FLORIDA STATE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM

RFA25-004

APPLICATION GUIDELINES

FY 2026-2031

Florida Department of Health
Bureau of Communicable Diseases
HIV Patient Care and Treatment Access Program

3/13/2026

Application Deadline:

5/19/2026, 17:00:00 Eastern Time

TIMELINE
RFA25-004

Prospective applicants shall adhere to the RFA timelines as identified below.

Schedule	Due Date	Location
Request for Applications Released and Advertised	**3/13/2026**	Department of Health Grant Funding Opportunities Website: Opportunities and Notice of Awards - Florida Department of Health Next Generation Vendor Information Portal: https://vendor.myfloridamarketplace.com/
Submission of Questions	**3/26/2026**	Submit questions by email with the subject heading "RFA25-004 Questions" to RequestforApplication@flhealth.gov.
Anticipated posting of Answers to Questions	**4/14/2026**	Department of Health Grant Funding Opportunities Website: Opportunities and Notice of Awards - Florida Department of Health Next Generation Vendor Information Portal: https://vendor.myfloridamarketplace.com/
Applications due (no faxed or e-mailed applications)	**Must be received by 5/19/2026, 17:00:00 Eastern Time**	To upload your application, go to the Department of Health Automated Upload System: https://requestforapplications.floridahealth.gov.
Anticipated evaluation of applications	**5/21/2026**	Review and Evaluation of Applications Begins
Anticipated award date	**7/2/2026**	Department of Health Grant Funding Opportunities Website: Opportunities and Notice of Awards - Florida Department of Health Next Generation Vendor Information Portal: https://vendor.myfloridamarketplace.com/

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PLEASE NOTE: INFORMATION IN BOXES IS TO REMIND AND ASSIST APPLICANTS WITH CRITICAL COMPONENTS CONTAINED IN SPECIFIC SECTIONS OF THE APPLICATION.

Section 1.0 INTRODUCTION

1.1 Program Authority

The Florida State HOPWA Program operates under and is administered in accordance to Title 24 Code of Federal Regulations (CFR) Part 574. The HIV/AIDS Section operates under Florida Statutes Chapter 381 entitled "Public Health," and more specifically Section 381.003 entitled "Communicable Disease and AIDS Prevention and Control." Additionally, portions of this program also operate under and is administered in accordance to Florida Administrative Code Chapter 64D-4 entitled "Eligibility Requirements for HIV/AIDS Programs."

1.2 Notice and Disclaimer

Grant awards will be determined by the Florida Department of Health in accordance with this publication based on the availability of funds.

1.3 Program Purpose

This RFA will meet the requirements of federal regulations as authorized by Title 24 CFR Part 574, Housing Opportunities for Persons With AIDS (HOPWA).

The Department is seeking to award contracts to applicants to act as HOPWA project sponsors in providing housing and supportive services to persons living with HIV/AIDS and their families. In addition, the project sponsors will be responsible for administrative oversight of all housing and supportive services funded through these contracts.

The provision of housing and supportive services to persons living with HIV/AIDS and their families is in alignment with the Department's mission of working to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

