

City of Atlanta



Department of Grants and Community Development

HOPWA Policies and Procedures Manual

While this publication is intended to provide thorough and comprehensive documentation of program policies and procedures, some unique situations may not be adequately addressed. This HOPWA Program Policies and Procedures manual is an evolving document. For this reason, the City of Atlanta (“The City”) Department of Grants and Community Development (DGCD) HOPWA Program reserves the right to amend, alter, or grant incidental exceptions to all policies outlined when allowable. Comments and suggestions from Project Sponsors and Housing Coordinators are welcomed on how to improve it so that everyone involved in the service delivery may work together to better understand the program. This will help ensure that individuals experiencing a housing crisis and who have also been diagnosed with HIV/AIDS have access to safe, clean, affordable housing and can take steps to achieve housing stability.

It is the responsibility of the GRANT PROGRAM MANAGERS and PROJECT SPONSORS to ENSURE COMPLIANCE with all policies and procedures and referenced manuals.

2023

City of Atlanta HOPWA Program Manual

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HOPWA AND HOPWA-CV POLICIES AND PROCEDURES

SECTION 1 – INTRODUCTION & OVERVIEW

This guide is intended to provide information to HOPWA staff and project sponsors in the City of Atlanta about the administration of the HOPWA program including guidance on eligible activities, program compliance, monitoring, and reporting, and understanding the Department of Housing and Urban Development's (HUD's) overall intent and "spirit" for the program. Many situations may not be adequately addressed here, and the City of Atlanta reserves the right to amend, alter, or grant incidental exceptions to all policies outlined when allowable.

This guide contains a basic overview of the HOPWA and HOPWA-CV eligible activities and requirements, but it is not intended to replace any of the existing guidance produced by HUD. Not every part of this guide will apply to every sponsor and project. For example, Section 8: Short-Term Rent Mortgage and Utilities (STRMY) will only apply to those projects and sponsors that provide this service as part of their HOPWA Contract with the City of Atlanta.

The goal of HOPWA is to assist clients in achieving and maintaining housing stability to avoid/reduce homelessness and improve their access to, and engagement in, HIV care and treatment. HOPWA is designed to promote client housing stability and act as a bridge to long-term assistance programs, such as Section 8, or to self-sufficiency (when a client's health and financial situation allows him/her to maintain suitable housing without HOPWA or other financial assistance.) Participation in HOPWA is voluntary and conditional. HOPWA is needs-based and is not a traditional entitlement program.

SECTION 2 – PROGRAM DEFINITIONS

HOPWA Formula Grantees are the entities that are the most populous unit of general local government in an eligible metropolitan statistical area (EMSA), and that has a Consolidated Plan prepared, submitted, and approved by HUD.

Project Sponsors are non-profit organizations (including faith-based entities) or governmental agencies, targeting services to individuals living within the HUD designated EMSAs.

Acquired Immunodeficiency Syndrome (AIDS): or related diseases means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the Human Immunodeficiency Virus (HIV). It requires a medical diagnosis with positive test results (Repeatedly reactive enzyme immunoassay, Western blot or IFA, or rapid screening test), and/or a CD4+ cell count below 200 cells per micro-liter and/or CD4+ cells account for fewer than 15 percent of all lymphocytes and/or a diagnosis of one or more of the AIDS- defining illnesses.

Americans with Disabilities Act (ADA): The ADA is one of America's most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life -- to enjoy employment opportunities, to purchase goods and services, and to participate in State and local government programs and services. Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin -- and Section 504 of the Rehabilitation Act of 1973 -- the ADA is an "equal opportunity" law for people with disabilities. The ADA also requires covered employers to provide reasonable accommodations to employees with disabilities and imposes accessibility requirements on public accommodations. The regulations are codified in the Code of Federal Regulations (CFR) at 28 CFR parts 35 (title II) and 36 (title III). The website is located at: <https://www.ada.gov/>

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

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Beneficiary: The one individual who makes the household eligible for HOPWA and all household/family members residing with the individual who also receive the benefit of HOPWA assistance. Households with more than one person with HIV count one person as the “individual” qualifying the household for assistance and all other additional persons with or without HIV as beneficiaries for the purposes of HOPWA reporting. State certified paid caregivers’, and live-in aides’ income is never counted as household income.

Carbon Monoxide Alarm: A single or multiple station alarm intended to detect carbon monoxide gas and alert occupants by a distinct audible signal. It incorporates a sensor, control components and an alarm notification appliance in a single unit.

Carbon Monoxide Detector: A device with an integral sensor to detect carbon monoxide gas and transmit an alarm signal to a connected alarm control unit.

Case Management: The central component of HIV/AIDS care is case management. The practice of case management is a professional and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's needs. Case managers assist with client care coordination from multiple providers in the community. Case management may also be provided through other social or health service systems.

Citizen Participation Plan: The Citizen Participation Plan (CPP) sets forth policies and procedures to provide for and encourage participation by the residents of Atlanta in the development of the City’s Consolidated Plan for Housing and Community Development (Consolidated Plan or ConPlan) and the associated Annual Action Plans (AAP). The CPP also applies to any substantial amendments to the ConPlan or an AAP and to the preparation of the Consolidated Annual Performance and Evaluation Report (CAPER), which evaluates progress toward the Consolidated Plan objectives.

Continuum of Care (CoC): An approach that helps communities plan for and provide a full range of outreach, intake, assessment, emergency, transitional, and permanent housing, and service resources to address the various needs of homeless persons. CoC’s promote community-wide commitment to the goal of ending homelessness. The program provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The program promotes access to and effects utilization of mainstream programs by homeless individuals and families. The program optimizes self-sufficiency among individuals and families experiencing homelessness.

Data Breach: Unauthorized access to, unauthorized acquisition of, or accidental release/ loss of sensitive personal information that compromises the security, confidentiality, or integrity of the personally identifiable information (PII) constitutes a data breach. Data breaches can place financial records and personal information in jeopardy, which can lead to identity theft and possible fraudulent charges.

Direct Program Costs: Direct costs are those costs which can be specifically identified with delivery of a particular project, service, or activity undertaken by a grantee or project sponsor to achieve an outcome intended by the funding program. However, a cost may not be assigned to an award as a direct cost if any other cost incurred for the same purpose.

Disabling Condition: “A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” In addition, a disabling condition may limit an individual’s ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition by HUD and the American with Disabilities Act, but not the Social Security Administration.

Duplicated Count: An individual/household that received more than one HOPWA service in the same project year, e.g. a client received both STRMU and TBRA or a client received both STRMU and Supportive Services.

Eligible Individual: A person with HIV or AIDS who meets the income eligibility criteria of at or below 50% Area Medium Income Guidelines, as defined by the Income-eligible definition.

Emergency: A situation that is short-term in nature related to loss of income or HIV/AIDS, and one that the case manager has reason to believe will put the client at risk of becoming homeless.

Eligible person Low-income persons (at or below 80 percent of area median income) that are medically diagnosed with HIV/AIDS and their families are eligible to receive HOPWA-funded assistance.

Eligible activities: HOPWA funds may be used for a wide range of housing, social services, program planning,

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and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. An essential component in providing housing assistance for these targeted special needs population is the coordination and delivery of support services. Consequently, HOPWA funds also may be used for services including (but not limited to) assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living.

Environmental Clearance: is the procedure to get clearance for the ‘installation’ and ‘modification’ of certain projects. It is mandatory for projects which can cause high environmental pollution.

Facility-Based Housing Assistance (FBHA) is all eligible HOPWA housing assistance expenditures for or associated with supportive housing facilities, including community residences, single-room occupancy (SRO) dwellings, short-term facilities, project-based rental assistance units, master leased units, and other housing facilities approved by HUD.

Facility-Based Rental Assistance (FBRA) Services is a rental assistance service similar to public housing that helps low-income households’ access affordable housing. Unlike tenant-based rental assistance, the rental assistance subsidy is attached to a specific building or unit. If the Project Sponsor owns the facility, the rental assistance is classified as project-based rental assistance (PBRA). If the Project Sponsor leases the facility, the rental assistance is classified as master leasing.

Fair Market Rent (FMR): Rents set by the U.S. Department of Housing and Urban Development (HUD) annually for a state, county, or urban area that define maximum allowable rents for HUD-funded subsidy programs.

Family: A family may be composed of two or more related persons. A person who is not a relative by blood or marriage can also be considered a family member if they are important to the care or well-being of a person with HIV and generally consider themselves as a couple or family. Unmarried couples can not present as a family in their personal lives, and roommates for the purposes of securing federal benefits. Neither can a roommate or a live-in aide change to that of being a family member after the death of a HOPWA client in order to receive survivor benefits.

Grantee: means the government to which a grant is awarded and accountable for the use of the funds provided. The grantee is the entire legal entity, even if only a component of the entity is designated in the grant award document.

Gross Rent means the sum of combined rent and utility costs. For rental assistance services, the gross rent of the proposed unit, including appropriate utility allowances, must be at or below the lower of the rent standard or the reasonable rent.

Homeless: See: The McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

<https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

HOPWA Client: A low-income person with HIV/AIDS who qualifies for and receives HOPWA-funded assistance.

Household: Refers to a client and all other beneficiaries residing with that client. In situations where no other beneficiaries reside with the client, the client constitutes a household unto him/herself. Non- beneficiaries who reside in the shared unit are not part of the household.

Housing Stability: See Appendix A of the HOPWA Quarterly Report for definitions of stable and unstable housing situations.

Human Immunodeficiency Virus (HIV) Infection: an infection caused by a virus that infects the body and destroys portions of the immune system and is documented by a positive HIV test (Repeatedly reactive enzyme immunoassay, Western blot or IFA, or rapid screening test).

HIV Status Verification To receive assistance under the HOPWA program, a client's HIV status must be documented. The HIV/AIDS diagnosis must be made by a health professional competent to make such a determination; case manager statement is not sufficient. Project sponsors can use the Statement of HIV Verification form for this purpose. A statement of HIV verification signed by a physician, certified health care worker, or HIV testing site representative.

Income-eligible: Any individual or family whose income does not exceed 50 percent of the median income for

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the area, as determined by HUD, with adjustments for smaller and larger families. Project Sponsors MUST use the current HUD Income Limits Table to determine HOPWA program eligibility.

Internal Control: The continuous integration of the activities, plans, attitudes, policies, and efforts of the people of a department working together to provide reasonable assurance that the organization will achieve its objectives and mission.

Leveraged Funds: means the amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by Project Sponsors in dedicating assistance to eligible households. Leveraged funds or other assistance are used directly in or in support of HOPWA program delivery.

Live-In Aide: means a person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and welfare of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. Live-In Aides are not considered household members.

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

Nonprofit organization: means any nonprofit organization (including a State or locally chartered, nonprofit organization) that: (1) Is organized under State or local laws; (2) Has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual; (3) Has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system; and (4) Has among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases.

Non-HOPWA leveraged sources: Refers to cash resources separate from the HOPWA grant award, and may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White programs, other federal programs at HHS, VA, DOL, etc., state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraged sources and performance is reported under the applicable HOPWA grant.

Non-HOPWA supportive services: All other supportive services the HOPWA client receives related to HIV/AIDS and the client's well-being, including medical care, transportation, food, drug treatment, social services, etc.

Outcome Assessed: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary (per the regulations at 24 CFR 574.310(b)), to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

Permanent Housing Placement (PHP): Assistance for reasonable security deposits, not to exceed the amount equal to 2 months of rent, and related application fees and credit checks.

Personally identifiable information (PII): The term "PII," as defined in OMB Memorandum M-07-1616 refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. It is also defined as information that if lost, compromised, or disclosed could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Because there are many different types of information that can be used to distinguish or trace an individual's identity, the term PII is necessarily broad. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified using information that is linked or linkable to said individual. In performing this assessment, it is important to recognize that information that is not PII can become PII whenever additional information is made publicly available — in any medium and from any source — that, when combined with other information to identify a specific individual, could be used to identify an individual (e.g., Social Security Number (SSN), name, date of birth (DOB), home address, personal email, medical history, family relationships, vehicle identifiers including license plates, etc.

Program Income: is the gross income directly generated from the use of HOPWA funds, including repayments.

Project-Based Rental Assistance (PBRA): is a facility-based rental assistance service that is tied to units (site or scattered site) owned or controlled by a Project Sponsor. Assistance is not portable or transferable.

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Project Sponsor means any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to carry out eligible activities. The selection of Project Sponsors is not subject to the procurement requirements of 2 CFR part 200, subpart D.

Reasonable Accommodation: is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations.

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

Risk: A probability or threat of damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through preemptive action.

Risk Assessment: A risk assessment is the identification and analysis of relevant risks in relation to the achievement of objectives, for the purpose of determining how those risks should be managed.

Roommate: a roommate relationship is established for the purposes of sharing rent and utility bills in return for receiving a share of the space available. The applicant must identify those living in his or her home as either family or roommates at the time of application and at any subsequent renewals. This is not the same as a live-in aide who is compensated for providing care to the person with HIV. The status of a roommate or a live-in aide cannot change to that of being a family member after the death of a HOPWA client in order to receive survivor benefits.

Short-term Rent, Mortgage, and Utility Assistance (STRMU): A housing subsidy for short-term rent, mortgage, and utility payments to prevent homelessness of the tenant or mortgagor of a dwelling. This program provides assistance for a period not to exceed 21 weeks' worth of assistance in any 52-week period. These payments are for eligible individuals and their household beneficiaries who are already in housing and who are at risk of becoming homeless.

Supportive Services: Assistance including, but not limited to, case management, mental health, permanent housing placement services, day care, drug and alcohol abuse treatment and counselling, nutritional services, and provision of smoke detectors. Supportive Services may be provided in conjunction with HOPWA housing assistance or as a standalone service (Supportive Services Only).

Tenant-based Rental Assistance (TBRA): A housing subsidy for tenant-based rental assistance, including assistance for shared housing arrangements. It assists Income-eligible clients and their beneficiaries with rent and utilities until they are able to secure affordable, stable housing.

Transgender: a person who identifies with, or presents as, a gender that is different from the sex assigned to them at birth.

Transitional Supportive Housing (TSH) Services is a type of facility-based housing assistance that provides up to 24 cumulative months of rental assistance to eligible households that are homeless or at risk of homelessness. Services allow for an opportunity to move households to permanent housing. The subsidy amount is determined in part based on household income and rental costs associated with the household's lease.

Violence Against Women Act of 1994 (VAWA): is a United States federal law signed as Pub.L. 103-322 by President Bill Clinton on September 13, 1994. The Act imposed automatic and mandatory restitution on those convicted and allowed civil redress in cases prosecutors chose to leave unprosecuted. The Act created a comprehensive response to domestic violence, dating violence, sexual assault, and stalking. The Act also established the Office on Violence Against Women within the Department of Justice.

SECTION 3 – PROGRAM PURPOSE, ADMINISTRATION AND OVERVIEW

The Housing Opportunities for Persons with AIDS (HOPWA) Program was established under the AIDS Housing Opportunities Act (42 U.S.C. 12901) in 1990 and amended by the Housing Community Development Act of 1992. The program is designed to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with acquired immunodeficiency syndrome or related diseases and their families. HUD's Office of HIV/AIDS Housing manages the HOPWA program.

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The City of Atlanta Eligible Metropolitan Statistical Area (EMSA), HOPWA award serves a 29-county metro region. Collaboration with the Community Development offices of the City of Marietta, Cobb County, DeKalb County, Fulton County, Gwinnett County, and the Metropolitan Atlanta HIV Health Services Planning Council is conducted in the development of the HOPWA program planning strategies, funding policies, and allocations. The HOPWA Advisory Committee is the designated community planning body for the HOPWA program. The Committee is comprised of People Living with HIV/AIDS, service providers, advocates, and partner agencies.

Clients are considered eligible for HOPWA Assistance, if they demonstrate through verifiable documentation that:

- The applicant resides in the sponsor's service region.
- The applicant has received a medical diagnosis of HIV or AIDS as defined by the Centers for Disease Control.
- The applicant is a citizen of the United States or legal immigrant.
- The applicant is homeless or at risk for homelessness.
- The applicant's household income does not exceed 80% of the median family income for the county or residence as determined by HUD annually.

Short-Term Rent, Mortgage & Utilities (STRMU)

Short-term rent, Mortgage and Utility (STRMU) Assistance is "needs-based," time limited, housing assistance designed to maintain stable living environments for households who are experiencing a financial crisis and potential loss of their housing arrangement. Used in connection with other HOPWA activities and other local, state, and federal resources, STRMU can lead to long-term solutions. STRMU can temporarily cover three types of payments for up to 21 weeks in a 52-week period. (See Section 14) It can cover up to 100% of an overdue and ongoing rent, mortgage, or utility payment and is intended as a bridge to more permanent housing solutions. A sponsor should conduct individual housing assessments regularly and create housing plans with participants with the goal of promoting long-term housing stability.

Tenant-Based Rental Assistance (TBRA)

HOPWA rental assistance can take the form of facility-based housing assistance or tenant-based rental assistance (TBRA). For facility-based assistance, the HOPWA subsidy is attached to a specific building or unit; Community Residences use HOPWA monies as operating subsidies. Tenant-Based Rental Assistance is used to help participants obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable. The HOPWA subsidy works much like the Section 8 Housing Choice Voucher Program, paying the difference between the Fair Market Rent or "reasonable rent" and the tenant's portion of the rent based on their adjusted or gross income. HOPWA Project Sponsors make rental payments directly to property owners.

Supportive Services

The range of supportive services that are eligible as activities under the HOPWA program is broad. Supportive Services may be provided either in conjunction with HOPWA housing assistance or as a stand-alone service. The following is a list of some types of Supportive Services: Education, employment assistance, legal, life skills management, outreach, transportation, health, mental health assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, state, and federal government benefits and services.

Given the flexibility around the use of HOPWA funds to design supportive services in connection with housing activities, it is important that the project sponsor carefully track details of these activities.

HOPWA project sponsors are also encouraged to develop community-wide strategies and form partnerships with multiple area nonprofit organizations such as the Coalition for Homeless, to meet the program goals of:

- Maintaining housing stability

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- Improving access to care and treatment
- Preventing homelessness

HOPWA REGULATIONS

The HOPWA program rules in 24 Code of Federal Regulation (CFR) Part 574 provide the requirements and general standards for the HOPWA Program including information such as eligible activities, client eligibility, housing quality standards, standards regarding resident rent payments, administrative, and record keeping requirements as provided under the United States Housing Act of 1937. <https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=24:3.1.1.3.7>

AIDS Housing Opportunity Act

HOPWA was created through the National Affordable Housing Act of 1990 and authorized by the AIDS Housing Opportunity Act of 1992. It provides state and local governments with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons with AIDS and their families. HOPWA Regulations 24 CFR Part 574 were written based on the Act and provide the requirements and framework for the HOPWA Program.

OTHER APPLICABLE REGULATIONS

- 24 CFR Part 5.609 are the HUD regulations defining the elements of a household's annual income that must be counted in determining income eligibility for the HOPWA, Section 8, public housing, and other HUD-assisted housing programs serving persons with disabilities.
- 24 CFR Part 5.611 are the HUD regulations requiring certain deductions be made to a household's gross annual income in order to arrive at a reasonable tenant rent payment in the HOPWA, Section 8, public housing, and other HUD-assisted housing programs serving persons with disabilities.
- 24 CFR Part 5.617 are the HUD regulations requiring a disallowance of earned income by persons with disabilities residing in housing funded by HOPWA, Section 8, HOME and the Supportive Housing Program (SHP) upon returning to work after certain conditions have been met.
- 24 CFR Part 58 are the HUD regulations requiring environmental reviews for a particular projects or activities funded by several HUD programs and for acquisition, rehabilitation, conversion, lease, repair, disposal, demolishing, or construct or property.
- 24 CFR Part 84 are the regulations for grants and agreements with institutions of higher, Hospitals, and other non-profits relating primarily to requirements for acquiring and disposing of goods and services purchased with federal funding, and the methods of documenting and accounting for those items.
- 24 CFR Part 35 and Part 574.635 are regulations for Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and lead-based paint poisoning notification requirements.
- 24 CFR Part 574.625 relates to Conflict of Interest. Non-profit agencies should have policies in place that identify and handle real or potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers. HUD requires such a policy, which are often part of an organization's "code of conduct" for board, staff, and volunteers. It is advisable to have a copy signed by all members listed above on an annual basis.
- 24 CFR Part 570.611 also relates to conflict of interest. Project sponsors must assure that no person who is an employee, agent, consultant, officer, or elected or appointed official and who exercises or has exercised any functions or responsibilities with respect to the HOPWA program will be eligible for HOPWA assistance. Additionally, no person who may obtain a financial interest or benefit or have an interest in any contract, subcontract or agreement with the HOPWA program, either for himself or herself or for those with whom they have family or business ties will be eligible for HOPWA assistance during their tenure or for one year thereafter. The conflict-of-interest policy under the HOPWA regulations further stipulates that a conflict of interest exists for anyone in a position to participate in a decision-making process or gain inside information about the HOPWA program; such individuals will not be eligible for HOPWA assistance.

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- 2 CFR, Part 200 Subpart E - These principles must be used in determining the allowable costs of work performed by the non-Federal entity under Federal awards. These principles also must be used by the non-Federal entity as a guide in the pricing of fixed-price contracts and subcontracts where costs are used in determining the appropriate price.
- 2 CFR, Part 200 Subpart E – This regulation sets forth standards for obtaining consistency and uniformity among Federal agencies for the audit of non-Federal entities expending Federal awards.
- For more information on Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.ecfr.gov/cgi-bin/text-idx?SID=2f60e19f36166461124b865c4ce68e05&mc=true&node=pt2.1.200&rgn=div5>

OTHER HOPWA GUIDANCE

Annual Formula Operating Instructions:

These annual instructions provide program specific guidance that must be used in conjunction with the standard procedures for HUD's grants management process, such as Consolidated Plan. In addition to previous guidance, HUD may include new information that must be considered an additional requirement for program compliance by project sponsors. Each year they may be found on the HUD HOPWA Home Page at:

<https://www.hudexchange.info/programs/hopwa/>

Carbon Monoxide Alarms or Detectors in HOPWA-Assisted Housing

As of December 27, 2022, HOPWA grantees and project sponsors must ensure CO alarms or detectors are installed as required in all HOPWA-assisted units. This includes units assisted with acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services (24 CFR 574.300(b)(3)); new construction (24 CFR 574.300(b)(4)); project or tenant-based rental assistance (24 CFR 574.300(b)(5)); short-term rent, mortgage, and utility payments (24 CFR 574.300(b)(6)); permanent housing placement (24 CFR 574.300(b)(7)); and operating costs (24 CFR 574.300(b)(8)).

