4*: DPH Subrecipient Gift Card Voucher Prior Approval

17. Equipment purchases $5,000 and over must be preapproved by DPH HOPWA Program prior to purchase using the template in *Attachment 4*: Equipment and Vehicle Prior Approval Form – Over $5,000 (dph.sc.gov). Purchases must be made in accordance to SC Procurement Guidelines for Subrecipients: Procurement-Guidelines-for-Subrecipients-072024.pdf (dph.sc.gov).

18. Meetings that include funding for meals and/or facility rentals must be preapproved by DPH HOPWA Program using the template in *Attachment 4:* DPH-130-Approval-for-Meetings-Meals-Rental-Subrecipient-072024.xlsx

19. Purchases should be made in accordance with the S.C. Consolidated Procurement Code and Regulations. Procurement Guidelines for Subrecipients provides a basis understanding to help guide subrecipient purchasing policies: Procurement-Guidelines-for-Subrecipients-072024.pdf (dph.sc.gov).

IV. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA

NOTE: THE FOLLOWING INFORMATION MUST BE PROVIDED.

To be considered for an award, all proposals must include, at a minimum, responses to the following information. Scoring points associated with each section are noted in parentheses. The proposal must contain all required information listed below, with exceptions noted for specific items. Applicants should restate each of the items listed below and provide their response immediately thereafter.

The applicant is to submit ONE ORIGINAL AND FOUR (4) copies including, but not limited, to the following information for consideration and evaluation. All attachments should be labeled, referenced accordingly within the application, and placed at the end of the application.

DPH reserves the right to request any information it deems necessary to make the final decision concerning the applicant's ability to provide the services requested herein before entering into a subaward. DPH also reserves the right to require a pre-decisional site visit to review any requested information prior to making a final decision on funding.

All information should be presented in the listed order.

COVER LETTER: Submit a cover letter including the following:

1. The service area(s) for which the applicant is applying for HOPWA funds;

2. A statement that the applicant is willing to perform the services and comply with all requirements set out in the Request for Grant Application and sample Subaward if awarded;

3. A statement that the project(s) can be carried out for the estimated award;

4. The cover letter must be signed by a person having the authority to commit the applicant to a subaward agreement.

5. The name and email address of the person to which the notification of award should be sent.

6. Attach a completed Subaward Initiation Form (*Attachment #5*) and W-9, as needed for Subaward, if awarded.

TABLE OF CONTENTS: Provide a *one-page* table of contents document that includes all the items listed below.

A. Eligibility Determination
B. HOPWA Program Description
C. Organizational History, Experience, Structure & Capacity
D. Community Assessment
E. Reporting & Evaluation
F. HOPWA Budget Narrative and Cost Allocation

A. ELIGIBILITY DETERMINATION *(Not Scored. However, all components must be submitted for the application to be reviewed and could impact award determination.)*

1. Provide a description of the applicant's history (within the past three (3) years) of providing quality HOPWA-eligible services to HOPWA-eligible PWH as outlined in the RFGA, Section III, Scope of Work.

2. Provide three (3) years of data reports as documentation of three (3) years of service history as described in #1:
   a. *Applicants who have previously received HOPWA funding:* Submit the applicant's Consolidated Annual Performance and Evaluation Report (CAPER) for the most recent three (3) years.
   b. *Applicants who have not previously received HOPWA funding:* Provide at least three (3) annual data reports from the last three (3) years indicating the applicant has provided HOPWA-eligible services to HOPWA-eligible PWH.

3. Provide a list of all office locations (physical address(es) and phone number(s)) where SC DPH funded HOPWA services will be provided to PWH. If the applicant is not physically located in the service area for which they are applying submit documentation of services provided to clients in the service area and the referral process for receiving clients from those counties.

4. Provide a Letter of Support from each county government entity where the applicant will provide HOPWA services indicating cooperation and coordination with local government. The Letter(s) should state the county's support for the applicant to implement the HOPWA Program within the county's jurisdiction [24 CFR 574.420(b)]

5. Provide a statement ensuring DPH that PWH in all counties of the multi-county service area will be served. **(Note: Applicants should describe in detail their strategy to serve all counties of a multi-county service area in the HOPWA Program Description below.)**

6. Provide evidence of the applicant's ability to begin the provision of HOPWA services within 30 days of subaward execution.