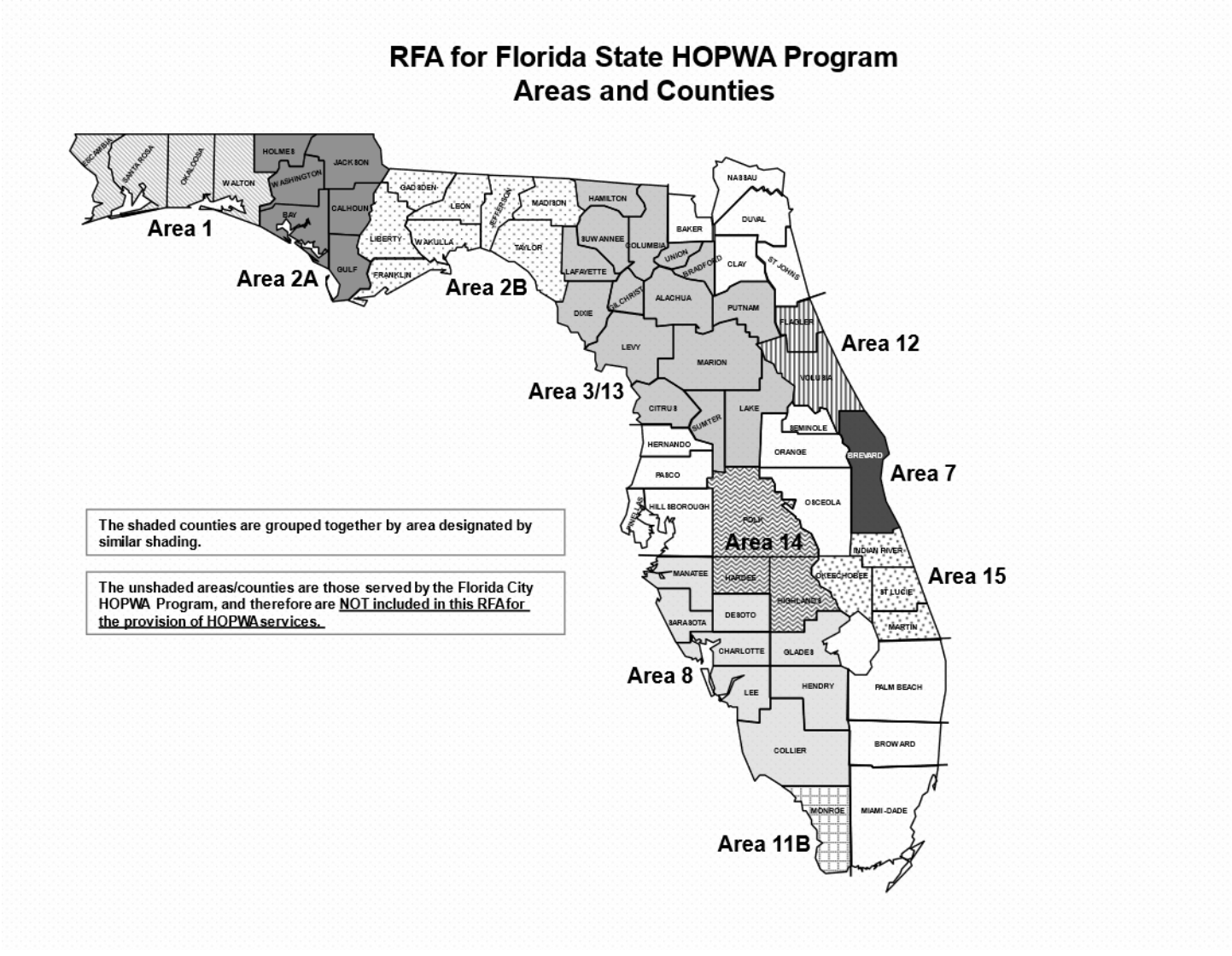
1.4 Available Funding

The funding for this RFA is subject to federal grant appropriations and based on funding availability. The table below lists all of the designated geographic catchment areas with the eligible counties to be served and the available funding for each area for Florida State HOPWA Program services. These areas with the included counties to serve are similar to the Florida Ryan White Part B Program consortia service areas.

Applicants may apply to serve multiple areas, but must include all of the counties listed together in the designated areas. In other words, you cannot apply to serve all of the counties in one area but only a few counties in another area.

Areas (with Counties to Serve)	Award Per Contract Year (for 5-year contract period)
Area 1 (Escambia, Okaloosa, Santa Rosa, and Walton)	$ 830,544.00
Area 2A (Bay, Calhoun, Gulf, Holmes, Jackson, and Washington)	$ 373,143.00
Area 2B (Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla)	$ 628,486.00
Area 3/13 (Alachua, Bradford, Citrus, Columbia,	$ 1,087,415.00

Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union)	
Area 7 (Brevard)	$ 523,131.00
Area 8 (Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Manatee, and Sarasota)	$ 1,978,658.00
Area 11B (Monroe)	$ 542,743.00
Area 12 (Flagler and Volusia)	$ 745,527.00
Area 14 (Hardee, Highlands, and Polk)	$ 700,000.00
Area 15 (Indian River, Martin, Okeechobee, and St. Lucie)	$ 723,286.00
TOTAL	**$ 8,132,933.00**



1.5 Matching Funds

There is no match requirement.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

The Department of Health mission is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards.

The Florida State HOPWA Program is the only federal program designed to directly address the housing needs of individuals living with HIV/AIDS.

The Department of Health, HIV/AIDS Section, provides patient care services, housing, and support services for persons living with HIV/AIDS within the designated areas/counties listed in Section 1.4. The successful applicant is tasked to improve quality, availability, and facilitate collaboration of HIV/AIDS services within the designated area(s)/county(ies) to improve the overall health of individuals living with HIV/AIDS.

The Florida State HOPWA Program provides financial resources to assist clients in stabilizing their living situations, and to increase their chances of maintaining and achieving self-sufficiency to ultimately prevent homelessness by fostering long-term solutions to housing problems of qualified persons. The goals of the Florida State HOPWA Program are to:

- Reduce the risk of homelessness among people living with HIV/AIDS and their families.
- Establish or better maintain a stable living environment.
- Improve access to HIV treatment and other health care support (housing is health care).