<https://www.hudexchange.info/resource/6785/notice-cpd2215-carbon-monoxide-alarms-or-detectors-in-hopwa-assisted-housing/>

Closeout Instructions for HOPWA Program Grants:

This Notice provides policy guidance and procedural instructions for CPD Field Offices and Housing Opportunities for Persons With AIDS (HOPWA) Program grantees regarding closeout of HOPWA formula and HOPWA competitive (HOPWA-C) grants including HOPWA CARES Act formula grants (HOPWA-CV) and HOPWA CARES Act competitive grants (HOPWA-C-CV).

An important step of completing grants management is to process grant closeouts. Grant closeout requires HUD to determine that all applicable administrative actions and all required work of the grant have been completed by the grantee. The closeout process is guided and governed primarily by 2 CFR 200.344, which lays out specific steps and obligations for both HUD and the grantee. If the grantee fails to complete the requirements in 2 CFR 200.344, HUD will proceed to close out the grant with the information available.

<https://www.hudexchange.info/resource/6864/notice-cpd-23-04-closeout-instructions-for-hopwa-program-grants/>

HOPWA Consolidated Annual Performance and Evaluation Report – CAPER:

The CAPER provides annual performance reporting on client outputs and outcomes that enables an assessment of HOPWA grantee performance in achieving the housing stability outcome measure. The CAPER fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives. HOPWA sponsors are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses CAPER to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries which includes racial and ethnic data on program participants.

<https://www.hudexchange.info/programs/hopwa/new-consolidated-apr-caper/>

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HOPWA Grantee Oversight Guide:

The HOPWA Grantee Oversight Guide provides HOPWA the sponsor and grantee with detailed guidance in fulfilling HOPWA grants management responsibilities. This guidance is a tool to be used by sponsors and the grantee in navigating responsibilities to achieve the HOPWA program's housing stability performance outcome measures of maintaining stable housing arrangements, reducing risks of homelessness, and improving access to care. Download the full guide (Updated August 2010) at:

<https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>

HOPWA Financial Management Training:

This resource is an online, virtual gateway to help grantees and project sponsors acquire the knowledge and practical tools needed to implement effective financial management as a part of their daily routine and effective operation of the HOPWA program. <https://www.hudexchange.info/trainings/courses/hud-hopwa-financial-management-online-training/>

SECTION 4 – ADMINISTRATIVE AGENCY/PROJECT SPONSER ROLES & RESPONSIBILITIES

The City of Atlanta is responsible for administering, monitoring, and overall compliance of the HOPWA program funded by annual formula grants from HUD. Project Sponsors are selected through a Request for Proposal (RFP) process or Notice of Funding Availability (NOFA) process to assist in the program's administration. The selected Project Sponsors are awarded the funding through a signed, written executed contract/agreement with The City. Management and administration of HUD grant funds is a shared responsibility of the Agencies and DGCD by accepting the funds and an executed grant agreement.

The Department of Grants and Community Development (DGCD) offers training to DGCD Staff and Project Sponsors to ensure HOPWA programmatic understanding and to apply program policies and procedures. Both required and recommended training courses are conducted at varying intervals to include monthly, quarterly, and annually. Trainings are designed to provide the necessary tools and strategies and refresh knowledge and skills to participate in HUD grant programs. The program includes providing technical assistance, best practices, education, and outreach by conducting technical training and workshops in HUD formula programs and other regulatory compliance. DGCD also hosts and participates in conferences, symposiums, and panels. DGCD also requires completion of financial and grant specific HUD Exchange training.

CITY OF ATLANTA HOPWA SERVICE AREAS

The 29-county eligible metropolitan statistical areas (EMSA) are listed below. Counties shown in bold type have the highest number and rate of HIV Diagnoses in 2019 and People Living with HIV/AIDS.

Barrow	Clayton	Douglas	Haralson	Meriwether	Pike
Bartow	Cobb	Fayette	Heard	Morgan	Rockdale
Butts	Coweta	Forsyth	Henry	Newton	Spalding
Carroll	Dawson	Fulton	Jasper	Paulding	Walton
Cherokee	DeKalb	Gwinnett	Lamar	Pickens	

SELECTING PROJECT SPONSORS

Project Sponsors are selected through a Notice of Funding Availability (NOFA) of Request for Proposal (RFP) process to assist in the program's administration. The selected Project Sponsors are awarded the funding through a

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signed, written executed contract/agreement with the City. Management and administration of HUD grant funds is a shared responsibility of the Agencies and DGCD by accepting the funds and an executed grant agreement. Availability of funding is subject to the City of Atlanta's receipt of a signed grant agreement with HUD.

The City uses a formal application process for HUD entitlement funding. A public hearing, generally held during the Spring at City Hall, provides the following for citizens and other interested parties: Explanation of the ConPlan contents, purpose, and the entitlement grants covered; The amount of funds expected to be available for the coming year under each grant; Set-aside amounts and "caps" under each grant, including the estimated amount of funds which will be used to benefit low- and moderate-income persons; The range of activities that may be undertaken under each grant; Solicitation of citizen input on grant priorities and on housing and community development needs, including priority non-housing community development needs; Explanation of the pending CAPER's review of prior program performance;

Technical assistance session for potential applicants seeking grant funding, including presentations on related City requirements such as insurance, historic preservation, and homeless assistance under the Continuum of Care process; Availability of the CDBG, ESG, HOME and HOPWA application forms to submit proposals requesting funding in the upcoming program year, and the submission deadline.

Information will also be made available to SR/PS receiving existing funding, NPU's, the HOPWA Advisory Committee, CoC, City agencies, AHA, and interested parties.

NOFA information will be made available on the City's website. DGCD will make applications available for organizations, primarily through the DGCD software program portal, during the open solicitation/application period. DGCD will provide technical assistance sessions and release Q&A documents to answer applicant questions. Questions outside of TA sessions should be emailed to DGCD.Planning@CityOfAtlanta.onmicrosoft.com.

Once the solicitation period closes, evaluators will review and score the applications. The funding recommendations are determined based upon the amount of funding available, which applications qualify, and the evaluation scores. Upon DGCD evaluators completion a review and analysis are completed. The HOPWA Advisory Committee and CoC must review the recommendations prior to DGCD's recommendations to the Mayor's office. DGCD will collect and analyze the feedback received from both the HOPWA Advisory Committee and the CoC. Any comments will be collected via email, phone, and/or survey for consideration during the evaluation process.

Project Sponsor Eligibility

Project Sponsors are nonprofit or governmental agencies targeting services to individuals living within the 29 county EMSA. At a minimum, Project Sponsors must:

- Have had 501(c)(3) nonprofit status at least 2 full years, have 2 full years of operating experience under another nonprofit entity which meets these criteria, or be a governmental entity in the EMSA proposing to serve HOPWA eligible persons.
- Must be registered and licensed to do business in the State of Georgia at the time of application.
- Demonstrate the ability to manage the HOPWA program and all applicable state and federal policies and procedures including compliance with federal and state non-discrimination laws.
- Project sponsors expending \$750,000.00 or more in Federal awards (from all Federal sources) in a fiscal year must have a Single Audit completed within 9 months from the end of the fiscal year.
- Project sponsors must be registered with sam.gov.
- Have established internal control and written fiscal accounting procedures.
- Demonstrate the ability to coordinate client services with other providers and leverage other resources toward meeting overall client needs and program goals.
- Demonstrate the ability to meet all reporting and record keeping requirements including maintaining the confidentiality of client records.

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AWARDING

Once the Project Sponsors have answered the questions in the prioritization phase, a Project Sponsor is recommended for funding. After the approved recommendations and public comments period has been met and the City has approved through legislation, the Project Sponsors are awarded. DGCD will tailor its oversight to each Project Sponsor, considering project complexity and sponsor knowledge, skills, ability, and other capacity.

The approach will include but not be limited to:

1. Taking a comprehensive approach with oversight plans, using both remote and on-site monitoring techniques.
2. Develop relevant oversight goals for each sponsor, focusing on specific areas of concern and primary project activities.
3. Provide required training to ensure that the performance indicators cover all important project activities, are specific in quantitative and qualitative terms, and are time-bound.
4. Set standard data sources for remote and on-site review.
5. Clearly define sponsor and grantee staff roles in providing and reviewing information and make sure that these roles are communicated with the sponsor.
6. Set a schedule for both desk audit, remote and on-site monitoring of all projects.
7. Follow a risk analysis protocol. This will assist DGCD use limited oversight resources efficiently, ranking and targeting sponsors or even particular activities within a sponsor's program for the type monitoring is required. On-site monitoring complements remote, ongoing oversight. The periodic visit to a project allows DGCD to directly observe its operations and probe more thoroughly its compliance and performance. It can also alert DGCD when a sponsor is running into problems, to intervene and better support the sponsor.
8. Conduct timely follow-up after the review to communicate findings, concerns, and observations, as well as set a schedule for planned corrective action.

CONTRACTING

Once a Project Sponsor has been approved by City Council, these projects generally do not involve procurement because the agency provides services through internal staff resources. However, if a designated subrecipient is subcontracting for work/services, then the same federal and City procurement policies must be followed by the subrecipient.

Document Preparation

The Management Analyst or Assistant Manager initiates project activities by generating and forwarding the assignment form to the Programs Director and/or Program Operations Manager, who will distribute assignment to the designated program staff. The Program Operations Staff is responsible for reviewing the assignment forms and beginning the contract preparation process.

1. All Contracts must be prepared and started through the signature process within 45 days of receiving the project assignment sheets.
2. Administrative Staff will create project files and checklists for individual project assignments.
3. Program Management Analyst prepares a letter requesting documentation to proceed with the preparation of the contracts. Letters may only be signed by the Programs Director and/or Program Operations Manager.
4. Program Management Analyst or Administrative Assistant, Sr. or Data/Reporting Analyst, Sr will add new projects to the shared database and tracking system.
5. Administrative Staff will develop the contract tracking log to monitor the contract preparation process. The Compliance Staff is responsible for ensuring the contracts are prepared within the allotted timeframe.
6. Once documentation is provided by funded project sponsor/agency, the Program Management Analyst will review documentation to determine whether the project activities are consistent with the approved application for funding. If substantial change and/or revisions are requested, Program Management

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- Analyst must prepare notice of change for the Program Operations Manager or Director's review.
7. Program Management Analyst must determine if additional environmental assessment/clearance is required for approved project activity. If required, the Program Management Analyst must complete the Environmental Clearance Checklist form for submission and approval by Programs Operations Manager.
 8. All contracts must be prepared in accordance with the approved boilerplate for Part I and Part III. Part II will be completed by DGCD.

Project Sponsor

Project Sponsors play an essential role in providing HOPWA housing and support services to the HIV/AIDS population. Each Project Sponsor is responsible for programmatic, administrative, and fiscal responsibilities and other HOPWA related duties as specified in the executed written contracts. The following represents some of the Project Sponsor responsibilities.

Project Sponsor Required Policies

Affirmative Marketing Plan	Anti-Discrimination	Activity Specific Implementation
Conflict of Interest	Confidentiality Compliance	COVID-19 Waiver
Disbursement	Equipment Disposition	Equal Access Rule
Financial Management	Grievances	Housing Quality Standards (HQS)
Procurement	Waitlist Policy for (TBRA, STRMU, FBH)	Violence Against Women Act (VAWA) Policy
Duplication of Benefits	Participant Termination Policy	Record Retention

Project Sponsor Responsibilities

1. Sign their HOPWA executed written contracts.
2. Comply with all federal, state, and local regulations, policies, standards, and guidelines as specified in the executed written contract and this policy manual.
3. Manage program funds in compliance with HUD regulations and charge costs to the appropriate contract budget line item. Current and historical spending data should be used for service planning purposes. Throughout the program year, Project Sponsors should monitor expenditures to assure funds are available and not depleted prematurely. For example, service allocations could be divided monthly (1/12). In this way, Project Sponsors could determine the balance of available funds based on over- or under-spending in each month and adjust current spending accordingly.
4. Ensure all costs are reasonable, allowable, and documented.
5. Prepare and submit HOPWA budgets using the budget narrative and the budget summary formats provided as part of the contract templates. This budget is subject to programmatic and administrative review. (This happens first prior to contract execution)
6. Maintain and submit back-up documentation for all expenditures the Project Sponsor is charging to HOPWA.
7. Process invoices for reimbursement timely.
8. Maintain registration with System for Award Management (SAM) and provide evidence as required. Federal funds may not benefit parties excluded from participation through debarment. In addition, all proposed Contractors, Subcontractors and Sub-tier contractors, if applicable, must be verified on SAM in the same manner as the grant recipient or prime contractor. It is required that every business renew its SAM registration at least once a year. The SAM registration will notify registered users 15 days, 30 days, and 60 days prior to expiration. (<https://sam.gov>). This is a responsibility to meet first as a prerequisite and then maintain compliance with that criterion.
9. Submit program and financial reports monthly, quarterly, yearly timely as mandated by the Project

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Sponsor manual, executed written agreement and this manual. These reports are to meet HUD's reporting requirements, measure the progress of the HOPWA program, evaluate the program's impact, and exercise general monitoring. Failure to submit these reports is a material breach of the Project Sponsors' grant agreements with the City.

10. Ensure that they adhere to approved budgets and must submit request to make changes.
11. Must have and maintain updated organizational program policies and procedures as requested by DGCD, HUD or other designated authority.
12. Ensure staff are appropriately trained.
13. Required to have at least 1 employee complete the HUD Financial Management Training and will renew their certification annually by achieving an eighty percent (80%) passage rate. Once completed Project Sponsors will forward certificates of completion to the assigned Programs Management Analyst.
14. Ensure Programmatic, administrative, and fiscal data is securely maintained as mandated in their data breach and confidentiality policy (must adhere to DGCD's policy)
15. File Internal Revenue Service (IRS) Form 1099 for TBRA, STRMU, FBHA, and PHP rent payments to individuals and partnerships. If a Project Sponsor makes rent payments of \$600.00 or more to property owners in any calendar year, then they must report this to the IRS on form 1099-MISC, Box 1, "Rents" (Revenue Rule 88-53). To comply with this requirement, Project Sponsors must obtain the taxpayer identification number (TIN), social security number (SSN), or employer identification number (EIN) of all entities to which it will make rent payments. To accomplish this, Project Sponsors must issue IRS Form W-9 to all property owners. Form W-9 must be completed and returned to the Project Sponsor before any rent payments are made. Form 1099- MISC must be completed and issued to each "person" who has been paid \$600.00 or more in rent every calendar year. Persons include individuals and partnerships. Form 1099-MISC must be issued to the property owner by January 31st and submitted to IRS no later than February 28th. Form 1099-MISC does not need to be issued to corporations or utility vendors. Copies of IRS Forms W-9 and 1099-MISC as well as detailed instructions on their completion can be obtained from the IRS website.
16. Safeguard against conflicts of interest. In addition to the conflict of interest requirements in 2 CFR §200.317 (for recipients and subrecipients that are States) and 2 CFR §200.318 through §200.326 (for recipients and subrecipients that are not States), no person who is an employee, agent, consultant, officer, or elected or appointed official of the Project Sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or for those with whom they have family or business ties, during their tenure or for one year thereafter. Project Sponsors should have policies in place that identify and handle real or potential conflicts of interest on the part of board members, staff persons, and other representatives of the organization, such as volunteers. HUD requires such a policy, which are often part of an organization's "code of conduct" for board, staff, and volunteers. It is advisable to have a copy signed by all members listed above on an annual basis.
17. Project Sponsors expending \$750,000.00 or more in Federal awards (from all Federal sources) in a fiscal year must have a Single Audit completed within 9 months from the end of the fiscal year. Project Sponsors must submit their Single Audit to the Federal Audit Clearinghouse (FAC) and to the assigned Programs Management Analyst. When submitting the Single Audit to the assigned Programs Management Analyst the submission confirmation from the Federal Audit Clearinghouse is required.
18. Adhere to procurement protocols. Project Sponsors must submit their Agency's procurement policies so DGCD may approve the policies to ensure that the process adheres to HUD mandates. DGCD at its discretion is mandating that Project Sponsors adhere to the City's procurement process. [See pages 75-76.](#)
19. Must track program income, which will be reviewed and tracked by program staff during the monthly desk audit for reimbursements and quarterly by fiscal staff.
20. Project Sponsors cannot acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under §574, or commit or expend HUD or local funds for such eligible activities

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under §574, until the responsible entity (as defined in §58.2) has completed the environmental review procedures required by §58 and the Request for Release of Funds (RROF) and Certification have been approved. HUD will not release grant funds if DGCD commits grant funds (i.e., incurs any costs or expenditures to be paid or reimbursed with such funds) before a Project Sponsor submits and HUD approves its RROF (where such submission is required). Project Sponsors must supply all available, relevant information necessary for the responsible entity to perform for each property any environmental review required by §574.510. Project Sponsors must also carry out mitigating measures required by the responsible entity or select alternate eligible property.

Environmental Review

The City of Atlanta serves as the responsible entity (RE) for the Department of Housing and Urban Development (HUD) Environmental Reviews within the metropolitan Atlanta area. The Office of Entitlement and Competitive Compliance is responsible for processing environmental reviews for City Implementing Departments, Atlanta Continuum-of-Care, the Atlanta Housing Authority, and various grantees.

The environmental review process is coordinated with the City of Atlanta DGCD and City Planning Department of Historic Preservation. The purpose of the environmental review process is to ensure that activities undertaken with federal funds do not cause damage to the environment. The environmental review process provides the public with an analysis of the immediate and long-term specific impacts of a proposed project on the surrounding physical environment. The City of Atlanta's goal is to notify the public of any potential environmental impact and encourage citizen participation. The purpose of Section 106, Historic Preservation analysis is to insure federal funded project do not negatively impact historic properties. A Section 106 analysis must be conducted prior to the completion of an environmental review. All requests for environmental reviews must be accompanied by a completed Section 106 review. The implementing department or agency must request a Section 106 review from the Department of City Planning, Office of Design – Historic Preservation Division, City of Atlanta Historic Preservation Professional (THE CITYHPP).

The environmental review process begins with an analysis by the Office of Entitlement and Competitive Compliance, Environmental Compliance Specialist, to determine the level of review required for all HUD funded projects. Implementing departments/agencies cannot expend funds (public, private, state, local or federal) on any projects until the appropriate level of environmental review has been completed and signed off by authorizing official. The implementing departments/agencies are notified when a project has fulfilled all environmental requirements and at that point the project can proceed.

Environmental Reviews (ER) are carried out in both the Office of Programs Operations and the Office of Entitlement and Competitive Compliance. Project Sponsors are responsible for completing an ER request, including full scope of work and total project costs, and submitting it to the assigned Management Analyst and to the Grants Management email (gmenvironmentalreview@atlantaga.gov). ERs are requested using the ER Request Form. Doug Young Design Director (DGCD SHPO Reviewer of Section 106 – Historic Preservation) is to be simultaneously copied on these communications via dyoung@atlantaga.gov. All assisted activities require Section 106 review except projects that are exempt or 'categorically excluded not subject to' under HUD regulations (24 CFR Parts 50 and 58) or that are determined by HUD to have "No potential to Affect Historic Properties" as defined at 36 CFR 800.3.

The level of environmental review will be dictated by the project activity that requires the higher level of review. For example, if one activity in a project requires an environmental assessment then the entire project must be assessed at this level of review. Regardless of whether the level of review is determined to be exempt, categorically excluded, or an environmental assessment, these "other requirements" must also be documented for compliance.

Public Services Environmental Review Request Form

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This form is for activities that have no environmental impact. Examples include administrative costs, supportive services, and Tenant Based Rental Assistance (TBRA)

Construction Environmental Review Request Form & Section 106 Historic Preservation

This form is for activities such as construction, rehabilitation, and other activities that may have an impact on the environment.

Categories of Environmental Review

Exempt Activities and Categorically Excluded Not Subject To 58.5

This level of review includes activities that will not alter or have a physical impact on the environment. Examples of projects that will fall into this category are as follows: administrative expenses; tenant-based rental assistance; project design and engineering costs; etc. Requirements: 7-10 WORKING DAYS for preparation and execution

Categorically Excluded Activities, Subject To 58.5

Review of activities that typically replace or improve existing facilities or structures – minor to moderate rehabilitation. These activities include a more detailed review that may require advertising if there are impacts to the environment.

Examples of projects that will fall into this category are as follows: owner-occupied rehabilitation; rehabilitation of vacant single family or multi-family properties; disposition of property; demolition; project based rental assistance; master leasing; upgrading existing public facilities; Park improvements; ADA improvements; business improvement loans; etc. Requirements: 10-15 WORKING DAYS if they revert to exemptions A MINIMUM OF 37 DAYS – 15 days for preparation of assessment 22-day review period from legal advertisement

Environmental Assessments

Involves the most detailed level of review where the report examines the proposed activity's impacts upon the existing environment and conversely, the environment's possible impacts on the completed project. The resulting findings of the findings are legally advertised, abstracts of the assessments are mailed to councilpersons and NPU's and the public is invited to comment.

Examples of projects that will fall into this category are as follows: new construction; significant land use changes. construction of industrial complexes or new recreation centers in parks; acquisition and acquisition/reconstruction. Requirements: A MINIMUM OF 45 DAYS - 15 days for preparation of assessment 30-day review period from legal advertisement

NOTE: Completion times for ERs are estimates and Project Sponsors should factor in additional time for potential delays as volume of requests may change these estimates. Additionally, projects requiring acquisition, rehabilitation and other levels of construction must factor in 30 days for Historic Preservation Section 106 review.

Special Conditions

For all reviews that result in the placement of special conditions upon project; clearance of the conditions and development of a mitigation plan are the responsibility of the implementing departments/agencies. When conditions are placed on properties, it triggers compliance with 40 CFR 1505.2(c). This regulation states how mitigation measures and conditions must be handled:

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Mitigation Measures and Conditions [40 CFR 1505.2(c)]

These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan. A copy of the implementing departments/agencies mitigation plan must be provided to the Environmental Compliance Specialist to be incorporated into the environmental review record. The three environmental laws that have the potential to impose special conditions are: Historic Preservation – Section 106, Noise Hazards and Floodplains/Wetlands management.

Historic Preservation

All program activities that will affect or have the potential to affect historic properties are forwarded to and reviewed by the City of Atlanta Historic Preservation Professional (THE CITYHPP) under the auspices of its Programmatic Agreement with the State Historic Preservation Office (SHPO) prior to the initiation of rehabilitation activities. All requests for environmental review must be accompanied by a completed Section 106 review. Any conditions placed upon the project by the THE CITYHPP, that can be cleared, must be cleared prior to submitting a request for environmental review. If Historic projects, per the Programmatic Agreement, triggers consultation with the State Historic Preservation Office (SHPO), a Memorandum of Agreement between the City, the SHPO and the ACHP that describes mitigation measures must also be prepared and executed.