7. Provide a statement indicating that the applicant has the capacity to enter a cost reimbursement subaward agreement without prompt reimbursement from DPH, as reimbursement typically occurs 30-60 days after invoicing.

8. Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary of State's Office and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the South Carolina Department of Revenue. The Certificate can be requested via: https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx.

9. Does your organization currently have any DPH subawards or contracts in a probationary status? If yes, provide a description of the circumstances, including: DPH's subaward or contract number, date of probation, the reason for probation, and any changes within the applicant organization to ensure compliance with current and future contracts.

10. Has your organization ever had a DPH subaward, grant or contract terminated for non-compliance? If yes, provide a description of the circumstances of the terminated subaward, grant or contract including: the DPH subaward, grant or contract number, date of termination, the reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.

11. Submit a completed Pre-Award Risk Assessment (*Attachment 1*). Although the risk assessment is not scored, the results of DPH's Pre-Award Risk Assessment could impact the decision to award or the terms on which an award is made.

B. HOPWA PROGRAM DESCRIPTION *(35 Points Total)*

The applicant must clearly define the services they will provide and describe how they will be provided.

1. Identify the HOPWA services the applicant will provide and the number of PWH the applicant expects to serve annually with each HOPWA service.
2. Describe the service delivery process for each HOPWA service, including how the applicant plans to provide services and how the applicant will ensure proper and timely access to services.
3. Describe the staffing that will provide HOPWA services and administer the subaward. Include position descriptions and biographical sketches (or resumes) of staff providing services and administering the subaward. Position descriptions for all staff in the proposed HOPWA budget must be included.
4. Describe the process the applicant will use to ensure and document that only HOPWA-eligible clients are served with HOPWA services.
5. Describe how HOPWA services will be made available and accessible to all clients in the multi-county service area, including outlying areas.

C. ORGANIZATIONAL HISTORY, EXPERIENCE, STRUCTURE, & CAPACITY *(35 Points Total)*

The applicant must demonstrate proven ability to accomplish the tasks set forth in the Scope of Work and experience in providing services to persons with HIV disease and their families.

1. Describe the applicant's history, experience, and qualifications, providing evidence of the applicant's ability to accomplish the items set forth in the Scope of Work and adhere to state and federal programmatic requirements.
2. Describe the applicant's record of service to special populations and subpopulations with HIV disease in the communities/counties to be served.

3. List and describe the services the applicant currently provides to PWH. Include the number of HIV-positive clients served with each service. Additionally, include the number of HIV-positive clients with unmet housing needs.
4. What are the applicant organization's data security and confidentiality standards?
5. What is the applicant organization's current client grievance policy? Submit a copy.
6. If applicable, list all Board members, including names, titles, phone numbers, and email addresses. Provide the term requirement for a Board Member.
7. Submit an organizational chart reflecting the organizational structure of your organization, governance, programs/services, and staffing.
8. Describe the financial mechanisms and processes for adequate and accurate monthly tracking, reporting, and reconciliation of HOPWA program expenditures and program income, if applicable.
9. How does the applicant ensure no duplication of payment among multiple funding sources for client services?
10. Submit the most recently completed Tax Form 990, a full agency budget (including all sources of funding/support and the specific programs supported) for the current year, and the most recently completed organizational audit, including findings.
11. What insurance coverage does your organization have for your facilities, employees, and Board/officers? Identify the policy name and coverage limits.
12. Who is responsible for your organization's written accounting, administrative, personnel, procurement/purchasing, and/or operational policies and procedures? How often are organizational policies and procedures reviewed?
13. *Applicants who are not currently DPH HOPWA-funded*: Provide at least one site visit report, programmatic audit, or technical review from a funding source grantor describing the level of quality service delivery and other successes in providing eligible HOPWA services to eligible HOPWA clients as are being proposed in this application. This document or documents may be from any year(s) within the past three calendar years (2024, 2023, 2022). If an applicant is currently receiving DPH HOPWA funding, the site visit reports on file at DPH will be reviewed and included in the scoring. **(Note: Applicants currently receiving DPH HOPWA funding do not need to submit a site visit report. To satisfy this requirement, reviewers will examine the applicant's most recent DPH HOPWA site visit report on file at DPH.**
14. Does your organization have a Continuity of Operations Plan? Submit a copy.
15. Will the applicant be subcontracting for the provision of services to PWH? If so, what is the name of the subcontracted organization? How will the applicant of this RFGA provide contractual oversight monitoring to ensure the subgrantee is in compliance with all DPH subaward requirements?
16. List any lawsuits, including case name and case number, that have been filed against the applicant for any service related to services that will be provided under this HOPWA subaward. Also include a description of the nature of the lawsuit as well as the status or outcome.
17. Submit your conflict of interest policy.