2.2 Priority Areas

The geographic priority areas for this RFA consists of the designated areas/counties listed in Section 1.4. The approximate number of clients served may vary.

2.3 Program Expectations

The applicant will provide housing and support services to clients, and improve the quality and availability of HIV/AIDS services within the designated areas/counties listed in Section 1.4. The applicant must adhere to the most recent version of the following regulations in performing all tasks and deliverables covered by the contract:

a) Florida State HOPWA Program Policies and Procedures, including all subsequent addenda (https://www.floridahealth.gov/wp-content/uploads/2025/07/master-hopwa-2016.pdf).

b) Florida HIV Patient Care Eligibility Manual (https://www.floridahealth.gov/wp-content/uploads/2025/06/2022_Florida_HIV_Patient_Care_Eligibility_Manual_11.1.2022.pdf).

c) Title 24 CFR Part 574 (https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-574), which are the federal HOPWA regulations providing the requirements and framework for the Florida State HOPWA Program.

d) U.S. Department of Housing and Urban Development (HUD), Notice of Community Planning Development 06-07 (https://www.hud.gov/sites/dfiles/CPD/documents/06-07CPDN.pdf), which provides standards for HOPWA short-term rent, mortgage, and utility payments; and connections to permanent housing.

e) HOPWA STRMU Assistance guide (https://www.hudexchange.info/resource/4843/hopwa-short-term-rent-mortgage-and-utility-assistance/), which complements HUD Notice CPD 06-07 and offers updated guidance for providing STRMU assistance under the HOPWA program.

f) HOPWA Rental Assistance Guidebook (https://www.hudexchange.info/resource/2818/hopwa-rental-assistance-guidebook/), which provides information and resources necessary to develop and operate programs that provide housing support to clients through rental assistance payments.

2.4 Applicant Project Results

Providing HOPWA housing and support services to clients must result in achieving the following Florida State HOPWA Program goals:
• Reduce the risk of homelessness among people living with HIV/AIDS and their families.
• Establish or better maintain a stable living environment.
• Improve access to HIV treatment and other health care support (housing is health care).

Applicants are expected to address unmet needs in order to reduce the number of persons experiencing housing instability as well as ensure geographic parity in access to housing services throughout the areas/counties covered in the application.

2.5 Current and Prior Funded Projects

Provide a summary of professional experience to include relevant HIV/AIDS program management. If currently providing HOPWA and/or other housing program services, please describe the status of the program. Applicants must describe how their achievements from current or prior funded projects demonstrate their ability to carry out the program expectations outlined in this RFA.

2.6 Project Requirement

Applicants must meet project requirements and demonstrate their ability to perform the following administrative and direct care (housing and supportive services) tasks:

1) Prepare and document all planned goals for activities to be performed for the contract term into the HOPWA Performance Chart (template to be provided post award). Submit the completed chart to the Contract Manager within 30 calendar days of contract execution.

2) Prepare and provide a Disaster Response Plan, which includes Provider's plans to ensure client safety during a natural disaster, and submit it to the Contract Manager within 60 calendar days of contract execution.

3) Document all planned non-HOPWA funding sources leveraged amounts for the contract term on the Planned Leveraged Non-HOPWA Funds form (template to be provided post award). Submit the completed form to the Contract Manager within 30 calendar days of contract execution.

4) Designate a representative to actively participate in the planning process organized by the local homeless coalitions, and provide local homelessness advocates with information about HOPWA. If there is a vacancy, designate a new representative within 30 calendar days of the vacancy. Submit the name of the designated participating representative to the Contract Manager within 30 calendar days of contract execution, and in the event of a vacancy within 30 calendar days of a new designation.

5) Maintain HOPWA Housing Case Managers throughout the contract term as needed. Each month create a list of Case Managers and submit the list within 20 calendar days after the end of each month.

6) Ensure HOPWA Housing Case Managers provide the following services for State HOPWA Program eligible clients throughout the contract term, as applicable. Create a brief summary verifying that all applicable services were provided to each eligible client, and submit the summary to the Contract Manager within 20 calendar days following the end of each month.

a. STRMU, PHP, TBRA, Transitional Housing (e.g., hotel/motel stays), or supportive services, including paying invoices in accordance with all state and federal regulations on behalf of the client;

b. State HOPWA Program enrollment, counseling, housing information, and referral services to assist a State HOPWA Program eligible client to locate, acquire, finance, and maintain housing; and

c. Individual housing assessments and housing plans of care with the goal of promoting long-term housing stability.