Requirements: Standard Section 106 - Completion of this process is determined by THE CITYHPP SHPO Consultation - A MINIMUM of 6 months

Noise Hazards

Environmental Compliance Specialist will evaluate project and notify the implementing where the exterior noise level is above 65 decibels but not higher than 75 decibels a specific noise attenuation plan showing the sound transmission classification (STC) ratings for building materials must be developed prior to approval of environmental review. Activities with noise levels higher than 75 decibels will be denied funding.

Requirements: 5 – 7 Business Days upon receipt of noise attenuation plan.

Flood Plains/Wetlands

Additional review time is needed to process projects located in floodplains or wetlands. When projects are in floodplains or wetlands, it is necessary to run an additional advertisement notifying the public of the effect the project will have on the floodplains or wetlands and how this effect will be mitigated.

Requirements: Additional 30-day review and comment period beyond Environmental Assessment time. departments/agencies if there is an issue with exterior noise. All program activities

Phase I Environmental Site Assessments

The Phase I is used in determining whether a past release of hazardous substances or petroleum products has occurred or if there is a material threat of a future such release, on a property proposed for use in a commercial transaction or development proposal. Implementing departments/agencies submitting a request for environmental review of a large-scale project – construction/reconstruction of multifamily housing; 5 or more single family homes within 2,000 feet of each other; economic development – the request must be accompanied by a Phase I Environmental Site Assessment. Requirements: 45 WORKING DAYS

Additional guidance on Environmental Reviews can be found at <https://www.hudexchange.info/programs/environmental-review/>

ADMINISTRATIVE EXPENSES

As defined in 24 C.F.R. § 574.3, administrative costs are 'costs for general management, oversight, coordination, evaluation and reporting on eligible activities.' The definition further clarifies those administrative costs 'do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the delivery costs of such activities.' Administrative costs for the grantee and project sponsors, are not to exceed three percent

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(3%) of the annual HOPWA allocation to administer the program locally, including the cost of general management, oversight, coordination, program evaluation, and reporting on all HOPWA funded services; and seven percent (7%) for administrative costs incurred as part of the delivery of HOPWA Services.

All personnel funded through the HOPWA grant must carefully track their time and record their activity in sufficient detail to document it as an allowable project activity cost or administrative cost. Project Sponsors should document all employee activity via a time sheet and personal activity report that is completed and signed by the employee and supervisor monthly.

Personnel Activity Reports (PARS)

The predominate cost associated with providing housing counseling services under a grant is personnel compensation. Organizations must maintain reports that identify the distribution of work activities for each employee (professionals and nonprofessionals) whose compensation is charged, in whole or in part, directly to awards. In addition, organizations must include work activities of employees who perform two or more functions or activities.

Reports maintained by non-profit organizations to satisfy these requirements must meet the following standards: The reports must reflect an after-the-fact determination of the actual activity of each employee. Budget estimates (i.e., estimates determined before the services are performed) do not qualify as support for charges to grant awards.

- Each report must account for the total activity for which employees are compensated and that are required to fulfill their obligations to the organization.
- The reports must be signed by the employee, or by a responsible supervisory official who has firsthand knowledge of the activities performed by the employee. The distribution of activity should represent a reasonable estimate of the actual work performed by the employee during the periods covered by the reports. It is suggested that both the individual employee and the responsible supervisory official sign the report.
- The reports must be prepared and completed by individual employees and signed by the agency manager each pay period or once each month if the report coincides with one or more pay periods. No report should encompass partial pay periods.
- Charges for the salaries and wages of nonprofessional employees, in addition to the supporting documentation, must also be supported by records indicating the total number of hours worked each day maintained in conformance with the Fair Labor Standards Act (FLSA) (29 CFR Part 516). For this purpose, the term "nonprofessional employee" shall have the same meaning as "nonexempt employee," under FLSA.
- Salaries and wages of employees used in meeting cost sharing or matching requirements on awards must be supported in the same manner as salaries and wages claimed for reimbursement from awarding agencies.
- Additional guidance on ensuring your PAR complies with HUD regulation, Project Sponsors should reference <https://files.hudexchange.info/resources/documents/Housing-Counseling-Model-Personnel-Activity-Reports-OMB-Circular-A-122.pdf>

MONITORING

Ultimately, the grantee is responsible for all project activities and project sponsors funded with HOPWA, as well as responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements in 24 CFR, Part 574.500(a). Effective management and oversight is fundamentally a collaborative process among the grantee, project sponsor, and HUD, with all entities working towards achieving program goals. The primary objective is to establish a constructive relationship which allows the grantee, the project sponsor, and HUD to work together to manage limited resources and nurture quality housing programs for

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low-income individuals and families living with HIV/AIDS.

Ongoing oversight and performance assessments helps the grantee and the project sponsor ensure that projects are effective and that sponsors run them in compliance with program guidelines. With active oversight of performance, financial systems, and specific activities, the grantee can determine if a project is effectively meeting the housing-related needs of persons living with HIV and AIDS in a community. The grantee will perform two types of monitoring: desk monitoring where financial and other information may be reviewed via mail or by performing on-site monitoring visits.

Before an announced, on-site monitoring visit by the City of Atlanta, agencies should submit the following documentation: most recent financial audit, budget, balance sheet, job descriptions of key employees of the organization (i.e. Program Coordinator, Case Manager, Executive Director, Financial Manager), organizational chart, cash flow chart, income statement, accounting manual, and any other documentation the City of Atlanta may in the future deem necessary to successfully monitor Project Sponsors for HOPWA grant compliance.

Below are some of the reasons for monitoring the use of HOPWA funds and the outcomes achieved:

- Ensure compliance with HOPWA and other Federal requirements
- Evaluate organizational and project performance
- Ensure effective use of resources
- Ensure production and accountability
- Ensure responsiveness to community needs
- Identify potential compliance issues before they become serious violations.

DGCD staff performs in-depth, limited, remote, on-site monitoring or a combination of monitoring types at least as necessary to ensure that federal funds are used for authorized purposes in compliance with laws, regulations, DGCD's internal process and the provisions of any recipient's executed written contract/agreement and those performance goals are achieved. In general, monitoring will emphasize evaluations of progress, program performance, financial management systems, general management practices, record keeping/reporting and compliance with applicable regulations and procedural requirements.

Performance will be measured against project timetables, budgets, goals, performance standards and objectives specified in any written contract or agreement executed between DGCD and any Sub-recipient. Effective monitoring ensures contractual compliance, prevent/identify deficiencies, highlights areas of concern, design corrective actions to improve or reinforce program participant performance and provides technical assistance as needed.

Monitoring also provides opportunities to identify program participant accomplishments as well as successful management/implementation/evaluation techniques. If the identification of problem areas occurs, corrective action will be handled by discussion, negotiation, or technical assistance in a manner that maximizes discretion to improve performance. Substandard performance as determined by DGCD, HUD, Office of Inspector General or other federal agency will constitute non-compliance with the executed contract/agreement.

If the Project Sponsor does not correct such substandard performance within a reasonable time after notification by DGCD Staff, then initiation of the suspension or termination procedures of the contract/agreement may occur. Additionally, DGCD will consider what sanctions are appropriate as listed in 2CFR 200.338 to 2 CFR 200.342 and legal remedies listed in the executed written agreement/contract.

Monitoring System: DGCD will carry out monitoring activities with Compliance as the lead division. Annually, the assignment of an individual staff member as a Program Management Analyst, Financial Analyst and the

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respective Project Sponsor or assigned team in receipt of the City's Federal Program funds occurs.

The monitoring system will include:

- Checklist: DGCD staff will use monitoring tools/checklist.
- Risk Analysis of Sub-recipient: Existing and new sub-recipients will be evaluated to determine the potential risk in the administration and implementation of grant allocations. This process identifies the program areas to be covered, those SR and activities that represent the greatest vulnerability, ranking the order of the SR's monitoring and the depth of the monitoring review.
- Monitoring Schedule: The Office of Entitlement and Competitive Compliance will develop a monitoring schedule for each project assigned and coordinate this schedule with the Project Sponsor. Project Sponsor is to be monitored on-site at least once per program year or depending on the program, as necessary.
- Financial and Programmatic Progress Reports: Sub-recipient fiscal and progress reports are routinely required in all written sub-recipient agreements. Additionally, a monthly project management report will be maintained with current information on the activity of each federally funded project. This information will be compiled and maintained by staff on a consistent and regular basis.
- Data Analysis: Prior to monitoring, Program Operations and Administrative and Technical Fiscal staff will review certain documentation depending on the program area such as but not limited to correspondence, previous monitoring review conclusions, disbursement requests, policies and procedures, copies of audits, application for funding, and written agreement(s) or request the SR to submit additional information.
- Procedures for Reviewing Financial Management and Procurement: A monitoring check-list form has been developed to review how sub-recipients are managing the financial aspects of projects for which funds are being disbursed. Special attention is given to program income guidelines, administrative cost expenditures, identifying needs for and provision of technical assistance, financial analysis capabilities, receipt, and review of the Single Audit/OMB A-133 audit report(s), as well as monitoring of sub-recipient procurement practices.
- Training and Technical Assistance: A training and technical assistance program has been developed and implemented for recipients, as well as for those who have been identified as high risk. High risk sub-recipients may include new and or previous sub-recipients. This program will specifically address the needs of federally funded sub-recipients in the administration of grant or loan funds and the understanding of relevant Federal regulations and requirements governing the use and management of these funds. A Program Manual outlining program procedures, requirements, and regulations has been developed as a reference tool.
- Procedures for Correcting Deficiencies: The results of all monitoring are communicated, in writing, to the Agencies being monitored to inform them of areas of concern or non-compliance and suggest methods of correction. Follow-up technical assistance is also provided to ensure full compliance with all statutory and regulatory mandates.

DGCD also gathers valuable information from the following source data:

- Review of monthly submissions of disbursement requests invoices and accompanying documentation and reports. Regular performance and outcome reports submitted per grant agreement
- Community and participant feedback regarding the project
- Information obtained from program participant records
- Written policies and procedures
- Activity records
- Financial records (especially time accounting records related to HOPWA program payroll costs)
- Third party project evaluations

As part of the oversight plan, DGCD carefully examines its Project Sponsor's past performance, basic elements

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listed in the Project Sponsor's HOPWA Policy and Procedure manual and conducts a risk assessment to identify which Project Sponsors require a comprehensive on-site monitoring for the contract period. All HOPWA Project Sponsors receive an on-site monitoring visit at least once in a two-year contract cycle. Additional monitoring may be conducted as needed to ensure HOPWA Project Sponsors comply with HOPWA agreements with the City of Atlanta.

Basic elements include but is not limited to the following:

- Client eligibility/ Eligibility and Household Composition Documentation
- File retention
- Procurement
- Fair Housing and Equal Opportunity/ADA
- Client confidentiality
- Policies
- Written Agreements Between Sponsors and Sub-recipients or Contractors
- Housing Assessments/Plans
- Conflict of Interest
- Rent Calculation and Re-certification/ Comparable Rents Checked/Reasonableness
- Leases
- Housing Quality Standards
- Use of Fair Market Rents
- Lead Paint & Fire Safety
- Participant Termination Policy
- Annual Reporting and Outcomes/ Accuracy and Timeliness of Reports
- Performance and Outcomes
- Time Limits
- HOPWA Agreement Form

DGCD will schedule and send notification for any on-site monitoring visit. Upon arrival, HOPWA sponsor should provide an appropriate space that allows for review of confidential client files, an opportunity to interview program staff, with other designated staff, and review of documentation that was not provided or available prior to the monitoring visit. On-site monitoring visits may be scheduled, with advanced notice, at any time to assure program compliance.

DGCD will use a sampling procedure based on consideration for all unresolved deficiencies remaining from a previous monitoring, new HOPWA activities being undertaken, and/or the extent of any HOPWA program activities considered high-risk. DGCD reserves the right to conduct additional on-site monitoring visits if the results of sampling reviews raise questions concerning its Project Sponsors level of compliance.

Notification to the Program Sponsor

DGCD communicates with its Project Sponsors to establish a date for onsite monitoring visit. Once a date has been set, a formal written letter is sent. Unless there are extenuating circumstances, DGCD sends the letter at least two weeks prior to the on-site monitoring visit. The letter outlines the monitoring schedule, identifies areas to be reviewed, and the names and titles of staff conducting the monitoring. The letter also requests that necessary sponsor staff be available during the on-site visit and confirms the need for any required services (e.g., conference rooms, telephones, computers, access to electronic recordkeeping systems). For either on-site or remote monitoring, the letter identifies specific information to be submitted and a timeframe for submission.

Entrance Conference

The purpose of the entrance conference is to explain how the monitoring will be conducted. During the entrance conference and introductions, DGCD expects Project Sponsors to identify key staff who will assist the reviewer(s)

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during the monitoring visit. The reviewer uses this time to confirm any interviews with staff or consumers, schedule unit inspections and verify all HOPWA activities being reviewed and confirm how access to files and work areas has been granted. Throughout the on-site visit, DGCD staff will maintain an on-going dialogue with Program Sponsor.

Exit Conference

At the end of the on-site monitoring visit, staff conducts an exit conference with the appropriate HOPWA Program Sponsor staff to discuss preliminary conclusions. The exit conference provides an opportunity for the project sponsor to correct any misconceptions or misunderstandings on the reviewer's part. It is also an opportunity to confirm the accuracy and completeness of the information used to form the basis for the monitoring letter and report. Lastly, Project Sponsors are afforded an opportunity to provide additional information that may clarify or support their position.

Monitoring Report/Conclusions

As a result of the on-site monitoring, the Department of Grants and Community Development may reach the following conclusions that are supportable, defensible, and adequately documented.

- Performance was adequate or exemplary
- There are concerns identified that need to be brought to the attention of sponsor
- Staff may need to complete a performance improvement plan
- There are findings that require corrective actions
- Technical assistance was provided or is needed

Findings/Concerns

The reviewer will validate if there is sufficient documented information and/or evidence to support a finding of noncompliance. The Program Sponsor should assist the reviewer in determining the reason why a requirement was violated or provide evidence of compliance. Where deficiencies are identified as a finding, the finding will include the condition, criteria, cause, effect, and required corrective action.

- The condition describes what was wrong
- The criteria cite the regulatory or statutory requirement
- The cause explains why the condition occurred
- The effect describes what happened because of the condition or what could happen
- The corrective action identifies the action(s) needed to resolve the problem and, unless inapplicable or there are extenuating circumstances, should include the time frame by which the sponsor is to respond to the finding.

DGCD suggests or recommends actions that the project sponsor can take to address the concern, so that the concern does not become a finding in the future.

Within 45 days after completion of the on-site monitoring, DGCD sends written correspondence to the Project Sponsor describing the results in detail the areas that were covered and the basis for the conclusion. The written report clearly identifies strengths, weaknesses, and areas of concern. DGCD regularly provides opportunities for follow-up visits and technical assistance as needed.

The Director of Entitlement and Competitive Compliance and the Compliance Manager assesses the quality and accuracy of on-site monitoring and provides assurance that reviewer(s) are making appropriate, supportable judgments and drawing conclusions so that project sponsor have a clear understanding of the City's evaluation of its performance for the time period and files reviewed.

When findings are identified, in general, the Project Sponsor will have 30 days to respond with a corrective action

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plan. This allows DGCD an opportunity to evaluate the effectiveness of the monitoring efforts and to determine if the corrective actions are appropriate for the identified deficiencies. If the project sponsor fails to respond within the 30 days, and does not request an extension prior to the deadline, a follow-up reminder is sent. If there is no response to the follow-up letter, a warning letter of a failure to comply with possible consequences, is sent to the Project Sponsor.

Remedies for Sanctions- Noncompliance

If a HOPWA Project Sponsor fails to comply with Federal statutes, regulations or the terms and conditions of a HOPWA contract, DGCD may impose sanctions and/or additional conditions. If DGCD determines that noncompliance cannot be remedied by imposing additional conditions, DGCD may take one or more of the following actions, as appropriate in the circumstances as described in 2 CFR § 200.207 Specific conditions. If the Federal awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions, the Federal awarding agency or pass-through entity may take one or more of the following actions, as appropriate in the circumstances:

- Temporarily withhold cash payments pending correction of the deficiency by the non-Federal entity or more severe enforcement action by the Federal awarding agency or pass-through entity.
- Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
- Wholly or partly suspend or terminate the Federal award.
- Withhold further Federal awards for the project or program.
- Take other remedies that may be legally available.

CONTRACT CLOSEOUT

An important step of completing grants management is to process grant closeouts. Grant closeout requires HUD to determine that all applicable administrative actions and all required work of the grant have been completed by the grantee. The closeout process is guided and governed primarily by 2 CFR 200.344, which lays out specific steps and obligations for both HUD and the grantee. If the grantee fails to complete the requirements in 2 CFR 200.344, HUD will proceed to close out the grant with the information available. Project Sponsors are responsible for ensuring compliance with Project Closeout and adhering to DGCD requests to ensure efficient closeout.

Process:

Management Analyst assigned will provide Project Sponsor a Contract Closeout letter within 30-60 days after the end date of your contract requesting all financial, performance and other reports requires as a condition of the Contract.

- Brief Description of Project
- Grand total of all Awards under the contract (including any amount reprogrammed/rescinded)
- Total Dollar amount reimbursed
- Total Dollar amount rescinded (if applicable)
- Summary of accomplishments and achievements.

If the Project Sponsor does not submit all reports/ information in accordance with 2 CFR 200.344 and the terms and conditions of the Contract, DGCD must proceed to close out with the information available. If the required reports are still not received DGCD will report a material failure to comply with the terms and conditions of the Contract which could result in the Project Sponsor being ineligible for future funding.

Addressing Open Audit or Monitoring Findings

Grantees and project sponsors must comply with the audit requirements at 2 CFR part 200, subpart F. In addition,

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HUD Field Office staff engage in grantee monitoring to assess compliance with programmatic requirements. If there are outstanding monitoring or audit findings preventing closeout, the Field Office must contact OHH to alert the program office and discuss timeline for finalizing closeout. Therefore, it is understood that in some circumstances, post-award monitoring can extend through the period of performance and closeout, but if there are outstanding monitoring or audit findings (e.g., CPD monitoring findings, OIG audit findings, Single Audit findings) at the time of closeout review, HUD should not proceed to closeout the grant.

Furthermore, the closeout of a Federal award does not affect audit requirements in 2 CFR part 200, subpart F. An award may be closed before submission of a Single Audit. If, after closeout has been completed, a subsequent audit report identifies questioned costs, HUD may disallow costs and recover an amount based on sustained audit findings. The Field Office must also make OHH aware of findings issued after the period of performance.

Post-Closeout Adjustments and Continuing Responsibilities

The closeout of a HOPWA grant does not affect any of the following:

- A. The right of HUD to disallow costs and recover funds on the basis of a later audit or other review. HUD must make any cost disallowance determination and notify the grantee within the record retention period (2 CFR 200.345(a)(1)).
- B. Records retention as required in 2 CFR 200.334 through 200.337 (2 CFR 200.345(a)(6)). The obligation to follow the applicable HOPWA recordkeeping requirements at 24 CFR 574.530 and 24 CFR 91.105(h), 24 CFR 91.115(g), and 24 CFR 91.401. For formula grants, the record retention period for HOPWA is the longer of 4 years (as specified by 24 CFR 574.530) or the period specified by 24 CFR 91.105(h), 24 CFR 91.115(g), and 24 CFR 91.401. For competitive grants, the record retention period is 4 years as specified by 24 CFR 574.530.
- C. The requirement of the grantee to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments (2 CFR 200.345(a)(2)).
- D. The ability of the Federal awarding agency to make financial adjustments to a previously closed award such as resolving indirect cost payments and making final payments (2 CFR 200.345(a)(3)).
- E. The audit requirements at 2 CFR Part 200, subpart F (2 CFR 200.345(a)(4)).
- F. Property management and disposition requirements in 2 CFR §§200.310 (Insurance coverage) through 200.316 Property trust relationship (2 CFR 200.345(a)(5)) and minimum use period required by 24 CFR 574.310(c). After closeout of the HOPWA grant, a relationship created under the grant may be modified or ended in whole or in part with the consent of HUD and the grantee, provided the responsibilities of the grantee referred to in 2 CFR 200.345(a), including those for property management as applicable, are considered and provisions made for continuing responsibilities of the grantee, as appropriate (2 CFR 200.345(b)).

SECTION 5 – ENSURING ACCESS TO THE HOPWA PROGRAM

FAIR HOUSING AND EQUAL OPPORTUNITY

Fair housing laws are civil rights laws that apply to housing. All housing providers, whether they are in the private, public or nonprofit housing sector, are required to follow fair housing laws. These laws cover the entire relationship between a housing provider and an applicant/resident/tenant from the time of the initial inquiry, through application and residency, to termination and move-out. During that time, any transaction or interaction

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can give rise to a claim of discrimination. Additionally, housing providers have an affirmative responsibility under the Fair Housing Act to help their disabled applicants or residents overcome barriers to obtaining or maintaining housing. The following individuals are not considered disabled under fair housing laws:

- Individuals with a temporary disability
- Individuals who are current illegal drug users
- Individuals who pose a direct threat

Unlike state landlord tenant laws that regulate the respective roles of landlords and tenants, fair housing laws prohibit differential treatment in housing transactions based on protected class-such as race, religion or sex. Fair housing laws are analogous to other civil rights laws in the areas of employment, education, and public accommodations.

Types of dwellings that are covered by Fair Housing Laws include:

- Apartments
- Condominiums, sold or rented
- Cooperatives
- Houses, sold or rented
- Rooming Houses
- Assisted Living Facilities
- Retirement Housing
- Mobile Home Parks
- Housing Construction Sites
- Vacant Lots

All residential real estate transactions including renting, leasing, selling, advertising, lending, insurance, appraisal, etc.

Fair Housing laws include a set of federal, state, and local statutes and ordinances that protect all of us from illegal discrimination in housing, lending and homeowners' insurance. These laws include:

- **The Federal Fair Housing Act of 1968 and 1988 Amendments (FHA)** – Federal laws passed in 1968 and 1988 that prohibit discrimination in the sale, rental and financing of dwellings on the basis of race, color, religion and national origin. The 1988 amendments prohibit discrimination based on disability and familial status (the presence of children under 18 in a household). These amendments also expanded the Justice Department's enforcement authority and established HUD's ability to bring actions on behalf of the victims of housing discrimination.
- **Americans with Disabilities Act of 1990 (ADA)** – Federal law that prohibits discrimination against persons with disabilities in all services, programs and activities made available by state and local governments (Title I) and in all buildings open to the public (Title III).
- **Title IV of the Civil Rights Act of 1964** – Federal law that prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.
- **The Housing and Community Development Act of 1974** – Federal law that prohibits recipients of federal funding from discriminating on the basis of sex or gender (42 USC 5309).
- **Executive Order 13166: Limited English Proficiency** – Federal mandate that requires recipients of federal financial assistance to provide “meaningful access” to applicants and beneficiaries of their programs who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English.