D. COMMUNITY ASSESSMENT *(15 Points Total)*

The applicant must demonstrate knowledge of the service area including other HIV and housing services available and the population to be served.

1. Describe the HIV epidemic in the service area for which your organization is applying. The applicant shall consider demographic characteristics of reported AIDS cases and HIV infection,

as well as other relevant information. South Carolina HIV/AIDS surveillance data is available on the web at: http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/DataanddReports

2. Describe existing housing services as well as housing service needs and gaps within the areas the applicant will serve.
3. Describe how the housing service needs and gaps will be filled with HOPWA funding.
4. Describe the organization's partnerships with entities in the area that provide key points of access to the HOPWA program for PWH including health departments, community health centers, HIV testing sites, mental health centers, substance abuse services, homeless service centers, etc. Include a list of those partner entities.

E. REPORTING & EVALUATION *(15 Points Total)*

The applicant must demonstrate the ability to meet state and federal reporting requirements.

1. If awarded, does the organization agree to use the database software *Provide Enterprise*?
2. Describe the process the applicant will use to collect demographic, services, and qualitative data to meet the state and federal reporting requirements listed in the Scope of Work.
3. Describe how the applicant will evaluate services to ensure service provision goals and objectives are met.

F. HOPWA BUDGET NARRATIVE & COST ALLOCATION

All applicants must complete a proposed Budget Narrative and Cost Allocation Plan (BNCAP). The weblink to the required template can be found in *(Attachment 4)*. The BCNAP must include planned expenditure details on personnel (including each funded staff by title, name, salary, and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within the state and GSA allowed rates), contractual, other, and administration (admin expenditures must be itemized) by HOPWA service category. The budget should include clear descriptions of the use of the funds.

The BNCAP should be a 12-month budget period for the grant year starting April 1, 2026, through March 31, 2027.

The BNCAP must be submitted but will not be part of the scoring criteria for the determination of the award. The BNCAP will be reviewed to ensure a clear and understandable explanation of all costs and a demonstration of project costs, which may impact the award decision.

APPLICATION SUBMISSION SUMMARY:

The application must include one (1) original and four (4) copies of the following in listed order:

1. Signed Cover Letter *(Not scored)*
2. Eligibility Determination *(Not scored)*
3. HOPWA Program Description *(35 Points)*
4. Organizational History, Experience, Structure & Capacity *(35 Points)*
5. Community Assessment *(15 Points)*
6. Reporting & Evaluation *(15 Points)*
7. HOPWA Budget Narrative and Cost Allocation *(Not scored)*

ATTACHMENT 1

SUBRECIPIENT RISK ASSESSMENT AND SINGLE AUDIT VERIFICATION SURVEY

FY2025

Subrecipient Name:_____

Subrecipient Address:_____

Person Completing Form:_____

Date Completed:_____

1. What is your Fiscal Year end date? _____

2. Does your organization have an active Federal Unique Entity Identifier (UEI) Number?
   Yes_____ No _____
   (a) If yes, what is your UEI number? _____

3. Did your organization expend more than $750,000.00 in federal grant awards during your last fiscal year?
   _____ Yes – We are a **non-profit entity** that spent $750,000.00 or more in federal awards.

   _____ Yes – We are a **government entity** that spent $750,000.00 or more in federal awards.

   _____ No – We are a **non-profit entity** that has not spent $750,000.00 or more in federal awards.

   _____ No – We are a **government entity** that has not spent $750,000.00 or more in federal awards.

   _____ No – We are a **for-profit** entity.

   If you answered yes to this question, you are subject to the 2 CFR 200.501 "Audit Requirements":

   Federal regulations (2 CFR 200.501 "Audit Requirements") require that all sub-recipients except "for-profit" entities that expend $750,000.00 or more in Federal awards from all sources during their fiscal year shall have a single or program specific audit conducted for that fiscal year.

   Please submit a copy of your audit report including any stated findings, auditors' comments, and your corrective action plan. The audit must be completed, and the reporting submitted within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. Audits that have already been completed should be sent immediately.