7) Provide the most up-to-date list of housing assistance resources to all clients each month in a minimum of one of the following methods: pamphlets, posting on a bulletin board in view of clients, posting on Provider's website, or another method approved in writing, in advance by the Department. Submit the current list of housing assistance resources and method used to communicate housing assistance list to clients to the Contract Manager within 20 calendar days following the end of each month.

8) Ensure HOPWA Housing Case Managers ensure that all prospective new clients are eligible to receive services by completing and entering at a minimum the following information into the HOPWA eligibility module in the CAREWare database within 20 calendar days following the end of each month.

a. Client's current NOE;

b. Client's total household gross income is less than or equal to 80% of the AMI guidelines as defined by HUD;

c. Client's proof of Florida residency; and

d. Client's verifiable documentation of need for housing assistance as documented in comprehensive case notes documenting the referral to HOPWA, the reasons for the HOPWA referral, and the delivery of housing services provided.

9) Complete the following required forms (templates to be provided post award) and include them in the client's file for all State HOPWA eligible clients. Create a brief summary verifying that all forms were completed and were included in client's file. Submit the summary to the Contract Manager within 20 calendar days following the end of each month.

a) Consent to Release Information;

b) Memorandum of Understanding for Confidentiality of Client Information;

c) Participation Agreement;

d) Participant Rights and Responsibilities;

e) Income Eligibility Calculation Worksheet;

f) Florida State HOPWA Program Checklist;

g) Application Form for Housing Assistance;

h) Client Needs Assessment for Assistance;

i) Client Budget Worksheet;

j) Housing Plan of Care;

k) Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment;

l) Landlord Agreement, if applicable;

m) Security Deposit Agreement, if applicable;

n) Client Agreement for Return of Security Deposit, if applicable;

o) Client Housing and Support Service Payment Assistance Worksheet;

p) Rent Reasonableness Checklist and Certification, if applicable;

q) Disallowance of Increase in Annual Income (Earned Income Disregard), if applicable;

r) Zero Income Affidavit, if applicable;

s) HOPWA Housing Quality Standards Habitability Standards, if applicable;

t) Termination of Assistance Letter, if applicable;

u) Participant Conference/Termination Checklist, if applicable;

v) Shared Housing Rent Calculation, if applicable; and

w) Domestic Partnership Declaration for HOPWA Assistance, if applicable.

10) Conduct State HOPWA Program client file reviews using the Case Management File Review Worksheet (template to be provided post award) for a minimum of 10% of the eligible clients served each month, and submit the client file review worksheets to the Contract Manager with submission of the monthly invoice.

11) Enter the following Expenditure Data into PCFMRS, and generate a State HOPWA Program Monthly Expenditure and Reimbursement Report. Submit the report to the Contract Manager within 20 calendar days following the end of each month. Include the following items in the report:

a) Number of clients served;

b) Number of Units of Services Provided; and

c) Monthly spending expenditures by service categories during the month.

12) Enter the following first time this year (FTTY) data into PCFMRS, and generate a monthly FTTY Demographic Report for HOPWA client demographics. Submit the report to the Contract Manager within 20 calendar days following the end of each month. Include the following items in the reports:

a) Unduplicated client count; and

b) Client's race and ethnicity.

13) Conduct a survey using the HOPWA Client Satisfaction Survey Form (template to be provided post award) for a minimum of 5% of State HOPWA Program clients in the Provider's area. Prepare a report of the survey results, and submit the report to the Contract Manager by March 20th of each contract year.

14) Document all actual accomplished program goals for activities performed into the HOPWA Performance Chart (template to be provided post award) for the contract term. Submit the completed chart to the Contract Manager within 20 calendar days following the end of the contract term.

15) Complete the HOPWA CAPER Excel workbook provided by HUD, and submit it to the Contract Manager and the Department within 30 calendar days following the end of the contract term.

16) Document all actual non-HOPWA funding sources leveraged amounts on the Planned Leveraged Non-HOPWA Funds form (template to be provided post award) for the contract term. Submit the completed form to the Contract Manager within 20 calendar days following the end of the contract term.

17) Comply with the requirements of the Department's Data Security and Confidentiality requirements (template to be provided post award) throughout the contract term.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Public and non-profit entities are eligible applicants for this RFA.

3.2 Eligibility Criteria

Eligible applicants should be an organization active in community-focused, collaborative efforts, which serve to bring together agencies, community groups, academic institutions, and other groups to address health, housing, or social concerns. Organizations may serve as the central collaborating body.

3.3 Minority Participation

In keeping with the One Florida Initiative, the Department of Health encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Development at (850) 487-0915 or visit their website at https://www.dms.myflorida.com/business_operations/state_purchasing/office_of_supplier_development_osd for information on becoming a certified minority or for names of existing certified minorities who may be available for subcontracting or supplier opportunities.