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- **Section 504 of the Rehabilitation Act of 1973** – Federal law that prohibits discrimination against persons with disabilities in any program or service receiving federal financial assistance. In addition, this law requires providers to take additional steps to accommodate people with disabilities, such as paying for certain structural changes to increase the accessibility of housing and common areas.

Under fair housing laws, a policy or practice can be discriminatory even if the provider did not intend it to be. A policy that appears to be neutral and does not single out residents of a protected class can be considered discriminatory if it has a harsher impact on people who are in a protected class. For example, a “no tricycles anywhere in the complex” policy has a harsher impact on families with children.

Impermissible Rules - (disparate impact)	Valid Rules - (equal impact)
No curry permitted in apartments (disproportionate impact on South Asians)	No grills allowed on balconies. (equal impact on all residents)
No tricycles on the grounds (disproportionate impact on families with children)	No bicycles, tricycles or other items obstructing walkways and access to common areas (equal impact on all residents)
No one can play outside (disproportionate impact on families with children)	Quiet Hours after 10pm (equal impact on all residents)

HARASSMENT

HOPWA providers have a legal responsibility to refrain from threatening, coercing, intimidating or harassing applicants and residents and to ensure that their employees refrain from such activities. In addition, providers have an affirmative duty to protect their clients from harassment from other clients/staff on the basis of that individual’s inclusion in a protected class. These prohibitions include one-on-one harassment as well as the creation of a hostile environment through general acts and comments. All providers should have a policy prohibiting such harassment and procedures in place to respond to violations of that policy. All efforts to remedy client-on-client, staff-on-client, or other forms of harassment should be fully documented. Providers who have failed to remedy harassment have been found liable under fair housing laws for perpetuating a hostile environment.

REASONABLE ACCOMMODATION

There are times when an individual is unable to move into, or remain in, housing because of circumstances related to a disability. In these cases, the applicant or resident may request that the housing provider make an exception to a standard policy, procedure, rule or eligibility criteria so that he or she is able to move into, or remain in, the housing. If a tenant has an obstacle to obtaining or maintaining housing because of a disability, the tenant can request reasonable accommodation. 42 U.S.C.A. §3604(f); 29 U.S.C.A §794; 42 U.S.C.A. §§12131

All applicants and new residents should be notified in writing of their right to request reasonable accommodation. In addition to a written notice to applicants or language in the lease, such notification should also be given verbally because some individuals may have limited reading skills, cognitive limitations, language barriers, etc. Residents receiving a notice of termination should be notified again of their right to request reasonable accommodation. Providers may not require that the request be made in a specific format. A request does not have to be in writing and any RA forms that the provider gives to the resident are to benefit, not burden, the resident. Providers, however, are permitted to request verification of an individual’s disability.

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Project Sponsors should create a standardized procedure for reviewing RA requests. All reasonable accommodation requests must be considered in a timely manner and evaluated on a case-by-case basis. Some requests will demand immediate attention and ten days would be too long. Other requests could require the housing provider to assess feasibility and the extent of a possible financial and administrative burden and could legitimately take as long as several weeks. If the provider has reasons to reject a request, the provider should consult with the individual making the request to see if another strategy would also work. Recommended steps for addressing Reasonable Accommodation requests are:

Step 1. Applicant or resident approaches housing provider to request a reasonable accommodation or modification. Be alert for requests that do not use the words “reasonable accommodation” but request some sort of action or waiver of a requirement because of a disability.

Step 2. Provider may require verification of the disability and necessity of accommodation or modification from a qualified individual. The qualified individual may be a physician, nurse practitioner, physician’s assistant, psychologist, counselor, clinic, care giver, or other qualified professional. If the disability is obvious, no verification should be required; it would represent an unnecessary extra step for the individual.

Step 3. All reasonable accommodation requests should be considered on a case-by-case basis. Identify which staff reviews the requests.

Step 4. The provider must respond in a timely manner. If the response is a denial of the accommodation or modification, the provider may want to have a person in a supervisory position review and approve the denial before it is communicated to the individual.

Step 5. If the provider denies the request, the provider should make a proposal for another way to accommodate the individual. An approach which opens a dialogue is suggested.

Step 6. If no mutually acceptable solution is developed, the individual should be notified of any appeal procedures.

Step 7. Follow procedures to notify the housing provider and the Board of Directors of the denial

Step 8. All information related to the reasonable accommodation or modification request should be well documented and retained on file. Logs should be kept legibly, and documents should be maintained for at least two years, as a denied reasonable accommodation request or other alleged discriminatory act can be challenged up to two years after the date of denial.

Step 9. All information related to the request must remain confidential. Housing providers are not permitted to ask about disabilities beyond what is required to establish the existence of a disability and the efficacy of the requested accommodation or modification to address the barrier caused by the disability. Providers are not permitted to share information about disabilities without a signed voluntary release of information.

Step 10. Be sure all documents related to management plans, asset management procedures, and Board of Directors’ oversight policies include information relevant to handling reasonable accommodation/modification requests.

ACCOMMODATING JUSTIFIED ABSENCES FROM ASSISTED HOUSING

HOPWA recognizes that clients may, from time to time, experience extended hospital stays. The Program also strongly encourages clients to seek appropriate substance abuse and/or mental health treatment that may require clients to enter residential substance abuse or mental health treatment facilities.

Grantees should set a policy regarding length of absence from a subsidized HOPWA unit. Standard acceptable timeframes for absence from a Tenant-based Rental Assistance, or other long-term housing unit is a period of thirty (30) to sixty (60) days. To accommodate persons in need of extended hospitalization or residential treatment, programs should consider a Reasonable Accommodation request for longer absences (up to one hundred twenty (120) days) with appropriate documentation from a qualified professional verifying hospitalization or residential treatment.

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Clients must also notify the landlord of the approved absence and continue to pay his or her portion of the rent while absent to ensure that the landlord does not move to evict on the basis of abandonment. If the client anticipates a change in income due to treatment (i.e. treatment program fees), the client may ask, as a reasonable accommodation, for an adjustment to program rent during the period of treatment. The Program will require documentation of fees from the treatment facility.

REASONABLE MODIFICATIONS

Housing providers may be required to provide residents with reasonable modifications (physical changes to their living units) and to provide reasonable accommodations (exceptions to standard policies, procedures, rules or application criteria to enable disabled persons to live in the housing). Fair housing laws require that a disabled individual who needs to physically modify his or her housing (for example installing grab bars, a visual doorbell, etc.) be permitted to do so if there is a relationship or nexus between the problem the individual is encountering, the individual's disability, and the physical modification.

A housing provider may condition permission for a modification on the resident providing reasonable assurances that the work will be done in a workmanlike manner and that any required building permits will be obtained. Payment: If the housing provider receives federal funding, Section 504 of the Rehabilitation Act of 1973 applies and the provider is required to pay for the modification, unless the housing provider can establish that it would impose an undue financial and administrative burden or require a fundamental alteration in the nature of the provider's program. Housing providers not subject to Section 504 may, where reasonable, impose a condition that when vacating the unit, the resident will restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted. However, the housing provider should not require the resident to restore the unit to the previous condition if the modification benefits the property or is needed by another resident.

A housing provider may not require increased security deposits from persons with disabilities. However, where it is necessary in order to ensure that funds will be available to pay for restorations at the end of tenancy, the Fair Housing Act allows the owner to negotiate as part of a restoration agreement a provision requiring that the resident pay into an interest-bearing escrow account a sum not to exceed the costs of the restorations. The interest on the account must accrue to the benefit of the resident.

Determining Whether a Reasonable Accommodation/Modification Request is Reasonable:

Housing providers are required to consider all requests and grant them unless they are not "reasonable." Determining reasonableness does not mean the provider can second guess the resident's need for accommodation. A provider is permitted to contact the qualified individual who has established the resident's need for an accommodation, if necessary, to verify his or her qualifications or to confirm that the qualified individual has deemed the resident's accommodation necessary.

Denial of a Request for Reasonable Accommodation/Modification:

Providers should be aware that refusing to grant a reasonable accommodation request for a reason other than those listed below is illegal. A housing provider can deny a reasonable accommodation request for any or all of the following reasons:

- No "Nexus" or Connection Exists - The request is not made by (or on the behalf of) an individual with a disability or the need for the accommodation is not related to the disability;

Granting the Request Would Impose an Undue Financial and Administrative Burden - This could mean that the provider lacks the resources/staff capacity to make the accommodation or can show the accommodation would interfere with the right to quiet enjoyment of other residents who live in the housing.

Granting the Request Would Result in a Fundamental Alteration to the Program

The Individual Poses a Direct Threat to Staff or Residents and Granting the Request would not Eliminate or Significantly Reduce the Threat.

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VIOLENCE AGAINST WOMEN ACT (VAWA)

On March 7, 2013, the Violence Against Women Reauthorization Act of 2013 (VAWA 2013) was signed into law. The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, and stalking. These protections are available to all individuals regardless of sex, gender identity, or sexual orientation. HUD ensures that grantees comply with VAWA regulations. Thereby, all Project Sponsors must comply. VAWA protects Project Sponsors and its recipients' applicants, residents, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. Additional guidance on the VAWA requirements of Project Sponsors can be found at ---

SECTION 6 – DATA COLLECTION & REPORTING REQUIREMENTS

Federal And State Requirements

Federal and State laws that relate to the protection of protected health information including but not limited to, the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). HOPWA confidentiality requirements are set forth under the HUD regulations, 24 CFR 574.440. Client names, unique personal identifying codes and other individual information on documents must be kept confidential, as required by the HOPWA regulations. States and localities may have additional regulations regarding confidentiality requirements in addition to HOPWA, and there may be exceptions to client disclosure as required by local law.

Georgia statutory law defines AIDS Confidential Information (ACI) and makes the confidentiality requirements for the disclosure of ACI more stringent than those for other medical records. A patient's written consent is required to disclose ACI unless the disclosure is otherwise authorized or required by law.

AIDS Confidential Information is defined as information that a person:

- has been diagnosed as having AIDS;
- has been or is being treated for AIDS;
- has been determined to be infected with HIV;
- has submitted to an HIV test;
- has had a positive or negative result from an HIV antibody test;
- has sought and received counseling regarding HIV/AIDS; or
- has been determined to be a person at risk of being infected with HIV. (O.C.G.A 24-9-47 and 31-22-9.1)

According to state law, any person or legal entity intentionally or knowingly disclosing ACI in violation of the law will be guilty of a criminal offense and subject to criminal penalties and civil liability. Unintentional disclosure due to gross negligence or wanton and willful misconduct is also a criminal offense subject to criminal penalties and civil liability.

Agency Policies and Informing Clients of Confidentiality Rights

Project Sponsors are required to have written confidentiality policies and to assure confidentiality of client names, information, and records as it relates to his or her HIV-status, AIDS diagnosis, general medical history, mental health and/or substance use history. The sponsor's confidentiality policy should, at a minimum, address:

- How staff will gather, record, and store confidential information
- The consent process for the release of confidential information
- Protocols for responding to breaches of confidentiality.
- Standards contained in relevant state and federal laws
- Privacy standards related to data collection and use of participant information for program reporting, such

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as HMIS.

Project Sponsor staff must be trained on confidentiality protocols – initial training and subsequent annual in-service updates. Each employee will sign a Memorandum of Understanding of Client Confidentiality stating that he or she has received training and understands that violation of confidentiality requirements may lead to disciplinary action, dismissal from employment and possible criminal prosecution.

Clients will be educated about the project sponsor's confidentiality procedures including that access to confidential HIV information about clients will be restricted to those staff who "need to know" this information to deliver appropriate services. A "need to know" is present if the employee or agency, in order to perform properly normal job functions, must have access to the client's medical background. A "need to know" list should be maintained by the project sponsor. Clients will also be informed about the agency's policies regarding release of information to those outside the agency.

Safeguarding sensitive Personally Identifiable Information (PII)

Access to client records should always be restricted to HOPWA program staff with the "need to know" in the present time, knowledge of the client's HIV status is permitted through a release of information, and if the employee or agent must have access to the client's information to properly perform their normal job functions. Written policies should inform clients about their rights to confidentiality and disclose that all information contained in their file is confidential; employees or program funders with access to information about the client are bound by confidentiality guidelines and will not disclose this information without prior written consent. Project Sponsors/Subrecipients are required to hold annual training provide proof of the training along with sign in sheets.

Release Of Information

All information obtained in connection with the examination, care, or services provided to any client shall not be disclosed without the client's signed consent. Prior to exchanging information with any other agency or entity, HOPWA Project Sponsors must first secure a specific signed release of information identifying individuals or organizations. General blanket releases are not allowed, and project sponsors should update the release on file at least annually. In the absence of specific written authorization, no information identifying an individual's HIV status may be disclosed by the HOPWA Project Sponsor to ANY individual or organization. An original signed and dated copy must be maintained in the client file.

Clients have the right to give consent freely and voluntarily; however, the client should be informed that HOPWA assistance is contingent upon the consent to the disclosure of his or her HIV/AIDS status and household income to the case manager.

Secure Communications

Care must be taken to assure confidentiality by having the project sponsor's correspondence, envelopes, and checks to landlords, utilities, etc., not reveal that the client is receiving assistance due to HIV/AIDS. This can be accomplished by establishing a checking account for the provision of HOPWA assistance using a neutral account name such as "Housing Fund" or "Assistance Fund." No material which directly discloses a client's name and HIV/AIDS status, or indirectly by identifying the client as a HOPWA applicant or client, should be transmitted by email unless the client expressly consents to such a transmission, and fax transmissions of information should be allowed by using a confidential fax machine only. Personal client concerns or situations should never be discussed where other people might overhear the conversation (i.e. public areas).

Access to Records

DGCD Grants and Community Development provides the awarding agency, Inspectors General, and the Comptroller General of the United States or any of their authorized representatives the right of access to any documents, papers, or other records of the City of Atlanta and the Department of Grants and Community Development which are pertinent to the Federal award, in order to make audits, examinations, excerpts, and

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transcripts. The right also includes timely and reasonable access to the City of Atlanta and the Department of Grants and Community Development's personnel for the purpose of interview and discussion related to such documents. Consistent with applicable state and local laws regarding privacy and obligations of confidentiality, the subrecipient also must provide citizens with reasonable access to records on the past use of federal funds.

Maintaining an inventory of records will allow for the identification of records that may be at the end of the retention period. All records are stored in a secured HIPAA compliant site of the City of Atlanta Department of Grants and Community Development. Prior to the destruction of records, a written request must be made to THE CITY Supervisor of Records. Once the written request is approved, the Department of Grants and Community Development can choose a method of destruction or recycling and advised to choose the method of destruction carefully.

Storage Of Client Records

Client records must be stored in a locked drawer or cabinet and maintained in a central, secure area with controlled access; including during working hours. A client file, or materials intended for a client's case record, must never be left on a desk, even with the door locked, when there is no authorized staff person present. Personal client concerns should never be discussed where other persons might overhear the conversation (i.e. public areas). Agencies must create and maintain policies about creating unique identifiers, rather than utilizing client names, and specific policies for case managers removing client files from the office during home visits to ensure that records are not lost, and that they are maintained securely. Records must be stored for at least five years.

Client Access To Personal Records

Upon written request, HOPWA clients should have access to review their records and case file content. A private location should be provided to the client for this purpose within the agency. Clients should not be allowed to remove their case file from the agency; however, they may be granted photo copies of file contents upon request.

Confidentiality Requirements Upon Client Death

Upon the death of a client, it may be necessary to inform associates/family regarding the client death on a need-to-know basis. Under no circumstances will the program disclose protected health information or any information regarding the cause of death, unless mandated by state or local laws.

Program Reporting

The HOPWA program helps beneficiaries improve their health by providing stable housing as a basis for increased participation in comprehensive care. Program achievements are measured through performance reports submitted annually by program grantees.

The collection and reporting of performance data can be a challenge for grantees and sponsors of all sizes. The evaluation of this information can help inform corrective action that will enhance stable housing support for HOPWA beneficiaries. Public and private funding sources often require detailed performance reports using data sets and reporting formats, and reporting schedules that are not easily coordinated. Even so, performance reports are the most basic tool for the grantee to assess a sponsor's success. For sound HOPWA program management it is important that the sponsor provide the grantee with reports that fully and accurately reflect its work.

Project Sponsors must complete monthly accomplishment reporting by the 10th of every month, to ensure accurate data submission for Annual Progress Report to the City of Atlanta.

The timely receipt of reports from the sponsor is important to the grantee so that the grantee can meet its own reporting requirements. The timely reporting of performance data is important to HUD so that it can understand the HOPWA program's overall performance, evaluate and plan program action, and report the program's successes to Congress and the public. Overall, the process of reporting data by the project sponsor to the grantee

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and the grantee to HUD is an opportunity for the grantee to evaluate the sponsor's success in achieving program goals.

HUD measures HOPWA performance based on achievement of both program housing outputs and program client outcomes. Outputs are units of service provided, such as the number of households receiving rental assistance or case management. Outcomes measure the changes that might result from a person or household having received HOPWA assistance, such as an increase in housing stability. HUD expects grantees and sponsors to show the outcomes that result from their HOPWA activities. Problems with the untimely submission of complete and reliable reports may indicate other problems with the sponsor, including staff turnover, poor administration, or insufficient staff training. Whether a sponsor is meeting their performance goals is a good indicator of the overall success of a program. Many factors contribute to how well a sponsor meets its goals, and not all of these will be in the sponsor's control. However, exploring unexpected outcomes gives the grantee and the sponsor both an opportunity to improve HOPWA services and change a program's activities or methods.

REIMBURSEMENT POLICIES

Request for Payments or Reimbursements are due by Project Sponsor in accordance with each contract, typically that is the 15th day of each calendar month during the term of the Contract for the eligible costs incurred and paid during the preceding calendar month. The reimbursement requests shall include invoices, forms provided by the City, and any other documentation reasonably requested by the Department. Reimbursement requests shall be subject to the approval of the Department. Payment shall be made on a reimbursement request within twenty (30) working days of the date submitted to the Department. Payment shall be in the amount determined by the Department to be allowable under the contract between Project Sponsor and the City, as well as the contract between the City and HUD. Notification of ineligible costs will be submitted to each project sponsor.

Reimbursements of all funds adhere to DGCD Reimbursement Policy (SOP # 00-09)

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SECTION 7 – DETERMINING ELIGIBILITY

APPLICATION AND ASSESSMENT

HOPWA housing and services is a “needs-based” program, rather than a federal entitlement, and it is the responsibility of the project sponsor to conduct a thorough assessment of each client’s needs and strive to serve those most in need. Some agencies use acuity scales or rating scales to determine those with highest need in order to prioritize limited funding. Examples might include prioritizing homeless families or individuals, or those who are medically fragile, or those with the lowest incomes

ASSESSMENT PROCESS

Assessing the need for housing and identifying an appropriate housing intervention is the key purpose to housing case management and advocacy. The assessment process is critical in identifying the immediate needs of the client in order to stabilize them and allow for longer term planning. During the initial assessment and certification appointment the case manager should follow these basic guidelines:

- Verify the client’s current household composition.
- Verify client’s total household annual income and secure proof /written documentation.
- Confirm the client’s HIV/AIDS status by verifying documentation of a positive HIV test and/or a diagnosis of HIV/AIDS and related illnesses by a health care professional (i.e. doctor, nurse practitioner, physician’s assistant, OR a testing site representative who is authorized to cite the client’s HIV/AIDS status and provide appropriate test result documents).
- Secure a signed and specific release of information (ROI) form from all adult household members.
- Secure a completed and signed Client Participation Agreement.
- If documentation is missing, the case manager should give the client a specific period, such as fifteen (15) days in which to deliver the documentation. If a follow-up appointment is necessary it should be scheduled at that time.
- Address immediate need for shelter, food, clothing, or healthcare
- Identify potential client barriers to finding or maintaining stable housing.
- Work in collaboration with all other service providers involved with the client to assure support linkages and develop a preliminary Client Housing Stability Plan.

Prior to any HOPWA services being provided there are two basic criteria for program eligibility:

- Household must have at least one person who has HIV (Human Immunodeficiency Virus) or AIDS (acquired immunodeficiency syndrome). This includes households where the only eligible person is a minor.
- Total household gross income must be less than 50 percent of the Area Median Income Guidelines (AMI) as defined by HUD.

It is critical that sponsors must have adequate signed releases of information from HOPWA participants that allow them to obtain and store this documentation. As part of a private medical record, such information is highly confidential and protected by federal state and local laws that govern HIV status.

After the assessment and certification has been completed, and the client has been accepted for HOPWA services, the case manager should create/or maintain all documentation in an orderly manner in a confidential client file.

Client File Setup:

A client’s HOPWA file should be assigned, by the sponsor; a unique identifying number for confidentiality purposes located on or within the file AND should also include within it the following tabs:

- Release of Information
- Program Service Agreement
- HIV Verification
- Demographics: a document(s) which contains information in regard to family size, client location, date of

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first contact, date assistance started, and type of assistance given.

- Income: Income Worksheet/Verification of No Income, client's income source documentation, gross annual income worksheet, income exclusion list, expense verification form, earned income disregard (if applicable), Housing Information: Landlord Rental Agreement, eviction notice (if applicable), rent reasonableness comparison, Fair Market Rent/Utility Allowance charts (if applicable), and housing/case management plan.
- Recertification
- Safety: smoke detector certification, lead based paint acknowledgment, housing inspection form, tenant inspection checklist (if applicable)
- Grievance/Termination: the sponsor's policies must be signed and dated by the client.
- Miscellaneous: any case notes or other pertinent client information.

The tabs in client files are by no means limited to the ones listed above. Each client and their file are unique, and every effort should be made to keep everything logically organized and separated.