4. Were there any findings resulting from your most recently completed audit of federal funds?
   Yes_____ No _____ N/A _____

5. Has your organization ever been deemed high risk by another passthrough entity?
   Yes_____ No _____

6. What type of financial management system does your organization use?
   ____Spreadsheet (i.e., Excel)
   ____Accounting software package (i.e., QuickBooks) Name: _____
   ____Comprehensive Accounting system, etc. (i.e., SAP) Name: _____

7. Is your organization new to operating or managing state or federal funds?
   Yes_____ No_____

8. In addition to being a subrecipient of federal grant funds, is your organization also a primary recipient of federal grant funds?
   Yes_____ No_____

9. Does your financial management system allow you to compare actual expenditures or outlays to budgeted amounts for each grant?
   Yes_____ No _____

10. Does your financial management system provide for effective control over and accountability for all funds, property, and other assets?
    Yes_____ No _____

11. Does your organization segregate duties between authorization, recording, and custody functions related to procurement, cash management, and payment processes?
    Yes_____ No _____

12. Does management periodically review all reports, deliverables, expenditures, and other requirements related to grant programs to ensure that guidelines and requirements are being met?
    Yes_____ No _____

13. Do you have controls in place to prevent duplicate payments to vendors?
    Yes_____ No _____

14. Does your organization allocate costs across multiple grant programs?

Yes_____ No _____

15. Are your board members or trustees paid from federal grant funds?
    Yes_____ No_____

16. Does your organization charge indirect cost to federal grants?
    Yes _____ - Federally approved IDC rate letter on file / Date of Approval _____

    Yes _____ - De minimis: MTDC (10%)

    No _____ - No indirect cost charged

17. Does your organization have a personnel system that has the capability to create monthly reports of the activities and time of each employee whose compensation is charged to each project that the employee works on including all grant programs?
    Yes_____ No _____

    (a) If yes, what type of system do you have? (i.e., random moment time study)
    _____

18. Do employees who work on federal grant programs have specific references in their current position descriptions regarding their grant responsibilities?
    Yes_____ No _____

19. Do key personnel assigned to this grant have experience in managing grants and an understanding of the relevant regulations?
    Yes_____ No _____

20. Has your organization experienced turnover key personnel who oversee or handle your grant funds during the last twelve months?
    Yes_____ No_____

    (a) If yes, what positions have experienced turnover? (i.e., CFO, Budgets Manager, grant manager, grant AP staff, etc.)
    _____
    _____

21. During the last twelve months, has your organization converted to a new financial system, or made substantial changes to an existing system?
    Yes _____ No _____
    (a) If yes, please explain. _____

_____
_____

22. Are policies, procedures, and processes regularly reviewed, updated and created to ensure that the organization effectively carries out its programs and activities, including updates that may be needed for grant funds?
    Yes_____ No _____

23. Does your organization maintain a written code of conduct governing the performance of your employees, specifically those employees engaged in the award and administration of contracts?
    Yes_____ No _____

24. Does your entity have a written Conflicts of Interest Policy?
    Yes_____ No _____

25. Is training and supervisory oversight provided to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on grant programs?
    Yes_____ No _____

26. Have any key personnel listed in the application/subaward agreement ever been debarred or suspended from participation in Federal Assistance programs?
    Yes_____ No _____

    (a) If yes, please attach a list indicating who, when and for what reasons.

27. Are there formal policies and procedures in place for employees to confidentially report suspected violations of policies and or suspected instances of fraud or other criminal activity, including specifically those related to grant programs (e.g., a Whistleblower Policy)?
    Yes_____ No _____

28. In cases for breaches of ethics policy and/or instances of fraud, does your organization have procedures in place to address procedures and/or remedial actions to prevent future violations?
    Yes_____ No _____

29. Does your organization have procedures in place to address a means to notify the appropriate agency in cases of confirmed fraud related to grant funds?

Yes_____ No _____

30. Does your organization manage or support a website or publicly accessible social media account such as but not limited to Facebook, Twitter, Google+, LinkedIn, Tumblr?
    Yes_____ No_____
    (a) If yes, please provide the appropriate URL or other access/navigation information.