3.4 Corporate Status

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

a. A statement from a state taxing body, State Attorney General, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

3.5 Non-Corporate Status

Documentation that verifies the official not-for-profit status of an organization in accordance with Chapter 617, Florida Statutes.

3.6 Period of Support

It is anticipated that the multiple contracts resulting from this RFA will be for a five-year period beginning October 1, 2026, or the contract execution date, whichever is later, and end June 30, 2031; and are subject to renewals as stated below. The multiple contracts resulting from this RFA are contingent upon the availability of funds.

The contracts resulting from this RFA may be renewed with two one-year renewal options. Renewals must be in writing, subject to the same terms and conditions set forth in the initial contract and any written amendments signed by the parties. Renewals are contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department, and are subject to the availability of funds.

3.7 Use of Grant Funds

The Florida State HOPWA Program grant is funded through HUD in which Title 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl), is used to determine allowable and unallowable costs.

The Florida State HOPWA Program client eligibility criteria/qualifications include:
- Being deemed core eligible under Rule 64D-4.
- At least one person with HIV in household.
- At or below 80% of area median income.

The following are the eligible and allowable HOPWA activities that may be carried out with HOPWA funds under this RFA and are also described in Title 24 CFR Part 574.300(b) [https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-574/subpart-D/section-574.300]:

Administrative Costs
- All applicants must not allocate more than 7% of the total proposed budget amount for administrative costs related to program delivery as referenced in Title 24 CFR Part 574.300.
- Includes staff salaries and fringe benefits, travel, office expenses/supplies, and equipment (equipment must be justified and with prior approval).

Transitional Housing Assistance (or Short-Term Supported Housing Assistance)

- Short-term facilities are intended to provide temporary shelter to program qualified individuals to prevent homelessness.
- Examples of transitional housing facilities include, but are not limited to, furnished apartments, hotel/motel rooms, housing rooms, etc., that foster independent living while more permanent arrangements are sought.
- A short-term supportive housing facility may not provide residence for any individual for more than 60 days in any six-month period.

Permanent Housing Placement (PHP)

- 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.
- Covers first month's rent, security deposits, and utility connection fees.
- Helps clients transition from homelessness or unstable housing into permanent housing.

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance

- A time-limited, needs-based housing subsidy assistance designed to prevent homelessness and increase housing stability.
- STRMU assistance may be provided for up to 21 weeks in any 52-week period.
- The amount of assistance varies per client depending on funds available, tenant need, and program guidelines.
- Requires documentation of financial crisis and sustainability plan.

Tenant-Based Rental Assistance (TBRA)

- Provides long-term rental subsidies to help clients afford housing in the private market.
- Rent must be reasonable, and units must meet habitability standards.
- TBRA is a rental subsidy program similar to the Housing Choice Voucher program that can be provided to help low-income households access affordable housing.
- The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules.
- The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

Resource Identification

- Supports activities 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).
- Includes staff salaries and fringe benefits.

Housing Case Management

- A supportive housing service providing information and/or support to locate and apply for housing assistance, such as counseling and help to develop a housing service plan to establish stable permanent housing.
- Also includes help to access other benefits, such as healthcare and other supportive services.
- Includes staff salaries and fringe benefits.

Supportive Services

- Includes transportation, nutritional services, and mental health support.
- Must be directly related to housing stability and client well-being.

Section 4.0 APPLICATON REQUIREMENTS

4.1 Application Forms

Applicants must use the official form attached to this RFA. Alternate forms may not be used.

Applications for funding must address all sections of the RFA as identified in this section.

Applications must adhere to the page limits, excluding appendices as identified below.

4.2 Order of Application Package

Applications, along with all supporting documents, must be submitted in one packet.

All pages must be numbered, single-spaced, and have one-inch margins.

Use a 12 point font.

Do not include any spiral or bound material, or pamphlets.

Applicants must submit all items in the following order:

REQUEST FOR APPLICATIONS CHECKLIST (see Section 5 for the description of each checklist item)	
SUBMISSION ITEMS	**PAGE LIMIT**
5.1. Project Summary	Three Pages
5.2. Statement of Need	Two Pages
5.3 Objectives	Three Pages
5.4. Program Plan	Five Pages
5.5. Evaluation Plan	Four Pages
5.6. Management Plan	Ten Pages
5.7. Appendices	**Requested Information**
Appendix A	Budget Allocation: A.1. Budget Summary - as specified. A.2. Budget Narrative - as specified.
Appendix B	Agreements: Letter(s) of agreement from integrated partner services (if applicable).
Appendix C	Organizational Capacity and Collaboration Documentation: C.1. IRS Non-Profit Status 501 (C)(3). C.2. Organizational Chart. C.3. Copies of key personnel's resumes, e-mail addresses, and telephone numbers. C.4. Current roster of the Board of Directors, including names, addresses, and telephone numbers. C.5. A letter from the local homelessness planning coalition Chair confirming participation of agency personnel identified as participants of the planning coalition. C.6. Letters of support/agreement with or commitment

	from other collaborative partners. C.7 Lobbying and Debarment Forms.