For a more exhaustive checklist of HUD approved, HOPWA forms that should be found in clients' files see, the following link: <https://files.hudexchange.info/resources/documents/ClientFileContentsChecklist.pdf>

HIV Verification:

All participant files must contain documentation that verifies their medical eligibility to receive HOPWA assistance. Acceptable medical documentation of HIV status includes:

- A signed and dated statement of HIV infection signed by a physician, certified healthcare worker such as a physician's assistant, or advanced nurse practitioner, or HIV testing site representative.
- A hospital discharge summary that documents HIV positive status
- A laboratory report indicating a positive HIV test (Repeatedly reactive enzyme immunoassay, Western blot or IFA, or rapid screening test).
- Social Security Administration records indicating the nature of a disability determination.
- * **COVID 19 FLEXIBILITY WAIVER available allowing source documentation to be used for initial verification of HIV status. (See Section 14 COVID 19 Flexibility and Waivers)**

Declaration of Household Status and Household Types:

At the time of initial HOPWA program enrollment and certification, and subsequent re-certifications, the eligible applicant, if living with other occupants must declare the nature of the relationship(s) as either a family unit, plutonic roommates sharing housing, or as a live-in-aide. Some project sponsors like to have the applicant sign and date a statement to this effect, but this is optional. Any change in household status thereafter should be reported to the client's case manager within 15 days, and ongoing HOPWA assistance following the change in household status may be subject to project sponsor approval. Intentional misrepresentation of household status (a material fact used in determining as to the client's eligibility to receive services) is fraudulent and may result in termination. HOPWA recognizes the diversity in households in which persons with HIV/AIDS reside. The following helps govern the types of households in which an eligible client may reside:

Eligible Person Living Alone

A household consisting of an eligible person living alone may apply for assistance based on the applicant's total income. When the applicant is an eligible person living alone, his/her total income is counted in determining financial eligibility; and the total housing costs are counted in determining the amount of allowable assistance.

Eligible Person Living in a Family Unit

Under HOPWA regulations, the definition for family is: "A household composed of two (2) or more related persons. Persons in a family may be related by ties of blood, marriage, or other legal sanctions. A person who is not a relative by blood, marriage, or other legal sanction may be considered a family member if they are important

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to the care and well-being of the eligible person with HIV/AIDS.” People who fit this definition generally meet one or more of the following criteria:

- They are an intimate partner of the eligible person, regardless of gender or marital status. They have mutually agreed with the eligible person that they will support each other financially, emotionally, and/or spiritually.
- They assist the eligible person in maintaining physical and/or mental health, yet do not live with the eligible person solely for this purpose
- They are a *minor or are an elderly dependent (i.e. legal guardianship of a member of the household)
- *An adult with custodial authority for a minor who is the HIV and income eligible must accompany the eligible minor to the intake, screening, and case management appointments. In such a case the “head of the household” is considered the custodial adult.

Eligible persons may not rent from family members. Clients may not rent a property or room from a relative or family member under HOPWA assistance. Regulations state that rental assistance cannot be approved for a “unit if the owner is the parent, child, grandparent, grandchild, sister, or brother of any member of the family.”

HOPWA does not permit couples to present as roommates for the purpose of securing federal housing benefits if the couple presents as a family in their personal life.

Eligible Person Living with a Roommate – Shared Housing

A roommate relationship is established for the purposes of sharing housing costs (mortgage, rent and/or utility bills) in exchange for a share of the space available in the living unit. When the applicant is an individual with a roommate(s), this is classified as shared housing. In the case where two (2) or more unrelated persons live together as roommates, the individual(s) not eligible for HOPWA assistance will not receive any compensation as a result of the housing assistance awarded to the eligible person.

Clients living in group homes and other institutional settings are also classified as living in shared housing. Persons living in group homes, or another institutional setting may qualify for HOPWA assistance if rent is being charged for the unit and the unit is not subsidized by another program for the same costs as HOPWA pays. All adult roommates must have verifiable proof of residency in the HOPWA-assisted unit and be listed on the lease or rental agreement as approved by the landlord to live there; however only the HOPWA-eligible person's income is counted when assessing income eligibility. Rent and utilities must be prorated among roommates.

For example, if a client has two (2) roommates and is residing in a three (3) bedroom rental unit, the rental portion subject to assistance under the HOPWA program would be the lesser amount of one-third (1/3) of either the

- a) actual asking rent by the landlord, (including utility allowance permitted for the unit type and size) or
- b) the HOPWA program’s rent/payment standard for a three-bedroom apartment (including utility allowance permitted for the unit type and size)

If more than one person in a roommate relationship is eligible for HOPWA assistance, each must apply separately based on individual income and prorated housing costs.

Household with a Live-in Aide

A live-in aide compensated for providing care to the eligible person with HIV/AIDS, or another disabled or elderly member of the eligible person’s family, is not considered a family member or a roommate. A live-in aide is defined as a person who resides with a disabled or elderly person who meets all three of the following criteria:

- Is determined to be essential to the care and well-being of the person(s)
- Is not obligated to support the person(s)
- Would not be living in the unit except to provide necessary supportive services They are entitled to a separate bedroom in a HOPWA housing subsidy situation.

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- A Family Member Cannot Be Considered a Live-in Aide. A family member cannot be considered a live-in aide, even if that person is the sole caregiver to the other.

Proof of Live-in Aide Status:

In order to declare a person as a live-in aide, not subject to income verification as a member of the family unit or treatment as a roommate, the applicant must certify that such person's services are being provided through a service contract and supported by the following documentation:

- The live-in aide is qualified to provide the needed care documented by copy of state licensing or certification or, in absence of such documentation, certification by the aide's employer and physician that the aide is qualified to provide needed care.
- The live-in aide was not part of the household prior to the need for such care arising.
- There is no other reason for the aide to reside in the unit than to provide such care (documented by a copy of the contract for services through a third party).
- The aide and the client maintain separate finances (documented by the aide and client through bank statements). Such certification, and supporting documentation, should be submitted to the Housing Coordinator for review and formal approval.

Income Verification:

HOPWA regulations require the total income of all household members (except were referenced above) be counted in determining financial eligibility (with certain exceptions referenced below). The total household income cannot exceed 80% of the Area Median Income (AMI) as determined by HUD, which is considered "low-income" for support services and STRMU; and, 50% AMI, which is considered "very-low-income" for TBRA and Community Residences. HOPWA rental subsidies also consider the total housing costs when determining the amount of allowable assistance and/or client rental payment portion.

HUD sets AMI levels for households in communities across the country; these numbers vary significantly depending on the economy of the area. HUD AMIs are calculated annually for individual localities and organized by number of persons in the household. In calculating eligibility, the entire household income must be taken into account, not just the income of the HOPWA eligible person. This data is updated annually and can be found at: <http://www.huduser.org/datasets/il.html>

The project sponsor should collect and maintain income verification for all adult members of a household as determined by regulations 24CFR Part 5.609. If an adult member of a household has no verifiable income, the project sponsor must have the person sign and date a statement stating that they have no income.

Ideally, income documentation should be less than 90 days old, based on the date of eligibility determination. In cases where income is consistent with the previous year, tax return forms may be used as one form of verification. Income is generally annualized over a 12 month period to take into consideration part-time or seasonal work or employment with fluctuation in wages.

- Eligibility must be re-assessed and re-certified at least annually, taking into account changes in household income or changes in composition.
- In cases of part time or seasonal employment, re-assessment can be required more often, such as quarterly or bi-annually.
- Need for short-term rent mortgage or utility assistance should involve assessment of the current income and expenses for the household each month a request for assistance is made.

Citizenship Considerations:

HOPWA regulations are silent in regard to serving households with members who are not documented U.S. citizens; however, other associated federal guidance prohibits governmental agencies and public housing authorities from providing federal housing assistance to those applicants who do not have eligible immigration status. The guidance does permit non-profit charitable organizations and religious entities to provide housing and

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services without inquiring about citizenship status, nor requiring verification of citizenship.

A mixed family is eligible for prorated assistance for housing by a governmental agency or public housing authority. Prorated assistance is a calculation of subsidy based on the number of members in the household who are citizens or have eligible immigration status.

Consideration in Serving Ex-Offenders:

HOPWA regulations are silent in regard to serving ex-offenders or clients with criminal histories; however, HUD has a priority to keep households residing in federally subsidized housing, including HOPWA, safe and free from crime. There are other associated federal guidance that prohibits governmental agencies and public housing authorities from providing federal housing assistance to two groups of applicants:

- Those who have ever been convicted of the manufacture or production of methamphetamine on the premises of federally assisted housing
- Those who are subject to a lifetime registration requirement under a state sex offender registration program.

Issues and Barriers to Housing Stability:

Case managers should be sensitive to, and attempt to proactively recognize, issues that could lead to or are causing a client's housing instability. Housing case managers will work in collaboration with all other service providers (as deemed necessary) involved with the client to identify potential issues and barriers relating to individual client's housing stability throughout their program participation. If housing and medical or care case managers are not one and the same, HIV case managers perform in-depth psychosocial assessments, which include the development of a care plan aside from the housing plan, related to the disease, mental health and/or substance abuse and the provision of such related care and treatment. They can provide the housing case manager with information about client-related factors that may become a barrier to the client's housing stability. Some examples of issues or barriers might include:

- Failure to make timely housing-related payments
- Poor money management skills
- Deteriorating health such as HIV-related fatigue and dementia,
- Untreated or under-treated mental illness
- Lack of life skills for independent living
- Disruptive behavior resulting in loss or damage to property and disturbance of neighbors.
- Family violence histories
- Criminal histories
- Lack of credit
- Lack of documentation of U.S. citizenship or legal residency status (for most federal benefits)

CENTRAL INTAKE AND WAITING LISTS

Project sponsors should ensure that if they keep a waiting list for HOPWA housing and/or services that they create and maintain a written policy that is in compliance with Fair Housing Guidelines (See Section 5) and administered equally to all applicants. HOPWA does not prescribe a particular method; however, it is preferable that the method selected ensures that applicants with the greatest need get housed first; therefore, it is imperative that case manager(s) accurately represent the client's living situation acuity to assure that those in immediate crisis are served first. Examples of waiting list policies might include:

- Date/time listing in the order fully completed applications and verification are received.
- Periodic lottery style drawings

Acuity Level #1	Acuity Level #2	Acuity Level #3 - Highest
Formerly independent family or individual temporarily residing with	Formerly independent family or individual temporarily residing with	Homeless, (living in emergency shelter, car, on street/camping, etc.)

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family or friends – projected time allowed to stay > 30 days	family or but must leave within the next 30 days	or medically fragile
Housing is in jeopardy due to projected financial strain (>30 days); needs assistance with rent/utilities to maintain housing	Housing is in jeopardy due to immediate projected financial strain (<30 days); needs assistance with rent/utilities to maintain or find new housing	Home uninhabitable due to health and/or safety hazards
Living in long-term (>1 mo.) transitional rental housing.	Living in temporary (<1 mo.) transitional shelter	Eviction notice received (72 hours or less)
Client incarcerated (release date >3 mo.)	Client incarcerated (release date <3 mo.)	
	Eviction notice received (<30 days)	

Policies should not include “holding” positions on the wait list in anticipation of life changes that could qualify clients in the future.

Applicants and case managers should regularly update the referral at any time based on the client’s current housing situation. If the case manager determines that a client on the wait list no longer requires HOPWA assistance or no longer qualifies for HOPWA assistance, they would withdraw the client’s referral to the wait list. It is imperative that all parties involved with the applicants’ care be notified prior to removing a client from the wait list.

Once an opening becomes available, the next applicant from the waiting list will be contacted. Case managers might want to notify the top two or three applicants on the waiting list of their status to assist in planning for the upcoming move. It is recommended to review and verify the applicant’s status at least every 6 months to ensure they are still in need of the housing/service and that their contact information is updated.

Housing Stability Plans:

As with all HOPWA assistance, the sponsor should use individual housing service plans that assess the participant’s resources, establish long-term goals, and link the participant to other support resources.

SECTION 8 – SHORT-TERM RENT, MORTGAGE & UTILITIES (STRMU)

Short-term Rent, Mortgage, and Utility (STRMU) Assistance is “needs-based” time-limited housing assistance designed to prevent homelessness and increase housing stability for clients with an emergency need due to loss of income or health-related issues. Used in connection with other HOPWA activities and other local, state and federal resources, STRMU assistance can for a period of up to 21 weeks in any 52-week period. STRMU goals should involve efforts to restore a client’s self-sufficiency and develop independence from housing support. The need for STRMU (or other HOPWA) assistance should be evaluated regularly, as required by 24 CFR 574.500. STRMU payments are intended to create only a temporary solution for an unstable living arrangement and should be connected to a long-term housing stability plan for maintaining the household. Housing stability plans must be updated regularly.

Eligible STRMU Expenses:

- Rent
- Mortgage
- Utilities (excluding telephone, Internet service, or cable/satellite dish)
- Costs must be reasonable and represent actual housing and utility costs.
- The amount of assistance provided is not limited to Fair Market Rents or “reasonable rent” limits;

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however reasonable housing costs should be discussed if stability in housing is a barrier.

- Unlike other forms of HOPWA assistance, tenants are not required (but encouraged) to pay a portion of their income towards the rent or mortgage payment. If they are able, program participants should pay a portion of their housing costs as any portion paid by the tenant does not count against the 21-week STRMU benefit ceiling.
- Late fees and other penalties may be paid if, in the event of nonpayment, the household is at risk of eviction or loss of housing.
- All payments must be third party, not directly to the program participant.

Ineligible STRMU Expenses:

- Security deposits and first month's rent (these are Permanent Housing Placement activities)
- Moving assistance
- Household supplies and furnishings
- Telephone expenses
- Unit repairs or damages
- Personal needs

Eligibility Criteria:

- In addition to HIV and income eligibility, applicants must meet the following additional criteria in order to receive STRMU assistance:
- Program participants must be currently housed because assistance is provided to help renters and homeowners remain in their current place of residence. (Homeless individuals are not eligible).
- Program participant must be able to document that he/she has a legal right to occupy premises and/or has responsibility for the utility and/or rent or mortgage payment(s).
- Clients must demonstrate that they do not have the resources to meet rent, mortgage, or utility payments and are at risk of homelessness.
- Clients must demonstrate how they plan to make future adjustments or changes to ensure their housing stability once the STRMU assistance is no longer available.

Documentation of Need: The goal of HOPWA STRMU assistance is to provide short-term “needs-based” interventions that help maintain stable living environments for households who are experiencing a financial crisis and the potential loss of their housing arrangement. It is not intended to provide regular monthly relief to households in situations that are not financially manageable under normal circumstances. If a household is living in a unit that is not normally affordable for them, then access to long-term rental assistance (HOPWA or other) would be a better solution than STRMU assistance. The documentation of need for STRMU assistance has a few key elements, summarized below, but consult CPD Notice 06-07 for more detail on standards.

Examples of “Emergency Need” leading to eviction, foreclosure, or utilities shut-off may include:

- Applicant experiences a sudden loss of income due to changes in health
- Applicant has lost employment and has not yet been found eligible for SSDI
- Applicant's household loses a source of income when family composition changes
- Applicant faces extraordinary and unexpected out of pocket health care costs

Ineligible Reasons for Need include, but are not limited to:

- Credit card debt for expenditures of a personal nature such as vacations, holiday gifts, and home-furnishings, personal grooming, pets etc.
- Automobile repairs or payments (unless essential for regular employment or full-time education, and where public transportation is inadequate)
- Payment of child support or alimony
- Payment of telephone, cell phone, or internet bill

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- Payment of tickets, fines, or restitution
- Payment of personal loans or other financial obligations, other than rent, mortgage, or utilities

Acceptable Forms of Documentation for Costs include, but are not limited to:

- Rental payments: Lease or rental agreement or late payment notice. Program participants must be named tenant under a valid lease/rental agreement or referenced in lease as occupant of the premises
- Mortgage payments: Mortgage statement, deed of trust, title insurance policy etc. Program participants must demonstrate that he/she is owner of mortgaged property.
- Utility payments: Utility bill or late payment notice. Program participants must have an account in their name or proof of responsibility to make utility payments (copies of money orders, cancelled checks, receipts).

Time Limitations and Caps on Payments:

In accordance with HOPWA regulations, project sponsors may not exceed the regulatory limit for assistance of 21 weeks out of a 52-week period for STRMU. Additionally, project sponsors must ensure that all households assisted with STRMU are treated equally and because not all households will require the full amount/full period of assistance allowable, due diligence will be necessary to determine and track the actual amount necessary for an eligible household to maintain their housing. **HOPWA-CV extended the regulatory limit for STRMU (See SECTION 14- COVID FLEXIBILITIES AND WAIVERS)**

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The below table (taken from CPD 06-07 issued August 3, 2006) clarifies how STRMU payments and other HOPWA allowable housing activities can be used to help households achieve more stable housing arrangements [as found at 24 CFR 574.300(b)].

Eligible HOPWA Activity (right) and type of benefit (below)	*A. STRMU payments	B. Tenant- based Rental Assistance	C. Housing Information Services	D. Permanent Housing (PHP) Placement as a Supportive Service	E. Housing Case Management as a Supportive Service
1. Rent payments (for households with a lease)	Yes, if within 21-week limit	Yes, if done with inspections for Housing Quality Standards and with resident rent payments	No	No	No
2. Mortgage payments (but not down-payment support for new units)	Yes, if within 21-week limit (for costs within the mortgage agreement)	No	No, but can be related support. through information on homeownership programs	No	No
3. First month's rent and security deposits, credit checks	No	No	No	Yes, for reasonable costs to move persons. to permanent housing, not to exceed 2 months of rent costs, excluding security deposits and fees for credit checks	No
4. Utility payments (gas, electric, water and sewer)	Yes, if within 21-week limit	Yes, if part of the rental payment	No	Yes, but only for one-time utility hookup and processing costs	No

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<p>5. Information and/or support to locate and apply for housing assistance</p>	<p>No</p>	<p>No</p>	<p>Yes, for costs for providing information and materials that inform clients of available housing</p>	<p>Yes, as support and help to complete PH applications, and eligibility screenings for tenancy or utilities for these units</p>	<p>Yes, such as counseling and help to develop a housing service plan to establish stable permanent housing</p>
<p>6. Move-in support, such as supplies, furnishings, incidental costs, and minor repairs of housing units</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>No, however programs may coordinate with leveraged resources and donations for these purposes</p>	<p>No</p>

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SECTION 9 – TENANT BASED RENTAL ASSISTANCE (TBRA)

Tenant-based rental assistance is a rental subsidy used to help participants obtain permanent housing, including shared-leased housing in the private rental housing market that meets housing quality standards and is rent reasonable. Working much like the Section 8 Housing Choice Voucher Program, HOPWA tenant-based assistance pays the difference between the Fair Market Rent or “reasonable rent” and the tenant’s portion of the rent. With TBRA, the HOPWA project sponsor makes rental payments directly to property owners. The HOPWA subsidy covers a portion of the full rent; the tenant also pays a portion based on their gross income or adjusted income, as described in detail below. Reasonable security deposits for HOPWA TBRA clients can be provided as a Permanent Housing Placement service, which is a separate HOPWA activity described in more detail below. Late and reconnect fees are not allowable under TBRA.

Although HUD considers HOPWA TBRA to be permanent housing, many sponsors utilize it as a long-term “bridge” program until households (if eligible) can secure Housing Choice Voucher (Section 8) housing or other affordable stable permanent housing options. Generally, in those cases, failure to accept an offer of the Housing Choice Voucher program (Section 8) or other affordable stable permanent housing may result in termination of HOPWA assistance. However, project sponsors may waive this requirement if they are able to demonstrate appropriate justification as to why acceptance of the housing would be detrimental to the client's health and well-being or other reasonable accommodation needs.

In order to monitor a tenant-based rental assistance program fully, site visits to multiple locations are necessary, since monitoring TBRA relies on the inspection of units at least annually and home visits provide a perspective on clients’ housing stability that is not evident through office visits.

FMRs and Rent Payment Standards:

HUD requires HOPWA TBRA to utilize the Fair Market Rent (FMR) standards or the Housing Choice Voucher Payment (HCVP) standard in setting limits on the total amount of rent and utility allowance that a client can pay when renting a unit from private landlords in the community. The FMR amounts are based on the average amount of money that a given property would command, if it were open for leasing at the moment. The FMRs are determined and published annually by HUD for each city and county in the U.S. and updated annually. Grantees and project sponsors must take care to use the most current standards. They can be found online at <http://www.huduser.org/datasets/fmr.html>.

NOTE: Remember that FMRs, HCVP standards (Housing Choice Voucher Programs), or Rent Reasonable standards are the total amount a client can pay for a unit including the rent amount AND the local utility allowance amount (discussed below) for the unit size and type, per the local PHA utility allowance schedule. Therefore, it is important for case managers to provide the client with a current utility allowance schedule prior to searching for a new unit so that they can determine if the unit falls within the allowable total rental amount.

Rent Reasonableness:

In addition to the rent payment standards, HOPWA regulation 24 CFR 574.320(a)(3) requires that “rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rent currently being charged by the owner for comparable unassisted units.” In order to meet HUD’s Rent Reasonableness requirement, Project Sponsors must document that staff has made efforts to determine that the rent requested by the landlord is reasonable. Rent reasonableness tests must be conducted on every unit receiving TBRA assistance before assistance is provided and must be documented on the Rent Reasonable Form and maintained in the client file.

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Reasonableness of the rent is determined by comparing the proposed unit with other similar, but unassisted units in the private market, considering the location, size, type, and age of the units and the amenities and utilities provided by the owners.

Size: Units will be compared based on similar number of bedrooms, bathrooms, and square footage

Type: Units will be compared to similar units (ex. house to house, duplex to duplex, etc.)

Amenities: The amenities must be similar (ex. garage, appliances, decks/patios, yard, etc.)

Location: The location of comparable units is determined by looking at units within the same general area (ex. within the same complex, street, subdivision or zip code). This is done in order to find the most comparable unit closest to the subject unit.

There are three (3) ways in which Project Sponsors can determine rent reasonableness:

- Complete the Rent Reasonableness Checklist and Certification for each TBRA assisted unit. This form needs to be completed and signed by a staff member and maintained in the client's file.
- Create a local housing spreadsheet comparing a variety of units across the service area. Proposed units will be compared with similar units on the chart that are located within the same area (by neighborhood or zip code). This spreadsheet would contain information regarding the unit size, number of bedrooms, type of construction, amenities, approximate age of building and utilities provided. The information can be obtained from units listed in the real estate multiple-listing service, newspapers, apartment locating agencies and publications, the local housing authority, as well as lease information submitted by landlords. This database must be updated regularly to ensure the most current information is utilized to compare rent reasonableness. Some local housing authorities will share their rent reasonable information with local non-profits.
- Utilize the online service for Rent Reasonableness from Go Section 8. Fees for this service do apply. For more information, go to www.GoSection8.com.

Sponsors may also work with local Public Housing Authorities to obtain lists of rent reasonableness for their respective areas.

To qualify as “reasonable,” the proposed unit’s gross rent (including rent and utility allowance) cannot be more than 10% above the average gross rent of a minimum of two (2) comparable units (or the average of the units by area if using the local housing spreadsheet). Documentation of rent reasonableness must be included in the client files to ensure that efforts have been made to comply with this requirement.