    _____

31. Has your organization operated under another name in the past 10 years? This would include name changes and registered d.b.a. names.
    Yes_____ No _____

    If yes, please provide a list of all other names: _____

    _____

    _____

32. Has your organization ever been disbarred or suspended?
    Yes_____ No _____

33. Has your organization done business with a vendor who has ever been disbarred or suspended?
    Yes_____ No _____

34. Does your organization have written procurement procedures to ensure transactions (as defined in the suspension and debarment common rule (2 CFR Part 180)) are not made with a debarred or suspended party?
    Yes_____ No _____

35. Does your organization maintain written procurement policies and procedures which provide reasonable assurance that procurement of goods and services are made in compliance with the provisions of 2 CFR Part 200?
    Yes_____ No _____

36. Do you have a property management system used to maintain formal inventory records of all equipment acquired with federal funds?
    Yes_____ No _____

37. Does your organization conduct a physical inventory and reconciliation of property at least every two years?
    Yes_____ No _____

38. Does your property management system account for adequate maintenance, disposition or encumbrance of the property according to federal requirements?
    Yes_____ No _____

_____ _____

Signature Date

_____

Printed Name

_____

Title

_____ _____

Email Address Telephone Number

Contact Person's Name for Future Requests if different from above:_____

Submit this form with the HOPWA RFGA Application as part of the Eligibility Determination Section.

ATTACHMENT 2

Grantee Certification of Compliance

CERTIFICATION OF COMPLIANCE WITH THE "SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)"

By signing and submitting this form, we certify our compliance with CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention's ***Data Security and Confidentiality Guidelines***. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and Grantees funded through CDC HIV/AIDS Prevention, HRSA's Ryan White Care, and/or HUD HOPWA programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.

Name	Title	Telephone

Organization

Signature: Executive Director

Date

Signature: Authorized Business Official

Date

ATTACHMENT 3

Code of Conduct

This code of conduct governs the environment of SC DPH's STD/HIV/VH Section, including staff and contracted subrecipients. This Code of Conduct was created in response to findings from a NASTAD site visit in March 2020. We learned that articulating values and obligations to one another reinforces the level of respect needed among the team and having a code provides us with clear avenues to correct our culture should it ever stray from that course.

- **Be friendly and patient.**

- **Be welcoming.** We strive to be a community that welcomes and supports people of all backgrounds and identities. This includes, but is not limited to members of any race, ethnicity, culture, national origin, color, immigration status, social and economic class, educational level, sex, sexual orientation, gender identity and expression, age, size, family status, political belief, religion, and mental and physical ability.

- **Be considerate.** Your work will be used by other people, and you in turn will depend on the work of others. Any decision you make will affect colleagues and others across multiple organizations, and you should take those consequences into account when making decisions. Remember that we're a world-wide community, so you might not be communicating in someone else's primary language. Be polite and friendly in all forms of communication, especially remote communication, where opportunities for misunderstanding are greater. Use sarcasm carefully. Tone is hard to decipher online; make judicious use of all available tools to aid in communication.

- **Be respectful.** Not all of us will agree all the time, but disagreement is no excuse for poor behavior and poor manners. We might all experience some frustration now and then, but we cannot allow that frustration to turn into a personal attack. It's important to remember that a community where people feel uncomfortable or threatened is not a productive one. We should be respectful when dealing with others.

- **Be generous and kind in both giving and accepting critique.** Critique is a natural and important part of improving. Good critiques are kind, respectful, clear, and constructive, focused on goals and requirements rather than personal preferences. You are expected to give and receive criticism with grace.

- **Be careful in the words that you choose.** We are a community of professionals, and we conduct ourselves professionally. Be kind to others. Do not insult or put down other participants. Harassment and other exclusionary behavior aren't acceptable. This includes, but is not limited to:
    - Violent threats or language directed against another person.
    - Discriminatory jokes and language.
    - Posting sexually explicit or violent material.
    - Personal insults, especially those using racist or sexist terms.
    - Unwelcome sexual attention.
    - Advocating for, or encouraging, any of the above behavior.
    - Repeated harassment of others. In general, if someone asks you to stop, then stop.

- **When we disagree, try to understand why.** Disagreements, both social and technical, happen all the time. It is important that we resolve disagreements and differing views constructively. Remember that we're different. The strength of our network comes from its varied community and people from a wide range of backgrounds. Different people have different perspectives on issues. Being unable to understand why someone holds a viewpoint doesn't mean that they're wrong. Don't forget that it is human to err and blaming each other doesn't get us anywhere. Instead, focus on helping to resolve issues and learning from mistakes.