4.3 Compliant Budget Form and Budget Justification Narrative

In addition to filling out the Budget Summary located in the application, a separate Budget Narrative with justification and computation of expenditures must be provided, as outlined in Appendix A.

Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

5.1 Project Summary

Hint: It may be easier to prepare the Project Summary after the entire narrative (proposal) is completed.

Applicants must provide a brief summary of the proposed project. The project summary must identify:

a) Purpose of the project.
b) Priority population(s) to be served.
c) Proposed implementation components:
   i. types of services offered.
   ii. manner of service delivery.
   iii. expected outcomes.
d) Total amount requested.

Cover key aspects of the Statement of Need, Objectives, Program Plan, Evaluation Plan, and Management Plan.

Note: Page numbering begins with the Project Summary.

5.2 Statement of Need

The Statement of Need must describe the necessity for the proposed project, and at a minimum must include all of the following components in narrative form:

a) Description of the housing needs within the specified area(s)/county(ies) applied for.
b) Description of the assessed housing needs and capacity development needs resulting from disparities in the availability of housing services.
c) Description of housing priorities for the allocation of funds based on the population to be served and identified needs.
d) Description of assessed gaps in housing services.
e) Description of assessed barriers to housing services.

5.3 Objectives

Applicants will be responsible for providing housing and support services to people living with HIV/AIDS. The applicant will be responsible for the planning and implementation of housing and support services in order to establish or better maintain a stable living environment.

If an applicant intends to subcontract, it must explain how it will hold subcontractor(s) accountable so there is no decrease in services. All services specified in a proposal must be to assist clients and their households in achieving housing stability, and to improve the quality and availability of housing activities within the specified area(s)/county(ies) applied for to improve the overall health of people living with HIV/AIDS.

This section must describe the intended purpose and the expected project results related to program expectations. The objectives must correspond to the assessed needs, priorities, gaps in services, and barriers to housing stability.

While objectives utilize the language of outcomes, the objectives discussed in the proposal must express the expected outcomes in specific terms. The objectives must also establish a foundation for project assessment, which will be described in a subsequent section related to the applicant's Evaluation Plan.

5.4 Program Plan

This section must describe the applicant's plan to achieve the Objectives identified in the preceding section through a narrative that describes how the activities outlined in the Budget Narrative will achieve the following:

a) Establish or better maintain a stable living environment.
b) Improved access to HIV treatment and other health care support.
c) Reduce the risk of homelessness among people living with HIV/AIDS and their families.
d) Address unmet need, and reduce the number of persons experiencing housing instability.
e) Ensure geographic parity in access to housing services throughout the specified area(s)/county(ies) applied for.

5.5 Evaluation Plan

Applicants must describe how they will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the contract in order to capture and document actions contributing to program outcomes. The Evaluation Plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of housing outcomes for people living with HIV/AIDS and improving health outcomes. The Evaluation Plan should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity, and discuss the potential for replication. In addition, applicants must describe their internal quality management plan, including the process for continued improvement and handling potential challenges.

5.6 Management Plan

This section must describe the applicant's ability to successfully carry out the proposed project and to sustain the program once the contract ends.

Applicants must identify in narrative form all of the following information:

a) Information about the applicant, including history, administrative structure, mission, vision, goals, and how they relate to the purposes of the proposed program.
b) A description of how the program will be staffed (e.g., paid staff or volunteers). Indicate how often employees are evaluated. Identify the number and type of positions needed with position or job descriptions for staff positions, including those to be filled; how they will be recruited and maintained; whether they will be full-time or part-time; the level of effort for each proposed key staff position (e.g., 50%, 75%), including pertinent

staff provided on an in-kind basis; and the relevant qualifications proposed for each position, including type of experience and training required. Describe staff development and training practices, including both internal and external capacity trainings and any other relevant training.
c) The last five years of previous experience providing services to the target population, including a brief description of projects similar to the one proposed in response to the RFA. Include the length of time working with the target population and any services that the applicant currently provides to the target population. If the applicant has not been in existence for more than five years, then describe relevant experience of key staff providing services to the target population.
d) The applicant's capacity to implement and maintain the proposed project. Include information on project resources, materials, and space. Detail how the applicant is prepared to implement the required services and activities of the proposed project, or the applicant's plan to build the capacity to implement and sustain (once project period ends) its proposed project.