Tenant Rent Payment:

With the exception of persons in short-term supported housing, persons receiving rental assistance under the HOPWA program must pay rent. According to the HOPWA regulations, tenants must pay the higher of:

- (1) 30 percent of the family's monthly adjusted income;
- (2) 10 percent of the family's monthly gross income; or
- (3) The portion of any welfare assistance payments specifically designated for housing costs. This worksheet can be used by HOPWA project sponsors to determine the Resident Rent Payment.
<https://www.hudexchange.info/resource/1835/hopwa-income-resident-rent-calculation/>

There are three key steps for determining a household’s portion of rent payment:

- Calculation of gross and adjusted household income
- Calculation of tenant rent payment (based on income)

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- Calculation of the utility allowance credit (if applicable) resulting in the final HOPWA subsidy payment amount

HOPWA income eligibility and rent calculation regulations refer to portions of HUD Regulations 24 CFR Part 5 that are also used by the Housing Choice Voucher Program (HCVP) or Section 8 program; however, it is important to note that there are some differences between the two programs and caution should be used in transferring procedures from one program to the other. The method described below applies to the HOPWA program. HOPWA participant rent payments must be the highest of three amounts:

- 10% of gross household income (gross household income is the total of all pre-tax income received by all household members, including earnings from income-producing assets).
- 30% of the family's monthly-adjusted income (adjusted income is figured using the list of income inclusions and exclusions detailed in HUD regulations 24 CFR 5.609, 5.611 and 5.617).
- Amounts received by households receiving welfare assistance from a public agency, with a part of the payments specifically designated for housing costs (adjusted in accordance with the family's actual housing costs).

The HOPWA project sponsor must pay the balance of the rent up to the lesser of the contract (lease or rental agreement) rent or the most current Fair Market Rent (FMR) value, and reasonable rent for comparable units in the area. Any documentation used to determine TBRA assistance must be maintained in the client's file. HOPWA funds must not be given directly to a client.

Utilities with TBRA:

Unless utilities costs are paid by the landlord as part of the rent/lease amount, clients are expected to establish accounts with the local utility company and pay the entire monthly costs for usage. However, when utilities are not included in the rent and the client is billed directly for usage by the utility company, an allowance or credit for reasonable consumption must be subtracted from the client's rent payment portion (the higher of 10% of monthly gross income or 30% of the monthly adjusted income). The utility allowance amounts or credits are established locally by the Public Housing Authority (PHA) based on local utility rates and updated annually. Grantees and project sponsors should contact the PHA in their areas to obtain the most current Utility Allowance Schedule for use in the computation of the client's rent payment.

NOTE: It's important to remind clients that the utility allowance credit for their out-of-pocket utility costs is deducted from their portion of the rent payment to the landlord; therefore, they are responsible for paying the full utility bill each month directly to the utility company, and budget accordingly. In rare cases, after the utility allowance is credited, the tenant rent portion may result in a negative amount -meaning that the project sponsor must refund that amount each month to the tenant OR pay it directly to the utility company on the client's behalf. Associated HUD regulations 24 CF 982.514(b) states that, if paid directly to the utility, the project sponsor must notify the household in writing of the amount paid to the utility on their behalf and maintain documentation in the client file.

Earned Income Disregard:

24 CFR 574 5.617 requires Earned Income Disregard (EID) in certain situations. EID is an important incentive for disabled persons receiving HOPWA TBRA or facility-based housing. The purpose is to assist persons with disabilities in obtaining and retaining employment as an important step toward economic self-sufficiency. The "Earned Income Disregard" allows qualified individuals and families to keep more of their earned income from employment for a period of up to two years if they meet one of three (3) tests. Annual income increases as a result of:

- Employment of a family member with disabilities and who was previously unemployed for one or more years; or

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- Earnings by a family member with disabilities from participation in an economic self-sufficiency or job training program; or
- Increased employment earnings of a family member with disabilities while receiving, or within six months after receiving, welfare assistance worth at least \$500.

EID becomes effective after the client has moved into HOPWA-assisted housing, where their qualifying income is considered the “base” income. If they meet one of the three (3) tests above, and the case manager is notified of the increase in income, EID will allow 100% of the earned income above the base income to be disregarded for a period of 12 months after the start date of the employment resulting in the increase. For increased earnings that continue beyond 12 months, EID permits a continued disregard of 50% of earnings above the base for another 12 months for a total of 48 months of increased earnings disregarded prior to counting the additional employment income towards an increase in tenant rent payment. Also, the 24 months of EID disregard can be spread out over 48 consecutive months allowing the client to start and stop work, if necessary, such as someone who may only have periodic or seasonal work. Once the 48 month period has expired, the EID disregard is no longer eligible, regardless of how many months of EID were provided during that time.

NOTE: EID does not apply to all new income. For example, a person receiving SSI or SSDI may receive an increase in benefits or regular income from other non-employment sources. This income will be counted towards the tenant rent payment portion because it is not a result from employment that met one of the three EID tests.

HOPWA HOUSING QUALITY STANDARDS (HQS):

All HOPWA-assisted housing (except those assisted under the Short-term Rental, Mortgage and Utility Assistance Program and emergency shelter/lodging) must meet both state and local housing standards and HUD’s habitability standards as outlined in 24 CFR Part 574.310(b). Housing supported by HOPWA funds must, at a minimum, meet the following federal HOPWA Housing Habitability Standards set forth below:

- **Structure and Materials:** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards. If the unit is a manufactured home, it must rest upon a suitable permanent or non-permanent foundation.
- **Access:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- **Space and Security:** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- **Interior Air Quality:** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- **Water Supply:** The water supply must be free from contamination at levels that threaten the health of individuals. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.
- **Thermal Environment:** The housing must have adequate heating and/or cooling facilities in proper operating condition.
- **Illumination and Electricity:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire. If the unit is a manufactured home, it must be connected to permanent utility hook-ups.
- **Food Preparation and Refuse Disposal:** All food preparation areas must contain suitable space and equipment to store, prepare and serve food in a sanitary manner.
- **Sanitary Condition:** The housing and any equipment must be maintained in sanitary condition.
- **Lead-based Paint:** If the structure was built prior to 1978, and there is a child under the age of six or a

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pregnant woman who will reside on the property, and the building has a defective paint surface inside or outside the structure, the unit cannot be approved until the defective surface is repaired in accordance with 24 CFR Part 35. Defective paint surface means: the paint is cracking, scaling, chipping, peeling or loose. If after testing lead is found present, the surface must be abated and repaired in accordance to the above regulation. During the housing inspection the case managers must furnish the client with a copy of the pamphlet “Protect Your Family from Lead in Your Home” (see <http://www.epa.gov/lead/pubs/leadpdf.pdf>). The client should sign a statement certifying that they received the pamphlet.

- **Smoke Detectors:** The HOPWA program must comply with the Fire Administration Authorization Act of 1992 (P.L. 102-522) (<http://fire.nist.gov/bfrlpubs/fire95/PDF/f95067.pdf>). All rental units are required to have a functioning smoke detector that must be provided by the landlord, local fire department, or leveraged source. Smoke detectors must be installed in accordance with NFPA 74, or more stringent local policies, as applicable. Existing units must contain a single or a multiple station smoke detector; there must be one located outside each sleeping area and on each level. It can be battery operated or hard wired; clearly audible or interconnected. Accommodations must be made for individuals with sensory impairments.
- **Carbon Monoxide Alarms or Detectors:** Under the new statutory requirement, which took effect on December 27, 2022, grantees will be responsible for ensuring each dwelling unit assisted under the HOPWA program contains installed carbon monoxide alarms or detectors that meet or exceed the standards described in chapters 9 and 11 of the 2018 publication of the International Fire Code, as published by the International Code Council.

Prior to HOPWA funds being provided for a housing unit, project sponsors must certify that it meets these standards. The inspection can be performed by a case manager without a requirement for specialized training, or an outside entity qualified to do inspections. The case manager or other designee must make a home visit to determine the overall suitability of the rental property and certify that it meets the standards listed on the Habitability forms. The TBRA unit must be re-inspected and re-certified at least annually when the client’s income eligibility is re-certified for HOPWA assistance, in addition to when the client moves to a new residence.

HOPWA-CV Project Sponsors may provide virtual inspections for initial lease-up inspections per the conditions noted in the waiver and an onsite/in person inspection will occur by the waiver deadline. (SECTION 14 COVID FLEXIBILITIES AND WAIVERS)

Landlords or property managers are responsible for curing all violations found at the initial inspection. In the event that the unit fails inspection, a written notification should be delivered to the client and landlord with a copy of the written inspection report. The notification informs the landlord that a re-inspection will be scheduled no later than thirty (30) days from the date of the notice and that all reported violations need to be corrected by that date. If after 60 days, the unit does not pass inspection and the case manager has attempted repeated communication with the landlord, the case manager should assist the client in beginning seeking more suitable housing elsewhere and the HOPWA subsidy payments stopped. **A general rule is that no more than three inspections (the move-in inspection and two re-inspections within thirty days if necessary) need to be undertaken by the case manager.**

As of December 27, 2022, HOPWA grantees and project sponsors must ensure CO alarms or detectors are installed as required in all HOPWA-assisted units. This includes units assisted with acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services (24 CFR 574.300(b)(3)); new construction (24 CFR 574.300(b)(4)); project or tenant based rental assistance (24 CFR 574.300(b)(5)); short-term rent, mortgage, and utility payments (24 CFR 574.300(b)(6)); permanent housing placement (24 CFR 574.300(b)(7)); and operating costs (24 CFR 574.300(b)(8)).

- For housing activities subject to the HOPWA Housing Quality Standards (HQS) at 24 CFR 574.310(b) (acquisition, rehabilitation, conversion, lease, and repair of facilities; new construction; project or tenant-

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based rental assistance; and operating costs), grantees and project sponsors should assess for CO alarms or detectors when completing HQS/habitability inspections. A question regarding the presence of functioning CO alarms or detectors should be added to HQS/habitability inspection forms utilized by grantee or project sponsor staff. The documentation of compliance with the CO detector and alarm requirements should be kept in the assisted household's file.

Client Request for Inspection - A client may request an inspection at any time through their case manager if they have a complaint about housing conditions. Clients should be instructed not to move out of a unit due to the landlord's failure to make repairs without first having consulted with the case manager regarding local landlord-tenant laws. If conditions pose a safety risk to the household, the case manager or their designee should perform an inspection within five business days. If a client is required to move due to the condition of the housing unit and the landlord, not the tenant, is responsible for necessary repairs to ensure habitability of the unit, guidance this process should be sought from a local housing counseling agency or legal entity to ensure compliance with the law.

Grantee or Project Sponsor Request for Inspection - At any time during the period of HOPWA TBRA assistance the grantee or project sponsor may conduct an inspection of the unit based on their own impressions or concerns and complaints from the landlord, neighbors, case manager, parole officer or other source with knowledge of the clients housing stability. Care should be taken by the agency to comply with local landlord-tenant law regarding legal notification to client/tenant prior to entering the unit.

Occupancy Standards:

HUD will only provide rental subsidies to households living in appropriately-sized units. The goal is to subsidize the smallest sized unit possible without creating overcrowding. The amount of TBRA a project sponsor pays the landlord on behalf of the applicant is based on the number of bedrooms for which the household is eligible and the actual number of bedrooms in the unit. HUD does permit other rooms in a unit to be used as sleeping areas and project sponsors should follow the approved policy for sleeping areas used by their local public housing authority (PHA).

Local Public Housing Authorities establish their own HUD-approved subsidy standards, generally in accordance with the following criteria:

- The unit size assigned should not require more than two people to occupy the same bedroom, except that a very small child (less than 2 years of age) may share a one-bedroom unit with a single parent.
- The unit size assigned should not require persons of opposite sex other than husband and wife to occupy the same bedroom with the exception of infants and very young children.

A two-bedroom unit may be used by a two-member family which consists of a single parent and child or by a couple who, due to medical reasons, must have separate bedrooms, as verified by their physician and approved by the project sponsor. These principles result in the following standards:

NUMBER OF BEDROOMS		
Number of Bedrooms	Minimum Number of Persons in Household	Maximum Number of Persons in Household
0	1	1
1	1	2
2	2	4
3	3	6

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4	6	8
5	8	10

Exceptions to Occupancy Standards - The criteria and standards prescribed for the determination of a household's unit should apply to the vast majority of clients and their families. In some cases, however, the relationship, age, sex, health, or handicap of the individual/family members warrant the assignment of a larger unit size than that which would result from strict application of the criteria. Any determinations that do not strictly apply to the criteria must be fully documented in the applicant's case file.

There are also occasional circumstances (ex. an area where the market rate rents are much lower than the FMR or HCVP payment standard) when a household might occupy a unit larger than specified by the subsidy standards, but in such instances, the rent for the larger unit must be at or below the payment standard of the appropriately-sized unit. If the larger unit rent amount were to increase above the smaller unit subsidy standard, the client would be required to move to a smaller unit within the allowable payment standard.

Renting From Family Members – Federal Regulation 24CFR 982.306 (d) prohibits public housing authorities (PHA) from allowing clients to rent from family members; this includes a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the Public Housing Authority determines that approving the unit would provide reasonable accommodation (see <http://www.hud.gov/offices/fheo/library/huddojstatement.pdf>) for a family member who is a person with disabilities. This same regulation applies to the HOPWA program. If a client needs the care and support for their illness from a family member whose income may be low, but slightly above 80% AMI when including the client's income, an exception to this rule and a Reasonable Accommodation request may be made through the grantee and the local HUD Field Office. In this situation, the family's income is not counted in determining eligibility for the TBRA subsidy payment and the client's rent payment portion is calculated based on the pro-rata share of the total bedrooms in the unit (see Shared Leased Housing); however, a written rental agreement from the family must be obtained and maintained in the client file for documentation purposes.

NOTE: Project sponsors must not confuse renting from relatives with residing with relatives. Residing with any number or configuration of relatives is allowable, as long as the eligible total household income meets the HOPWA income guidelines of at or below 50% AMI.

Shared Leased Housing:

HOPWA Regulations allow for shared-lease housing, which can be an economical living arrangement for people. Unlike family or partner relationships, roommate scenarios consist of plutonic relationships established for the purpose of sharing rent and utility bills in return for receiving a share of the space available.

Participation in shared housing arrangements is voluntary. Unmarried partners are treated the same as family members and are prohibited from identifying as roommates for the purpose of securing federal housing benefits.

At the time of application and at any subsequent renewal the client must identify those living in their home as either family or roommate. Some project sponsors require the HOPWA applicants to sign a statement to this effect for maintenance in the client file. With respect to shared housing arrangements, the rent charged for the HOPWA assisted person shall be in relation to the size of the private space for that assisted person in comparison to other private space in the shared unit, excluding common space. The tenant rent calculation is done by taking the applicable Payment Standard, including utility allowance, for the unit size (total bedrooms) and dividing it by the number of units your client or family will be occupying. For example:

- If a client has two (2) roommates and is residing in a three (3) bedroom rental unit, the rental portion paid

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by the HOPWA program would be one-third (1/3) of either the (a) actual total rent requested by the landlord, including utility allowance, or (b) the HOPWA program's rent standard for a three-bedroom apartment, whichever is less.

- If one (1) or more persons in a roommate relationship are eligible for HOPWA assistance, each must apply separately based on individual income and prorated housing costs.
- In the case where two (2) or more unrelated persons live together as roommates, the individual(s) not eligible for HOPWA assistance will not receive any compensation as a result of the HOPWA assistance awarded to the eligible person.

Additional TBRA Administrative Considerations:

Housing Search Guidelines – It is recommended that project sponsors create guidelines for TBRA clients regarding their housing search under HOPWA assistance. This would include setting a limit on search time (such as 60 days) prior to the assistance terminating; extensions can be made for particular circumstances such as hospitalization or illness, but the exceptions should be spelled out clearly in the policy. Additionally, newly enrolled clients should be provided with vacancy resources and the local utility allowance chart, if applicable, with an understanding of how to calculate the utilities for a particular unit they might be interested in renting.

Landlord/Tenant Disputes – Clients should be encouraged to resolve issues with their landlord or neighbor's independently, but if a landlord informs the case manager of concerns or complaints regarding the client's care and/or maintenance of the premises, the case manager should conduct an investigation of the complaint with the client and other parties involved. If warranted, a housing case conference should be called with the client and other relevant parties working with the client to ensure their housing stability success. At that time, the case manager should also determine if the client's ability to maintain their housing would benefit from more frequent home visits, a live-in aide, other home-based assistance, or even an alternative living environment.

Move-in Prerequisites:

Clients should not be allowed to just locate a unit and sign a lease. A grantee or project sponsor is responsible for making sure that the unit meets various regulatory requirements and is appropriate for the client to rent and inhabit. As such, a rental assistance program needs policies and procedures that address "move-in prerequisites." Move-in prerequisites are the activities that need to occur before the client moves into a unit.

Rental assistance program staff needs to provide the client with guidance on evaluating units during a housing search, but staff also needs to confirm the unit meets occupancy and HOPWA Habitability Standards. They are responsible for reviewing leases prior to clients signing them and calculating resident rent contribution and subsidy amounts (as discussed in Chapter 4: Program Operations – Rental Subsidy). As part of the procedures for move-in prerequisites, staff needs a landlord contract that can be used when a client is able to rent a unit. Staff must also obtain and have on file an IRS W-9 form, Request for Taxpayer Identification Number and Certification on file, and set up a payment account.

A step-by-step guide for clients to follow as they prepare to move into housing will help avoid confusion and ensure consistency. See the example below.

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Move-in Guide Example

- Initial client evaluation of unit
- Application to landlord to rent the unit
- Review of *unsigned* lease by program staff
- Confirmation of rent reasonableness, occupancy, and HOPWA habitability standards
- Signing of a landlord participation agreement and provision of IRS W-9 form, Request for Taxpayer Identification Number and Certification
- Move-in authorization given to client
- Lease signed by client
- Final calculation of client rent, utility allowance, and subsidy amount, along with account setup
- Authorization of move-in costs paid by program, if applicable

Please note: There is no such thing as a pre-lease. Prior to TBRA payment being issued a fully executed lease signed by client and landlord must be present to move forward.

SECTION 10 - FACILITY BASED HOUSING ASSISTANCE

In addition to STRMU housing assistance and ongoing tenant-based rental housing assistance, HOPWA funds can also be used in connection with a specific housing project or housing facility. This is usually called project-based or facility -based assistance, such as:

Facility -based housing rental assistance, including master-leased units and project-based rental assistance;
Operating cost for housing including maintenance, security, operation, insurance, utilities, furnishing, equipment, supplies, and other incidental cost;

Capital funds for the acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services; and Capital funds for the new construction of single-room occupancy units or community residences.

Many of the program-wide elements are relevant for project-based activities, including eligibility documentation, Faith-Based Final Rule, Fair Housing and ADA requirements, rent calculation, fee prohibition, confidentiality procedures, and termination policies.

There are additional requirements that only apply to facility-based housing assistance. Facility-based supportive housing assistance is one of the HOPWA program's unique elements, providing resources to develop and operate community residences and other supportive housing for a special needs population. The intention of the legislation that created the HOPWA program was to allow for the development of supportive housing that could serve as an alternative to skilled nursing facilities. With facility-based housing, the expectation is that participants will be in need of some level of supportive services in order to maintain stability and receive appropriate levels of care. HOPWA regulations require the sponsor to certify that they will give residents and adequate level of support and work with qualified service providers, accessing such support in an ongoing manner.

One of the primary goals for the HOPWA program is that participants in HOPWA services will increase their access to care and support, especially in relation to their HIV disease. HOPWA program performance outcomes

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measure the extent to which sponsors are successfully connecting participants to care. In providing an alternative to more intensive care, facility-based housing projects should ensure that participants' needs are assessed and that participants are connected to medical and supportive care. The sponsor should document the conducting of participant need assessments, the development of housing and service plans, and the provision of supportive services.

HOPWA regulations require that facility-based projects including community residences meet housing quality standards. Each unit supported with HOPWA funds must pass a housing quality inspection to ensure the housing provided is safe and sanitary and in compliance with local and state housing codes, licensing standards, and any other jurisdictional requirements, as well as the HOPWA program habitability standards outlined in 24 CFR 574.310(b). Prior to occupancy, the sponsor must inspect and approve each unit. The sponsor should conduct inspections annually.

Residents living in HOPWA -funded facilities such as community residences are subject to the same rent calculations as those receiving HOPWA tenant-based rental assistance. Residents must be charged rent as a percentage of their adjusted annual income and provide the required documentation to verify eligibility and calculate the rental payment. The tenant must pay a portion of the rent, and the gross rent being charged must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market.

HOPWA-funded programs cannot charge any fees in addition to rent (calculated as described above) to residents in order to pay for program operations or supportive services related to the care of residents. Some community residences might make arrangements to provide food or other amenities (e.g., cable television, phone services) in common areas. In these cases, residents can be asked to contribute towards these optional non-HOPWA activities. Use of such services should be optional and not a requirement for residency. With the exception of nutritional and direct operational costs (e.g., utilities, facility-leasing, and maintenance), HOPWA monies should not be used for such amenities either. Utilities can be charged to residents as part of their rent or separate from rent (e.g., when units are metered separately). However, if utilities are separated, the calculated rent portions must be adjusted to include a reasonable utility allowance and the utility payment requirement must be a part of their occupancy agreement.

SECTION 11– SUPPORTIVE SERVICES

HOPWA SUPPORTIVE SERVICES FOCUS AND EXPECTATIONS

Project sponsors must assure appropriate supportive services to eligible individuals, either directly or through referral to appropriate services providers. Supportive Services may be provided either in conjunction with HOPWA housing assistance or as a stand-alone service (Supportive Services Only). Although the allowable activities may be expansive, HOPWA Supportive Services should focus on housing stability activities as a rule of thumb.

- Limited health services
- Mental health services
- Drug and alcohol abuse treatment and counseling
- Housing and needs assessment
- Day care
- Personal assistance
- Nutritional services
- Intensive care when required
- Limited transportation costs
- Assistance in gaining access to local, State, and Federal government benefits and services (except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members).