Unacceptable Behaviors

The DPH STD/HIV/Hep Section is committed to providing a welcoming and safe environment for people of all races, gender identities, gender expressions, sexual orientations, physical abilities, physical appearances, socioeconomic backgrounds, life experiences, nationalities, ages, religions, and beliefs. Discrimination and harassment are expressly prohibited. Harassment may include, but is not limited to, intimidation; stalking; unwanted recording or photography; inappropriate physical contact; use of sexual or discriminatory imagery, comments, or jokes; intentional or repeated misgendering; sexist, racist, ableist, or otherwise discriminatory or derogatory language; and unwelcome sexual attention.

In order to provide a welcoming environment, we commit to being considerate in our language use. Any behavior or language which is unwelcoming—whether or not it rises to the level of harassment—is also strongly discouraged. Much exclusionary behavior takes the form of microaggression - subtle put-downs which may be unconsciously delivered. Regardless of intent, microaggressions can have a significant negative impact on victims and have no place on our team.

Addressing Violations and Challenges

These guidelines are ambitious, and we're not always going to succeed in meeting them. When something goes wrong—whether it's a microaggression or an instance of harassment—there are a number of things you can do to address the situation. We know that we'll do our best work if we're happy and comfortable in our surroundings, so we take concerns about this stuff seriously. Depending on your comfort level and the severity of the situation, here are some things you can do to address it:

- **Address it directly.** If you're comfortable bringing up the incident with the person who instigated it, pull them aside to discuss how it affected you. Be sure to approach these conversations in a forgiving spirit: an angry or tense conversation will not do either of you any good. If the exchange occurred in a digital format, it may be best to reach out and speak to those involved to determine if language was misconstrued.

If you're too frustrated to have a direct conversation, there are a number of alternate routes you can take.

- **Talk to a peer or mentor.** Your colleagues are likely to have personal and professional experience on which to draw that could be of use to you. If you have someone you're comfortable approaching,

reach out and discuss the situation with them. They may be able to advise on how they would handle it or direct you to someone who can. The flip side of this, of course, is that you should also be available when others reach out to you.

- **Reach out to a member of the management team.** DPH STD/HIV/Hep Section management is happy to talk to you about the problem and hopes you are willing to do the same. We aim to be good at listening to concerns about small violations, but also be able to help in situations where more drastic action needs to be taken. In all cases, we will make every effort to stay in clear communication with anyone who reports a problem, maintaining confidentiality whenever possible. Depending on the severity and urgency of a particular issue, the member of the management team you've spoken to may need to escalate a report to include others, whether higher level supervisors or our legal team. We expect the same from our subrecipients. Where this is necessary, you can expect to be kept in the loop about the progress of your report.

ATTACHMENT 4

HOPWA Budget Narrative and Cost Allocation Plan
HOPWA Budget, Quarterly and Year-End Financial Report Template
HOPWA Budget Revision Template
HOPWA Invoice Template
Out-of-State Prior Approval Template
Gift Card Voucher Prior Approval Template
Equipment and Vehicle Prior Approval Template
Meetings that Include Meals and/or Facility Rentals Prior Approval Template
Subcontract/Tier 2 Contract Prior Approval Template

(Use of these forms is REQUIRED)

https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/ryan-white-part-b-ending-hiv-epidemic-ehe/hopwa

ATTACHMENT 5

Applicant Information Form

South Carolina Department of Public Health Housing Opportunities for Persons with AIDS Funding Applicant Information Form 2026 – 2027 Grant Year						
Instructions: Please complete this form in its entirety and upon submission, please attach a W9.						
Name of Organization:						
Address:			**State:**		**Zip:**	
Phone:		**Fax:**		**Web Address:**		
Tax/Employer ID:		**Unique Entity ID:**				
Vendor Number:						
Remittance Address: Address must match the address used for vendor registration.						
Name of Organization:						
Business Mailing Address:						
Primary Contact:		**Phone:**				
Email:						
Performance: If awarded, please provide the requested information below of all sites where HOPWA services will be provided.						
Principle Place of Performance Site 1						
Name of Organization:						
Physical Address:						
Performance Site 2, if applicable						
Name of Organization:						
Physical Address:						
Performance Site 3, if applicable						
Name of Organization:						
Physical Address:						
Business Entity						
Please choose they type of business Entity: o Corporation o LLC o Partnership o Nonprofit Organization	If **"Other Governmental Body"** Specify:			**If a Corporation, LLC, or Nonprofit Organization, please provide the following information below.** State of Incorporation:		