5.7 Appendices

All appendices must be clearly referenced and support elements of the narrative. Submit all of the following appendices to the application (appendix documents are not included in the page limit):

A.1. Budget Summary

a) Use the format found in Attachment 1 to provide a line-item budget (Excel format available upon request).
b) All costs contained in the Budget Summary must be directly related to the services and activities proposed to be provided and identified in the application, as well as allowable and reasonable.
c) The proposed Budget Summary provides a breakdown of all requested cost items that will be incurred by the proposed project as they relate to the Program Plan.
d) Applicants must submit the Budget Summary to include five yearly Budget Summaries for the five-year contract period for the area(s)/county(ies) to be serviced. The contract term resulting from this RFA covers a five-year period; therefore, applicants should include the Budget Summary for five one-year periods.

A.2. Budget Narrative

a) Use the format found in Attachment 2 to provide justification and details for all cost items contained in the Budget Narrative (Excel format available upon request).
b) Include only expenses directly related to the project and necessary for program implementation.
c) Describe the administrative and fiscal infrastructure that will enable the applicant to track and expend funds in accordance with generally accepted accounting practices.
d) Applicants must submit the Budget Narrative to include five yearly Budget Narratives for the five-year contract period for the area(s)/county(ies) to be serviced. The contract term resulting from this RFA covers a five-year period; therefore, applicants should include the Budget Narrative for five one-year periods.

B. Letter(s) of agreement from integrated partner services, such as Memoranda of Agreement (if applicable).

C.1. IRS Non-Profit Status 501 (C)(3) (if applicable).

C.2. Organizational Chart that depicts the organizational structure of the project, and outlines the professional roles of the staff and reporting relationships.

C.3. Copies of key personnel's resumes, e-mail addresses, and telephone numbers.

C.4. Current roster of the Board of Directors, including names, addresses, and telephone numbers.

C.5. Letter from the local homelessness planning coalition Chair confirming participation of the applicant and identity of the applicant's personnel as participants of the planning coalition.

C.6. Letters of support from an organization or individual who can attest to the organization's ability to perform the services expressed within this RFA. The letters of support cannot come from an organization or individual directly involved in the development and/or evaluation of applications resulting from this RFA. Letters of agreement or commitment from partners, key stakeholders, and other local organizations where program activities will be implemented. Agreements or letters of support with other collaborative partners identifying their role and contribution to the project.

C.7. Lobbying and Debarment Form.

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Applications must be received by the date and time indicated in the Timeline.

6.2 Submission Methods

Electronic Submission of Applications

Applications may only be submitted by uploading to the Florida Department of Health Automated Upload System: https://requestforapplications.floridahealth.gov.

6.3 Instructions for Submission of Applications

Instructions for Electronic Submission of Applications

Applicants are required to submit the electronic application, via the Florida Department of Health Automated Upload System, as follows:

- The application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.
- The naming convention of the application must follow this format: RFA#-Provider Name-Program Specific Information (Example: RFA25-004-FDOH-HOPWA).
- The application must be uploaded into the system by the deadline stated in the Timeline.
- To upload the application, go to https://requestforapplications.floridahealth.gov/. Click the drop-down menu to select the applicable RFA.
- To upload a document for the first time, select Browse, click to choose file(s), then click Upload.
- One or more files may be uploaded at one time. Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only.

- To upload multiple files, click the keyboard's Ctrl key and select the files. Zero-byte files will be ignored. For the submitted document(s), maximum file size must not exceed 28 MB.
- To replace a previously uploaded document, select Overwrite from the Upload Type drop-down menu. You must enter the session key received with your initial submission confirmation. Click Browse to choose the updated file(s), then click Upload.
- In order to properly overwrite the previous upload, the updated file(s) must have the exact same file name as the document(s) being replaced.

PLEASE NOTE THIS IMPORTANT INFORMATION ON UPLOADING AND CONFIRMATION:

Upon selecting your file(s) and clicking the Upload button, a confirmation screen will appear, showing a thank you message and alert to maintain the Session Key. Please be sure to carefully input the email address where you wish to send the Session Key. The option to print the confirmation page is also available; however, sending via email is highly recommended. If printing the page, be sure to print/save it as a PDF.

Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline time in order to receive a successful confirmation. Once the deadline time has arrived (down to the millisecond, e.g., 5:00:00 p.m. ET), the system will no longer offer an option to upload documents for the applicable RFA.