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KEY DIFFERENCES BETWEEN CASE MANAGEMENT AND HOUSING CASE MANAGEMENT

HOPWA Supportive Services funds may be used to pay for appropriate portions of time for a HOPWA case manager or housing case manager. If a HOPWA client is not in medical care, the case manager must include medical care as part of the comprehensive care plan or make a referral to obtain appropriate medical care. Case management models vary across the country depending on the size and availability of housing and service organizations, and the funding sources available. Whether one case manager performs multiple functions, including medical, psychosocial, and housing case management, or multiple case managers are present in a client's care, it is important to remember that the key distinction between housing case management and the other types is the "lens" in which client needs assessments and plans are viewed and acted upon. The primary goal in housing case management is housing stability in a decent, affordable situation that may vary depending on each person's unique situation and needs. For instance, housing stability for some clients means primarily securing more cost-effective permanent housing or increasing the household income; for others, it may include more intensive or time-limited activities such as securing transitional housing to address underlying needs such as money management, substance use, mental or medical health engagement, or dealing with parole or probation requirements aimed at reducing recidivism. Although some aspects of different case management types overlap, housing case management activities should focus on assessment of barriers to successful housing

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stability, and providing interventions and creating a housing plan that will assist the client in reaching this goal. Generally, key case management/housing case management expectations include:

- Comprehensive assessment of the client's needs, barriers, and personal support systems such as:
- Public benefits and other sources of income
- Potential barriers to securing housing
- Housing needs and preferences
- Family, friends or service systems support
- Development of a housing plan that specifically addresses affordable stable housing as HUD's primary goal
- Referral to emergency shelter or transitional housing if homeless
- Application for permanent rental assistance programs (such as Section 8 or HOME-TBA)
- Referral to and participation in "Ready to Rent" or "Second-chance Renters' Rehab" classes
- Search for and obtainment of employment
- Referral/enrollment in education or vocational training programs
- Referral to and participation in first-time home buyer's programs
- Budgeting and/or referral to financial advising
- Search for and obtainment of more suitable, stable rental housing
- Coincidental development of a care plan identifying needed supports and medical care
- Application for and obtainment of SSI/SSDI, unemployment, or other public assistance
- Referral to Food Stamps, food pantry, meals on wheels or food pantry programs
- Referral to mental health or chemical dependency services
- Referral to appropriate HIV care and medical services
- Coordination of the services listed above that are required to implement the comprehensive care and housing plans
- Documentation of referrals made to clients, and services accessed by clients
- Regular monitoring to assess the progress and efficacy of the plans
- Periodic re-evaluation and revisions/updates of the plans, as necessary
- Client-specific advocacy

HOUSING STABILITY PLANS

The objectives of the HOPWA program are to ensure that clients:

- Maintain housing stability
- Avoid homelessness
- Experience increased access to health care and HIV-related treatment

Housing Plans and Assessments assist in ensuring that participants achieve housing stability by receiving HOPWA assistance. Regulation 24 CFR 574.500(b)(2) that each project agree to "conduct an ongoing assessment of the housing assistance and supportive services required by the participants in the program." The housing assessment is the foundation for the development of individualized housing and service plans by gathering participant information about current finances, past rental history, behavioral history, and other service needs, as well as determining barriers to housing stability. The initial housing stability plan established with the client, case manager/housing case managers is considered a "living document," and should be updated, amended, or replaced when necessary or beneficial to assisting the client meet the objectives of the program.

Housing plans will be unique to each client and should be structured to address the individual client's strengths and barriers to meeting the goals.

HOPWA AND HOPWA-CV POLICIES AND PROCEDURES

NOTE: All program participant files must contain an individualized housing assessment and housing and service plan with evidence of annual updates and ongoing progress. Examples of Housing Assessments and Client Housing Plans may be found at: <https://www.hudexchange.info/hopwa/guides/>

To maintain their housing assistance, clients are expected to comply with program requirements; however, they must also be afforded full rights under the state and local landlord tenant act. Project Sponsors are required to document referrals and track client's usage of services in the housing stability plan.

Individual housing plans are intended to assist clients, not penalize them; therefore, every attempt must be made to assist the client to be successful in meeting the goals in their plan. Appropriate interventions to assist clients experiencing difficulty should include a case conference with the other applicable service providers working with the client.

When clients' housing needs assessment indicates behaviors that may present barriers to obtaining or maintaining housing, it may be appropriate to specifically highlight applicable program expectations and responsibilities by placing them directly into the housing plan as actionable items.

Examples could include:

- Paying the full amount of the client's portion of the rent and/or utilities on time every month.
- Maintaining the client's rental unit in a safe and sanitary condition and in the condition in which it was initially rented to them, which excludes normal wear and tear.
- Avoiding behavior (their own or that of a household member or guest) that would disturb their neighbors' peaceful enjoyment of their own home (i.e. yelling, loud music or noise, violence, drug use, other illegal activity, damage to or theft of others' property, blocking or cluttering common areas or right-of-ways).

Housing plans should record specific activities meant to assist the client in meeting the program objectives, identification of the person(s) who is to complete each activity, a target date for completion of each activity, and the date that each activity is completed or revised and the outcome of that completion or revision. The client and case manager should agree upon the initial plan and subsequent revisions, with a client signature for maximum buy-in.

Additionally, project sponsors should set a policy for review of housing stability plans for all active clients, such as "at least quarterly." This includes updating client progress toward meeting stated goals, revising the plan as necessary and documenting client progress toward meeting stated goals in the progress notes section. Anytime a housing plan is created or updated and signed by the client, other service providers working with that client, when applicable, should receive a copy of the initial plan and any revisions thereafter in an effort to support the client's success. Additionally, a copy of the housing plan and subsequent revisions will be kept in the client's locked file.

HOPWA AND HOPWA-CV POLICIES AND PROCEDURES

LINKAGE WITH OTHER AFFORDABLE HOUSING AND SUPPORT RESOURCES

It is the desired outcome that clients provided housing assistance with HOPWA funds will experience improved access to health care and HIV-related treatment as a result of their own housing stability and effective coordination with other systems of care and treatment. A strong working partnership with the client's HIV case manager is critical to effective housing stability assessment and planning for the client. Communication between housing and HIV case managers (if different entities) is essential to developing a full understanding of issues that may be causing risk to the client's ability to maintain their housing and the efforts being taken to assist the client in overcoming such issues through counseling, treatment or services.

To the extent possible, to prevent duplication of services paid for by multiple sources, case management for HOPWA clients should be also sought by another source (e.g. Ryan White Part A or B, State or other federal sources, or local funds). HOPWA is not a stand-alone program; HUD expects communities to work together and collaborate with other local partners to strengthen community supports and leverage other funding as much as possible. In addition to Ryan White, some important potential partners might be agencies providing:

- Homeless Continuum of Care Services (Shelter Plus Care, Supportive Housing Program - SHP)
- Emergency Solutions Grant (ESG)
- Homeless Prevention and Rapid Re-housing (HPRP)
- HUD Section 8 housing programs and Public Housing Authorities (Project-based and tenant-based)
- HUD multifamily funded housing programs (811/202)
- State Low-income Tax Credit properties
- State and local Bond and/or Housing Trust Funds properties
- Behavioral health entities for mental illness and chemical addiction

HOME VISIT SAFETY PROTOCOL

Home visits for habitability standards inspections are required by HOPWA, and many programs are structured in such a way that home visits are a regular part of the case management protocol. Employees conducting such visits have a duty to ensure reasonable care for their own health and safety during any client home visit. Every project sponsor should have written policies and procedures governing home visits. Some elements of a home visit safety policy might include:

Employees should note in their email calendar the home visit appointment time, date, and client unique (confidential) identifier code. The expected return time should also be noted.

Employees might consider selecting a code word that staff at the host agency knows. In the case of an emergency call by the home visiting employee the use of the code word would indicate the employee needed assistance.

All home visits should be scheduled during daylight hours.

Unless a risk assessment has been completed which indicates otherwise, initial home visits should be done in pairs. All members of the staff doing home visits should carry a mobile phone, pager and/or personal alarm. Home visiting employees should assess if the neighborhood or house appear unsafe. If uncomfortable with the situation, the appointment should be rescheduled, and two or more service providers return together at a later date/time. The client should be notified of the delay.

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Home visiting employees should not enter a residence unless invited to do so.

In addition to a project sponsor's policy, it is the responsibility of each employee to ensure their own safety, inform people of their whereabouts, and withdraw from situations where they feel an unacceptable level of risk.

SECTION 12– HOUSING SEARCH AND PLACEMENT/PERMANENT HOUSING PLACEMENT

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

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

Permanent Housing Placement services for reasonable costs to move persons to permanent housing, not to exceed 2 months of rent costs, including security deposits and fees for credit; one-time utility hookup and processing costs; support and help to complete permanent housing applications, and eligibility screenings for tenancy or utilities for these units; skills and housing counseling on unit cleaning, maintenance and household budgeting.

PERMANENT HOUSING PLACEMENT

Permanent housing placement (PHP) services may be used to help eligible persons establish a new permanent housing residence where ongoing occupancy is expected to continue. Most frequently project sponsors use this activity for application fees, related credit checks, and reasonable security deposits to move people into permanent housing, provided such deposits do not to exceed two months of rent value in the new unit. PHP may be used for moving into market rate housing or subsidized housing from HOPWA or other HUD programs such as the Section 8/Housing Choice Voucher program. Also, one-time reasonable hook-up fees or deposits are eligible payments to utility companies for new service.

In addition to move-in costs, PHP funds may be used to complement other forms of HOPWA housing assistance. For example, it can be used to adjust to changes in care needs by assisting persons transitioning from more supportive settings to more independent alternatives. Costs may include fees for housing search services or activities designed to assist household in locating suitable housing. This may also include tenant counseling, understanding leases, securing utilities, making moving arrangements, paying for representative payee services for persons who use such services to better manage their own finances, and mediation services related to neighbor/landlord issues that may arise. As with all HOPWA assistance, the sponsor should use individual housing service plans that assess the participant's resources, establish long-term goals, and link the participant to other support resources.

It is recommended that project sponsors maintain policies describing the conditions for use of the funds, and indicating any local limitations imposed such as frequency of access to PHP funds (ex. one time per calendar year, or one time per lifetime on the program).

Based on the classification of eligible activities in the HOPWA regulations, PHP is considered a supportive service rather than a housing cost; however, in the Consolidated Annual Performance and Evaluation Report (CAPER) it is tracked and reported separately to HUD for the purpose of calling attention to its importance as a housing activity.

NOTE: Some items are not eligible as HOPWA permanent housing placement costs, such as costs for housing supplies, smoke alarms, standard furnishings, minor repairs to the unit associated with the move-in, and other incidental costs for occupancy of the housing unit

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SECTION 13 – PROVISION OF ASSISTANCE TO SURVIVORS AND TERMINATION OF ASSISTANCE

SURVIVORSHIP RIGHTS: TERMINATION RESULTING FROM CLIENT DEATH

HOPWA rental assistance terminates immediately upon the death of a client, unless survived by member(s) of the family who are listed on the housing application and lease agreement and residing with the client in the assisted unit at the time of their death. HOPWA regulations 24 CFR Part 574.310(e) allows up to 1 year of rental assistance to such surviving family members as a grace period. Most communities allow 60-90 days.

Assistance terminates upon the exhaustion of the grace period unless the household becomes eligible for HOPWA housing assistance prior to expiration of the grace period. Surviving family members may not accept payment of refunded amounts of any deposits paid by HOPWA, instead, instruct the landlord to pay such amounts directly to the project sponsor agency. Project sponsors are required to provide housing resource lists and service referrals to the surviving members in order to ease their transition.

Surviving Family Member with HIV/AIDS Diagnosis:

In the event that surviving family members include a person with an HIV/AIDS diagnosis who can prove residency in the unit prior to the death of the client and who was identified during the HOPWA certification (or re-certification) process, such person will be deemed the eligible person of the household and, therefore, client of the program, permitting HOPWA assistance to continue as long as eligibility is maintained for the client and their household members. Such households must be re-certified within thirty (30) days of the death in the family.

GROUNDINGS FOR TERMINATION

HOPWA project sponsors should terminate a participant's assistance only in 'the most severe cases' as the regulation states. It should be every project sponsor's policy to diligently respond to concerns and complaints voiced by clients, landlords, case managers and other interested parties about the administration of the HOPWA program or policy issues regarding the program. Termination policies should detail the actions that could result in termination, depending on the severity. These may include, but are not limited to:

- Non-compliance with housing conditions of lease or landlord-tenant laws:
- Abandonment of assisted unit, defined as a failure to reside on the assisted premises for a period exceeding thirty (30) days, except in authorized cases where the client is hospitalized or placed into residential substance abuse or mental health treatment
- Commission by client, any member of the household, guests or any person under the client's control of any acts that threaten the health, safety or right to peaceful enjoyment of the premises by other residents
- Excessive damage, beyond normal wear and tear, caused to the HOPWA-funded unit by the client, a client's guest, or a member of his or her household. Extreme or excessive damage is characterized by deliberate destruction of property including vandalism, arson, and breaking or soiling fixtures, floors, walls, windows, doors, or appliances
- Moving into a new apartment unit without program authorization

Program violations:

Commission of fraud, bribery or any other corrupt or criminal acts in connection with any federal housing program. Such acts include failure by false statement, misrepresentation, impersonation, or other fraudulent means to disclose a material fact used in making a determination as to the client's eligibility to receive services. Threatening or abusive behavior toward agency personnel, neighbor(s) or the landlord. Threats of violence may be verbal or non-verbal and can occur explicitly or implicitly. When the behavior constitutes a legitimate threat of violence to themselves or others, immediate termination is warranted

- Income ineligibility when total household income is over 50% AMI, or withholding income or

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verification

- Failure to notify the Housing Coordinator of a change in income within fifteen (15) days of the event
- Failure to notify the Housing Coordinator of any changes in circumstances in order to obtain or continue to receive benefits within fifteen (15) days of the event.
- Failure to cooperate in submitting required documentation/information within fifteen (15) days of program's request
- Failure to cooperate with Housing Stability Plan reassessments
- Failure to locate suitable housing within required time or failure to actively apply for and/or accept long-term stable housing assistance from other sources (i.e. Section 8).
- Failure to attend project sponsor appointments, except in the case of illness or other extenuating circumstances
- Repeated failure to make timely payment of the client's required portion of the rent

VIOLATION, GRIEVANCE AND TERMINATION POLICIES

HOPWA regulations 24 CFR 574.310(e), outline the minimum requirements for the contents of a participant grievance and termination policy for all grantees and project sponsors. This includes policies for handling surviving family members in the event of the death of a HOPWA-eligible person. Well written termination and grievance procedures protect the rights to due process of law for the recipients of all HOPWA services. The key point is ensuring the right to 'due process.' Any person should be free to raise concerns or complaints and do so without fear of retribution. Persons lodging complaints are entitled to the complaint being handled in an expedient, confidential, sensitive and non-judgmental manner. It is important that grievance policies be in place for all project sponsors that clearly provides information on the manner in which grievances may be filed and how they will be reviewed and acted upon (as in chain of decision making power). Whenever possible verbal complaints should be resolved in the least formal manner using a variety of approaches, including in writing, meetings and/or telephone conversations.

Project sponsors must also document in the client's case file the supportive services that were offered and provided to the client, as well as efforts to avoid or prevent terminations. Clients should receive a copy of the grievance and termination policy at the time of program enrollment, and a signed copy should be placed in their file for verification that they were well informed of the policy.

THE GRIEVANCE PROCESS

The Grievance Process applies to any decision by the HOPWA program, which may adversely affect the client's eligibility for assistance, including denial of re-certification, or program termination. Grievances must regard decisions which affect a client's eligibility, amount, or length of time of assistance, and/or termination of assistance for program violations. Grievances must be in writing and must be directed to the program supervisor. HOPWA regulations require that the client be provided with access to a formal process that recognizes the client's right to appeal and the client's right to due process of law. Federal regulations further specify that this process, at a minimum, must consist of:

- Serving the client with a written notice containing a clear statement of the reasons for the determination.
- Allowing the client to examine the case file, and all accompanying documentation and evidence upon request.
- Permitting the client to have a review of the decision, with the opportunity to present written objections before a person, other than the person (or a subordinate of that person) who made or approved the termination decision.
- Providing prompt written notification of the final decision to the client.

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Sample Grievance Procedure:

Grievance policies vary across communities; however, an example might include the following points and stipulations:

“In order to initiate a grievance, the client must complete a grievance form. A completed form should be delivered (time/date received by project sponsor) or be postmarked within thirty (30) days of the date of the decision being grieved. If filed after that time, the grievance must be accompanied by a written explanation for the delay. The program, at its sole discretion, will decide whether the client had good cause for filing the grievance late. Good cause consists of hospitalization, serious illness, or other circumstances beyond the client’s control, which significantly impaired their ability to file the grievance in a timely manner.

During the period of time in which the client is involved in a grievance of a termination decision, his/her assistance shall not be discontinued or reduced. However, if the client no longer resides in a HOPWA assisted rental unit (e.g. the client was terminated for abandonment of the unit, moved without authorization or has been evicted concurrent to the program termination), the HOPWA program will not provide rental assistance at the client’s new residence during the grievance period.”

Evidence Examination:

Based on the policy established by the project sponsor, the grievance is examined. If it is determined to have merit and no decision can be made based on the documentation alone, the program should schedule a meeting date and time to hear the grievance directly from the client. The grievance examination meeting should be scheduled no later than fifteen (15) days after the determination of merit.

In the event that the client has been served with eviction papers, the program will make reasonable attempts to accommodate the client at the earliest possible date. Written notification of the time and place of meeting, accompanied by a copy of the grievance, should be sent to the client’s primary case manager if outside the project sponsor agency, and a copy sent by certified mail to the complainant and the complainant’s representative, if any identified.

Meeting and Due Process:

Grievance meetings should be conducted in an orderly fashion, based on the policies of the agency. Failure to comply with the directives of the policy, by any participant in the meeting, may result in an exclusion from the meeting. The outcome of the meeting should not affect any rights the client may have to a trial or other review in any judicial proceedings, which may be brought in the matter.

Clients have the right to withdraw their complaint at any time. The withdrawal should be presented in writing to the project sponsor. The client must be notified in writing, via return receipt US Mail, of the date that the withdrawal was received by the agency. A copy of the withdrawal will be kept in the client’s file. The parties may at any time, before, during or after the grievance meeting, enter into a written stipulation, which resolves the issues being grieved.

The client should always be afforded due process, with a fair and impartial examination of the information, which provides the basic safeguards of due process. Satisfactory due process procedures would include:

- The opportunity to examine, before the meeting all of the documents, records, and HOPWA program rules relevant to the grievance
- The right to present evidence and arguments in support of the grievance
- The right to dispute evidence presented in support of the determination of eligibility, assistance, or termination under appeal
- The right to reasonable accommodations for persons with disabilities to participate in the hearing

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- The right to language translation if necessary
- The right to request the support of an independent advocate who may be a friend, family member, or other supporter, to assist the client in the grievance process and attend the meeting with the client
- The right to a decision within ten (10) business days based only on the evidence presented at the grievance meeting, unless additional information is requested by the panel (such requests shall be made in writing and copied to all parties unless such request is made during the grievance meeting)

Written notification to the client of the final decision by the decision makers defined in the grievance policy should be sent certified mail, return receipt requested within ten business days. A copy of the decision should be maintained in the client's case file. The written communication should clearly include the reasons for the decision cited.

Failure to Appear: Should the client fail to appear for the scheduled grievance meeting they will be in automatic default, leaving the challenged program termination or action to stand.

Request for Reasonable Accommodation: Any special accommodations required by the client, including translators, should be designated on the grievance form or submitted in writing and received by the program no less than three (3) business days prior to the meeting.

DOCUMENTING VIOLATIONS

Any program violation should be documented in the client's case notes in detail, including efforts to resolve the matter with the client. Documentation of efforts will include records of verbal interactions with client about the violation, documentation of diligent search for the client, copies of written warnings, including the warning of the possibility of termination, and other material as may be relevant. Documentation in the client's file of the client's efforts to make corrective action, or lack thereof should also be included.

Independent evidence and/or documentation that should be obtained for the file regarding violations may include but is not limited to:

- Copies of landlord-tenant notices to comply with Lease/Rental Agreement and Housing Rules.
- Police reports indicating behavior by any household member, guest or anyone within the client's control, which threatens the health, safety or right to peaceful enjoyment of the premises by other residents.
- Police reports, arrests or convictions for drug-related criminal activity of any household member, guest or anyone within the client's control.
- Documentation of a failed diligent search for a client who has abandoned a HOPWA-assisted unit.
- Witnesses, including but not limited to the landlord, who are willing to attest to the behavior of the client, any household member, guest or anyone within the client's control or facts evidencing fraud on the part of the client.

NOTE: The landlord's word alone may not constitute sufficient evidence of a program violation (except in the case of apartment abandonment or unauthorized moves). When using a witness such as the landlord to terminate assistance, the provider should include additional witnesses and documentation.

TERMINATION NOTICES

Remember, HOPWA project sponsors should terminate a participant's assistance only in 'the most severe cases'; however, if all efforts at correcting program violations have been exhausted, termination notices must be in provided to the client in writing and contain the following elements:

- The notice should inform the client that their assistance under the HOPWA program is being terminated, the effective date of termination and a statement that the HOPWA program will provide thirty (30)

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additional days of rental assistance (if applicable) from the effective date of termination if the client remains in his/her currently assisted rental unit. If the client no longer resides in the currently assisted rental unit (e.g. the client has abandoned the unit, moved without authorization or has been evicted concurrent to the OHOP program termination), the HOPWA program will provide no additional rental assistance at the client's new residence.

- The notice should specify that a grievance may be initiated with the sponsor within thirty (30) business days of the date of the termination notice.
- The notice should provide a detailed explanation of the reason for termination. The explanation must include the reason for termination, i.e. the incident(s) which led to the decision to terminate, the time and date of the incident(s) and the type of supporting evidence the landlord or provider has with regard to the incident(s) (witnesses, case file documentation, police/incident report, etc.).
- The notice should include a copy of the grievance policy.
- The notice should clearly state the deadline for submitting a grievance.
- The notice should state that the client has the right to review his/her file, as well as any documentation supporting the provider's decision to terminate the client's HOPWA assistance.
- The notice should be faxed to the client's HIV case manager and sent by first class and certified mail to the client, return receipt requested.

ELIGIBILITY FOR FURTHER HOPWA PROGRAM ASSISTANCE

Sponsors should create a policy for reinstating clients previously terminated from HOPWA. Wherever possible, care should be taken by agencies to ensure that clients evicted from housing do not lose their linkage(s) to medical care. Policies for re-instatement generally range from six months to two years for serious violations; however, clients terminated for documented fraud, a lifetime registration for sex offenses, or convictions of manufacturing or producing methamphetamine on the premises of federally assisted housing are prohibited for life to federally subsidized housing assistance.

Following an exclusionary period, reconsideration for admission to HOPWA services should include the following elements:

- A reassessment of the client's living situation acuity
- A written statement from the client explaining the situation that gave rise to the previous termination from the program, the steps that the client has taken since termination to address any individual behaviors giving rise to the termination, and the client's current plan to secure and maintain stable housing
- If the client has an HIV case manager in the community, the case manager should work with the client to develop a new care and housing plan form that outlines how the client will be assisted in securing and maintaining stable housing. The plan should include specific information regarding the frequency of client contact with the HIV case manager, volunteers, or other care providers in the community who will assist the client in their new housing. The plan should also clearly outline the specific duties of the client, HIV case manager, and volunteers or other care providers who will assist the client.