○ Government Agency or Political Subdivision, specify state if not SC: _____ ○ Other Governmental Body ○ Individual / Sole Proprietor ○ Other	If **"Other"** Specify:	Registered Agent and Address in South Carolina:
SC DLLR or any other License Number (If applicable):		

Does your agency have a Federally Negotiated Indirect Cost Rate? If yes, please attach a copy of the Federally Negotiated Indirect Cost Rate Agreement. This information must be received with your application. Note, indirect costs are considered administration cost. For the HOPWA Program these costs are capped at 7%.	**Yes**		**No**	

Primary Contacts				
Contract Signatory				
Name:		**Title:**		
Business Mailing Address:				
Phone:		**Fax:**		
Email:				
Program Director				
Name:		**Title:**		
Business Mailing Address:				
Phone:		**Fax:**		
Email:				
Financial Director				
Name:		**Title:**		
Business Mailing Address:				
Phone:		**Fax:**		
Email:				

Subcontracts and Monitoring
Note: If awarded, subrecipients cannot subcontract any work or services covered by the subaward without a prior written approval from DPH. If your organization plans to subcontract work or services in this grant application, please complete this section.

Subcontractor 1			
Name of Organization:			
Physical Address:			
Phone:		**Web Address:**	
Primary Contact Name:		**Title:**	
Business Mailing Address:			
Phone:		**Fax:**	
Email:			
SCOPE Of Services:			
Subcontractor 2			
Name of Organization:			
Physical Address:			
Phone:		**Web Address:**	
Primary Contact Name:		**Title:**	
Business Mailing Address:			
Phone:		**Fax:**	
Email:			
SCOPE Of Services:			
Subcontractor 3			

Name of Organization:			
Physical Address:			
Phone:		**Web Address:**	
Primary Contact Name:		**Title:**	
Business Mailing Address:			
Phone:		**Tax:**	
Email:			
SCOPE Of Services:			

ATTACHMENT 6

Draft Subaward

Funding Opportunities for STD/HIV Grantees/Contractors | South Carolina Department of Public Health

ATTACHMENT 7

Procedures for Dispute Resolution

I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a grantee under a federal, state, or combined federal/state grant program. An applicant or grantee that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a "requestor."

A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DPH's proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the First Line of Dispute*, within ***three (3) business days*** of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the First Line of Dispute, the applicant shall e-mail or fax written notification to the Program Area Director* within ***two (2) business days*** of the date of the written notification of decision from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.

B. **Award to an Applicant.** A requestor with a dispute regarding the Notification of Award shall e-mail, fax or mail a Notification of Appeal to the First Line of Dispute within ***three (3) business days*** of the date of posting of the Notification of Award. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the First Line of Dispute, the requestor shall e-mail or fax written notification to the Program Area Director within ***three (3) business days*** of the date of the written response from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the requestor within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.

C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

Awards are not final until the dispute process has concluded.

II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DPH'S EVALUATION OF A GRANTEE'S EXPENDITURES IN THE POST-AWARD PHASE

A. **Applicability**. These procedures shall apply to controversies between DPH and a grantee when the grantee disagrees with DPH's evaluation of an expenditure by the grantee as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DPH and a grantee of an awarded grant.

B. **Complaint against Grant Program Management.** No later than ***thirty* (*30) calendar days*** after receiving notice that the agency's grant program area has denied an expenditure, a grantee must e-mail, or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, within ***thirty (30) calendar days*** thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a grantee wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within ***five (5) business days*** following the 30-day review period. The Program Area Director or his/her designee will, within ***ten (10) business days*** of receipt of a written notice of the dispute, meet or hold a conference call with the grantee. Within ***ten (10) business days*** after such consultation with the grantee, the Program Area Director will e-mail or fax the grantee with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the requestor.

* Contacts are listed below

First Line of Dispute:
Larisa Bruner
SCDPH
400 Otarre Parkway
Cayce, SC 29033
Phone: (803) 898-0419
Email: brunerld@dph.sc.gov

Program Area Director:
Ali Mansaray
SCDPH
400 Otarre Parkway
Cayce, SC 29033
Phone: (803) 898-0625

Email: mansarab@dph.sc.gov

Grant Program Manager:
Leigh Oden
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Cayce, SC 29033
Phone: (803) 898-0650
Email: ODENL@dph.sc.gov