In the event of a technical issue or inquiry regarding upload confirmation, applicants must provide the Session Key as proof of submission. Contact RequestforApplication@flhealth.gov *immediately* if experiencing uploading issues or if there are inquiries regarding the electronic upload process via the automated system.

6.4 Where to Send Your Application

Upload the application to the Florida Department of Health Automated Upload System: https://requestforapplications.floridahealth.gov.

Section 7.0 EVALUATIONS OF APPLICATONS

7.1 Receipt of Applications

Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non-responsive. Complete applications are those that include the required forms in the Required Forms Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

7.2 How Applications are Scored

Applications will be reviewed on their own merits and will not be compared to each other. Applications will be reviewed based on the quality of each response in accordance with the requirements of this RFA when

determining a value. Applicants can earn up to a total of 100 points with zero being the lowest possible total. Awarded points will be the average score of each evaluator's score truncated to a whole number.

7.3 Grant Awards

Grant awards will be determined by the Department at its sole discretion based on the availability of funds. Funding decisions are wholly at the discretion of the Department notwithstanding evaluation point totals. See Section 1.4.

A grant may be awarded in a designated area/county, in a designated group of adjoining counties (area), or in multiple designated areas/counties coverage from which a multi-area/multi-county application is submitted.

7.4 Award Criteria

Applications scored on the following as indicated below. Funding an award determination is wholly at the discretion of the Department of Health notwithstanding evaluation point totals, and the Department will fund projects throughout the designated areas/counties.

Award Criteria	Maximum Points Allowed
Project Summary	5 points
Statement of Need	15 points
Objectives	15 points
Program Plan	20 points
Evaluation Plan	10 points
Management Plan	20 points
Appendices	15 points
TOTAL MAXIMUM POINTS POSSIBLE	**100 points**

7.5 Funding

The Department of Health reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards

Awards will be listed on the website at: Opportunities and Notice of Awards - Florida Department of Health on or about July 2, 2026.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Subcontracting

The Respondent may enter into written subcontracts for performance of services under the Contract resulting from this solicitation. Anticipated subcontract agreements known at the time of Proposal submission and the amount of the subcontract must be identified in the Proposal. If a subcontract has been identified at the time of Proposal submission, a copy of the proposed subcontract must be submitted to the Department. No subcontract that Respondent enters into with respect to performance under the Contract will in any way relieve Respondent of any responsibility for performance of its Contract responsibilities with the Department. The Department

reserves the right to request and review information in conjunction with its determination regarding a subcontract request and reject any subcontractor proposed by the Respondent in its Proposal.

The Respondent must complete **Attachment K, Subcontractors List Form**, in its entirety and submit it with the Proposal.

8.2 Executive Compensation Disclosure and Attestation Survey

The applicant must submit the Executive Compensation Disclosure and Attestation Survey (also known as the Annual Compensation Survey) prior to award. The survey must be an attachment to this proposal. The survey will indicate whether or not the applicant receives 50 percent or more of their total operating budget from State and/or Federal resources. Survey results will determine whether the Annual Compensation Report and/or IRS Form 990 requirement in the Standard Contract will apply when drafting the contract (subject to exception: universities, government entities, and Child Care Food Program recipients).

8.3 Post Award Requirements

Selected funded applicants will be required to complete and submit the following in accordance with the Attachment I:

a) Monthly invoices for payment.
b) Monthly lists of other housing assistance resources available to clients.
c) Case Management File Review Worksheets (worksheet to be provided post award) based on the review of 10% of the eligible clients served each month.
d) Annual disaster response plan.
e) Monthly Expenditure and Reimbursement Reports (template to be provided post-award).
f) Monthly Demographic Reports, also known as First Time This Year (FTTY) Reports (template to be provided post award).
g) Annual Client Satisfaction Survey results (survey at least 5% of clients, survey to be provided post award; or if electing to use a different survey, then it must capture all of the information in the provided survey template).
h) Annual HOPWA Performance Chart reporting the planned and actual services (chart to be provided post award).
i) Annual HOPWA CAPER Excel workbook provided by HUD (workbook to be provided post award).
j) Quarterly/Annual Financial Status Reports.
k) Annual Planned Leveraged Non-HOPWA Funds form reporting the actual amount of leveraged non-HOPWA resources used to address needs identified in clients' individual housing service plans (form to be provided post award).
l) Collect and enter data for clients receiving HOPWA housing services.

The Department reserves the right to evaluate the organization administrative structure, economic viability, and ability to deliver services prior to final award and execution of the contract.

Section 9.0 REQUIRED FORMS

9.1 Budget Summary (Attachment 1)

9.2 Budget Narrative (Attachment 2)