EVICITION BY THE LANDLORD AND LANDLORD-TENANT LAW

Termination from HOPWA services is separate and distinct from eviction from housing by a landlord. A landlord may have reasons for evicting a client, justifiable or otherwise, which differ substantially from termination of HOPWA assistance due to breach of other program requirements. In the administration of HOPWA services, it is important that termination and eviction be carefully differentiated.

If an eviction by a landlord might result in a client's loss of occupancy rights, then Landlord-tenant law would come into play. Tenant-landlord law is a matter of state and local laws that would apply to recipients of HOPWA tenant-based rental assistance (TBRA); however, the application of these laws to supportive housing and especially to community residences or congregate housing can vary greatly from state to state depending on local

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statutes and their application in court. The HOPWA regulations describe a framework of due process that must be met, regardless of local laws and HOPWA project sponsors should consult fair housing counseling agencies or legal counsel as to how prevailing tenant-landlord laws might affect their program.

A client may be evicted by the landlord, in accordance with state and local landlord-tenant laws governing evictions, for violating a provision of the lease agreement. However, HOPWA support services should not necessarily be terminated unless HOPWA program rules are violated and no resolution with the client can be reached. It would be hoped that the landlord or client would contact the case manager or housing case manager well in advance of a situation reaching the eviction stage in order to support the client, where possible, in resolving the issue. If a landlord chooses to initiate eviction proceedings, in spite of case management intervention, the client should be referred to legal services, and it may be necessary to make arrangements for the client to move and continue the assistance elsewhere.

PROGRAM INCOME

Program income is defined as “Gross income directly generated from the use of HOPWA funds, including repayments.” Grantees report the receipt and expenditure of program income, as well as resident rent payments collected or paid directly to the HOPWA Project Sponsor. The City of Atlanta’s Department of Grants and Community Development (DGCD) HOPWA Program hereinafter referred to as “The City” strives to collaborate and coordinate with local housing partners to leverage resources and increase housing opportunities for efficiently and effectively People/Persons Living with HIV/AIDS (PLWHA) in Atlanta, that is why program income generated from activities in our HOPWA program are added back into the HOPWA program.

Purpose:

Tracking of program income of all U.S. Department of Housing and Urban Development funded (CDBG, ESG, HOME, HOPWA) awards are required to maintain the integrity of all of program generated by Project Sponsors in relationships to carrying out HOPWS eligible activities. Tracking of program income are essential for an effective internal control environment so that:

- The information transmitted to, contained in, and reported to HUD for program income is accurate, complete, and recorded in a timely manner.
- The information can be relied upon for making financial and administrative decisions; and
- Irregularities are detected quickly, reported to the appropriate authorities, and resolved to prevent recurrences.
- Tracking and timely reconciliation of program income is an important part of responsible stewardship of HUD resources and an effective system of internal controls; thus, the following requirements have been established.
- The use of program income by agencies shall comply with the requirements set forth at 2 CFR 200.307, in their executed grant agreement and this Policy. By way of further limitations, the agency may use such income during the Period of Performance for activities permitted under their Agreement and shall reduce requests for additional funds by the amount of any such program income balance on hand.

Tracking and Monitoring Procedures:

Each Project Sponsor providing eligible HOPWA activities that may generate program income are required to account, record, and submit to the City of Atlanta monthly the total amount of program that is collected, expended and on hand on the HOPWA Program Income Tracker. (Appendix G-part 2)

Project Sponsors are required to add (Additive Method) and use the generated program income in their project and expend those funds prior to requesting reimbursements. Federal regulations require that program income funds be expended before spending award funds. DGCD allows funds to be retained and used to further eligible

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project or program objectives during the term of the award.

Example: The Project sponsored award amount was \$100,000. \$10,000 of program income is generated. The total allowed project costs are now \$110,000 (\$100,000 expensed on the original award amount and \$10,000 expensed on the program income earned).

If program income is not generated monthly, the Project Sponsor is still required to report program income on hand that has not been expended and why the program income has not been expended.

Support documents must be submitted with the HOPWA program reimbursement request to confirm and track all program income which includes source of program income, g/l reports, bank statements and expenditures charged against the program income.

The City will review, verify, and track all program income per Project Sponsor throughout the project's contract period. If there are any discrepancies the Program Operations Management Analyst in conjunction with the Financial Analyst, Sr. will develop a plan of correction.

Security deposits that are made with THE CITY HOPWA Program funds MUST BE RETURNED to the program when the assisted tenant leaves the unit. Project sponsors/subcontractors must maintain a record of all security deposits. Good faith efforts must be made to recover program funds upon the departure of the client from the unit.

All unexpended program income shall be returned to the City at the end of the Period of Performance consistent with the terms and conditions of a grant close-out unless the City provides written authorization for the agency to retain such income.

Reporting: The tracking report is due with the monthly reimbursement requests.

On a monthly basis by the 15th, the program income per Project Sponsor will be submitted in the DGCD database and reviewed quarterly by the Grants Service Manager for accuracy. If any discrepancies are discovered, they will be researched and corrected.

Project Sponsors are required to report outcomes/services for all program income expended on the corresponding activity tracking sheet.

Program income will be reported on an annual basis in the HUD required reporting of the Consolidated Annual Performance and Evaluation Report (CAPER). The Program Income will be reported in aggregate and project sponsors as required to submit annual information on program accomplishments and Program income data that supports program evaluation and the ability to measure program beneficiary outcomes as related to maintain housing stability; prevent homelessness; and improve access to care and support by the CAPER

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SECTION 14– HOPWA COVID FLEXIBILITIES AND WAIVERS

INTENT TO USE WAIVERS

DGCD issued written communication to Project Sponsors on 12/14/2020 and 1/18/2022 to provide notification if they planned to utilize the COVID Waivers issued by HUD with guidelines and documentation requirements for each waiver.

Procedure for Using Available Waivers of Program Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19

- Grantees must mail or email notification to the Community Planning and Development Director of the HUD Field Office serving the grantee. The email notification must be sent two days before the grantee anticipates using waiver flexibility, and include the following details:
 - Requestor’s name, title, and contact information;
 - Date on which the grantee anticipates first use of the waiver flexibility; and a list of the waiver flexibilities the grantee will use

Project Sponsors must amend their Policies and Procedures if COVID waivers are to be utilized and outline how HUD’s guidelines for each waiver will be implemented and documented. Below is a schedule and description for each waiver type for Project Sponsors that requested to utilize waivers.

Waiver	End Date	Details
Self- Certification of Income & Credible Info on HIV Status	9/30/21	This waiver was originally available for grantees who agreed to “obtain source documentation of HIV status and income eligibility within 3 months of public health officials determining no additional special measures are necessary to prevent the spread of COVID-19.” The CPD COVID-19 waiver memo published on June 30, 2021 established an end date for this waiver of 9/30/21. Grantees/project sponsors must secure source documentation by 9/30/21 for any cases in which the waiver was utilized.
FMR Rent Standard for HOPWA	3/31/22	Grantees/project sponsors may continue to approve the lease of rental units above the FMR or local rent standard as long as they meet rent reasonableness requirements, through 03/31/22. Leases above the rent standard that are in effect on 12/31/21 are not expected to be immediately terminated and may continue beyond the waiver end date based on HUD guidance.
Property Standards for HOPWA	6/30/22	Grantees/project sponsors may continue to conduct virtual inspections for initial lease-up inspections through 9/30/21. Units that received virtual initial inspections through this waiver must be physically reinspected by 6/30/22. Note that this waiver does not apply to annual re-inspections, which may be done virtually with no requirement to re-inspect physically.

HOPWA AND HOPWA-CV POLICIES AND PROCEDURES

HOPWA Space & Security	3/31/22	This space and security requirement is waived until March 31, 2022, for grantees addressing appropriate quarantine space for affected eligible households during the allotted quarantined time frame recommended by local health care professionals.
Time Limits for Short-Term Housing Facilities and STRMU	12/31/21	This waiver is in effect until 12/31/21. This includes providing up to 120 days of short-term housing facility stays in a 6-month period and the provision of up to 12 months of STRMU in a 12-month period. HUD will provide further guidance on methods for ending the extended short-term housing stays and STRMU assistance.

HOPWA AND HOPWA-CV POLICIES AND PROCEDURES

SECTION 15– APPENDIX

As documents are consistently updated, it is important to note that the documents listed in this appendix are current as of publication date. The Project Sponsor is responsible for consulting with their respective DGCD Management Analyst, HUD Exchange, or applicable Code of Federal Regulations to ensure that they are using the most recent form, document, or guidance.

Document	Grantee(G) OR Project Sponsor (P/S)	Description/Link	Last Revised
DGCD Internal Controls Policy	G, PS	https://www.atlantaga.gov/government/departments/hopwa-program-information-and-documents	6/2022
DGCD’s Data Breach and Confidentiality Policy and Procedure	G	https://cityofatlanta.sharepoint.com/:b:/s/CityofAtlantaGrants/EU2a9StgQihMux6yfQaycbIBI5Z_ECidnogc_8tJ6smelA?e=6edmhc	7/2022
IDIS Set-Up and Draw Process	G	https://cityofatlanta.sharepoint.com/:b:/s/CityofAtlantaGrants/EXwEUjO8DKZBr1Yt6_4wP-oBreaD4MtaNIQ-vEQQSp4_XQ?e=GRTgev	12/2022
Environmental Review Request Form	PS	https://www.atlantaga.gov/government/departments/grants-and-community-development/environmental-reviews	4/2023
Sample: HOPWA Inventory Policy and Equipment and Furnishings Inventory	G	https://files.hudexchange.info/resources/documents/HOPWAInventoryPolicy.pdf	2/2008
DGCD Lead Based Paint Policy	G	https://www.atlantaga.gov/home/showpublisheddocument/56378/637964138038200000	6/2022
Contract Development	PS	https://cityofatlanta.sharepoint.com/:b:/s/CityofAtlantaGrants/EURHI68CjAtEuRB0oNKje1wB7zB1rf7SoQ-Fjzjr_WVm2w?e=zBwGRC	7/2022
Model Emergency Transfer Plan For Victims Of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking (HUD form 5381)	PS	https://www.hud.gov/VAWA#VAWA-Forms	12/2016
DGCD Violence Against Women Act (“VAWA”) certification form as prescribed by HUD form-5382	G, PS	https://www.hud.gov/VAWA#VAWA-Forms	12/2016
Notice Of Occupancy Rights Under The VAWA	G, PS	https://www.hud.gov/VAWA#VAWA-Forms	12/2016
Sample Release of Information Form	G, PS	https://files.hudexchange.info/resources/documents/InfoReleaseForm.pdf	5/2004
Sample: STRMU Tracking Sheet	PS	https://www.hudexchange.info/resource/1838/example-tracking-sheet-for-hopwa-strmu/	10/2008
Training Request Form	PS	https://www.atlantaga.gov/government/departments/hopwa-program-information-and-documents	
HOPWA Project Sponsor Manual	PS	https://www.atlantaga.gov/government/departments/hopwa-program-information-and-documents	9/2019
HOPWA Reimbursement Request Requirement	PS	https://www.atlantaga.gov/government/departments/grants-and-community-development/hopwa-reimbursement-request-requirements	

HOPWA AND HOPWA-CV POLICIES AND PROCEDURES



The City of Atlanta
Department of Grants and Community Development
Internal Controls Policy and Procedure Manual

Date of Revision: 07/01/2022
Department of Grant and Community Development

Internal Controls

Establish the City of Atlanta's (City) Department of Grants and Community Developments policies and procedures (P&P) that ensures federal awards are utilized for their intended purposes. Key elements of internal controls include:

- Organizational structure, as documented through organization charts and position descriptions
- Policies and procedures
- Separation of duties
- A secure recordkeeping system
- Regular reconciliation of budgets and records

Internal controls are established to safeguard federal funds awarded to DGCD. These P&Ps confirm the following assurances:

- Ensure compliance with policies, rules, regulations, and laws
- Prevent errors and deceptive practices
- Verify accuracy of accounting
- Produce reliable and timely financial data
- Provide accurate information for oversight of programs and operations
- Achieve organizational mission and goals

Scope

This Internal Controls Policy and Procedures document (P&P) establishes a framework for a system of internal controls per 2 CFR 200.303 and relays the internal control objectives of the Department of Grants and Community Development (DGCD). These P&P applies to the City of Atlanta (City) Department of Grants and Community Development (DGCD) and Subrecipients (SR), Project Sponsors (PS), CHDOs, and Developers/Non-Profits) that receive entitlement funds from the U. S Department of Housing and Urban Development (HUD). The City is committed to managing all grants in accordance with 2 CFR 200 Uniform Administrative requirements, cost principles, and audit requirements for federal awards. These P&P will be monitored and modified as conditions warrant.

Purpose

The purpose of the P&P is to establish communication and goals designed to adhere to the following:

- Comply with federal statutes, regulations, and the terms and conditions of the federal, state, or local grant awards;
- Protocols and Procedures for staff and external partners as they perform their day-to-day duties;
- Evaluate and monitor the DGCD, SR/PS's compliance with statutes, regulations, local policies and terms and conditions of written contracts;
- To take prompt action when instances of noncompliance are identified; and
- To take reasonable measures to safeguard protected personally identifiable information and other sensitive information per applicable federal regulations, state, laws, and DGCD policies.

These established protocols will assist DGCD and all partners to ensure oversight at multiple levels. These P&P will ensure accuracy of records, promote operational efficiency, and encourages adherence to policies, rules, regulations, and laws.

Internal controls have the following objectives:

Efficient conduct of business:

Controls are in place to ensure that processes flow smoothly and operations are free from disruptions. This process mitigates against the risk of inefficiencies and proactively addresses threats to the organization's overall business conduct.

Safeguarding assets:

Controls are in place to ensure that assets are deployed for their intended purposes and are not susceptible to misuse or theft. A comprehensive approach will be applied to all assets.

Preventing and detecting fraud and other unlawful acts:

Controls ensure all organization structures are monitored. With increased size and complexity, the nature of fraudulent practices becomes more prevalent, and controls must be capable of addressing the risks.

Completeness and accuracy of financial records:

Controls ensure an organization can produce accurate financial statements and reliable financial records. Systems must be capable of recording transactions and clearly explain the nature of business transacted is properly reflected in the financial accounts.

Timely preparation of financial statements:

Organizations must be able to fulfill legal obligations to submit accounts, accurately and timely. They also have a duty as stakeholders to produce accurate financial statements. Internal controls must be applied to manage accounting processes which are necessary for effective strategic planning, decision making, and monitoring of organizational performance.

The P&P is designed to provide reasonable assurances regarding the achievement of the following objectives:

Transactions are properly recorded/accurate, allocated, complete, timely and accounted for, in order to:

- Permit the preparation of reliable financial statements and reports;
- Maintain accountability over assets;
- Demonstrate compliance; and
- Clearly identify the true business nature of the transaction.

Transactions are executed in compliance with:

- Federal statutes, regulations, and the terms and conditions of the award that could have a direct and material effect on the program;

- Ensuring funds and other assets are safeguarded against loss from unauthorized use or disposition.
- Accordance with generally accepted accounting principles.

Overall, financial and other reports are prepared by SR/PS's and collected by designated DGCD staff ensuring all reports are properly maintained, contain accurate information, and follow regulatory requirements. In conjunction with required financial reports, the City ensures alignment of programmatic activities, evaluation of goals and outcomes, and overall compliance for all federally funded programs and projects. The City has established a basis for evaluating programmatic outcomes and activities by the following practices: monthly and annual reporting, contract review, financial review, and general compliance best practices to include monitoring and assessment of risk.

Training

All DGCD staff receive training on these P&P. New staff will receive training as part of the onboarding process within the first 90 days of employment. Further training will be provided annually and whenever there is a substantial change in the P&P. Mandatory Internal Controls training will be conducted by a member of the compliance team. The Office of Entitlement and Competitive Compliance will maintain the Internal Controls P&P and required training materials.

All SR/PS's will receive training on these P&P on an annual basis and/or at contract execution. Additional training will be conducted annually or whenever there is a substantial change in the P&P. The trainings are mandatory. The Compliance team will maintain the Internal Controls P&P and all required training materials.

Enforcement

Employees. Employees who do not comply with the Internal Control P&P will be subject to disciplinary action. Compliance with this P&P is mandatory. Appropriate disciplinary action will be taken where individuals and/or systems are found non-compliant.

SR/PS. The SR/PS and its employees are considered business associates of the City and must adhere to all regulatory provisions and the DGCD's internal policies. Compliance with this P&P is mandatory. Appropriate action will be taken up to termination of the contract and/or funds recaptured if found non-compliant.

Internal Control Standards

DGCD adheres to the Government Accountability Office (GAO) Standards for Internal Control in the Federal Government (commonly called "the Green Book framework) issued by the Comptroller General of the United States. In addition, these internal controls adhere with guidance in the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

All SR/PSs are mandated to adhere to 2 CFR 200 administrative rules at contract execution and will be provided

with a copy of DGCD's Internal Controls P&P at said time.

The following components work to support the achievement of DGCD's strategies and related business objectives.

Control Environment

Objective: Compliance is the expectation for the department. DGCD will provide oversight of entitlement funds awarded to SR/PSS' grant programs.

Risk Assessment

Objective: DGCD will implement a risk management process by identifying, assessing, analyzing, controlling, reducing and mediating risks (internally and externally) based on operations and performance; identify and analyze changes that could significantly impact internal controls: and consider the potential for fraud when identifying, analyzing, and responding to risks and measurable terms: rate and rank the risks, and implement controls or other actions needed to eliminate or reduce the risk;

Control Activities

Objective: DGCD has established and will continue to monitor P&Ps to achieve objectives and responses to risk; maintain and monitor the design and implementation of operations, outcomes, and fraud, waste, or abuse. DGCD control activities will occur at all levels and in all functions throughout the Department.

Implement Information and Communication Systems

Objective: The City and DGCD will disseminate quality information to support the internal control system. Internal communication is the continual, iterative process of obtaining, providing, and sharing necessary information. Information is shared verbally, in writing and electronically to ensure that all staff remain informed.

Monitor Internal Controls

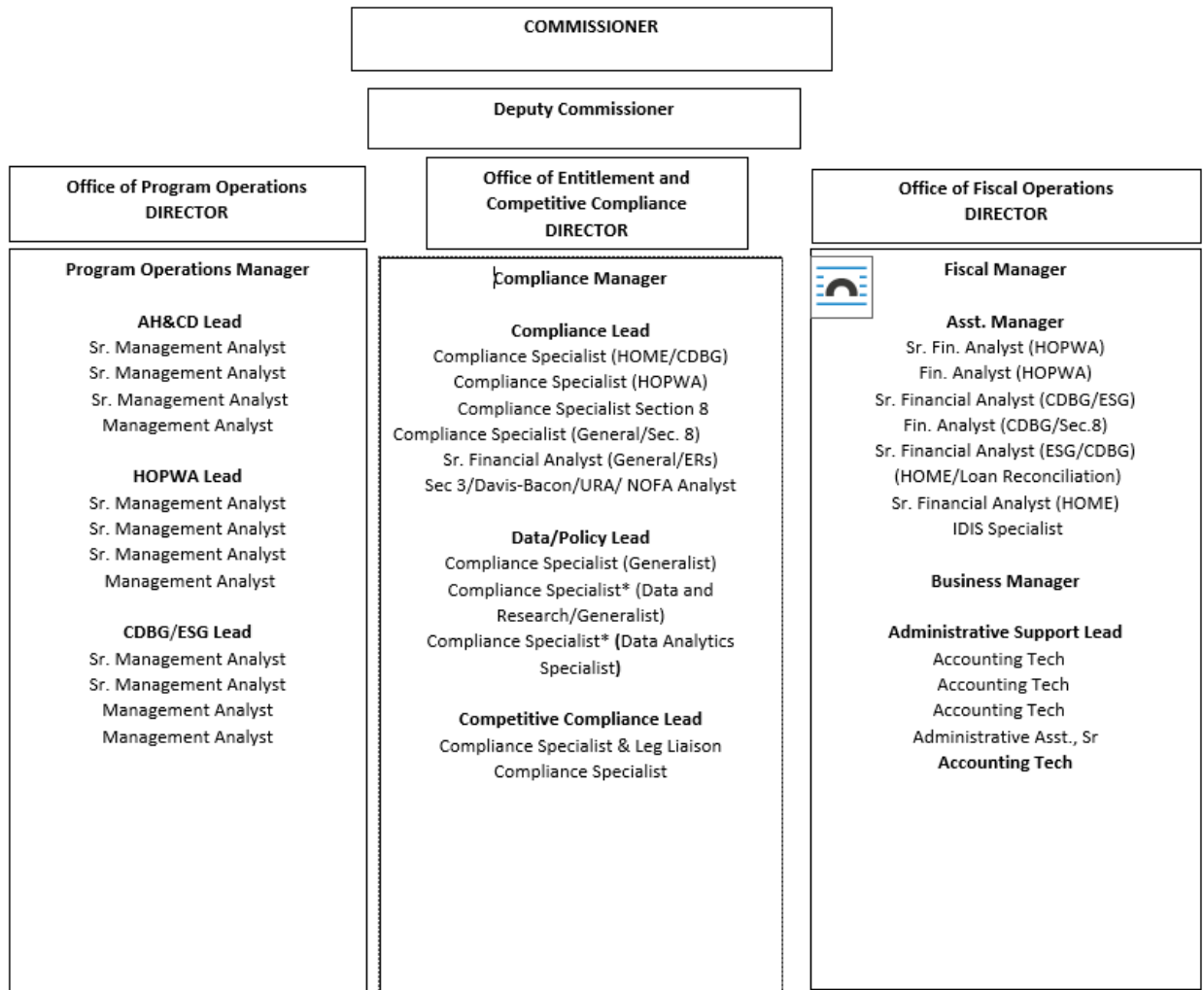
Objective: The internal control system will be monitored annually, to assess the quality of performance over time and properly resolve the internal and external findings of audits and other reviews. Internal control deficiencies will be reported and corrected timely.

DGCD Organizational Chart

DGCD is composed of three separate offices. DGCD structure is as follows:

- The Office of Program Operations
- The Office of Fiscal Operations
- The Office of Entitlement and Competitive Compliance

The Office of Competitive Compliance provides general oversight of to the entire department.



City of Atlanta Procedures

Activities Allowed or Unallowed and Allowable Costs / Cost Principles

The City by way of DGCD, and all SR/PS’s will provide reasonable assurance by adhering to their written P&Ps, expending federal awards for allowable activities, and ensuring that the costs of goods and services charged to federal awards are in accordance with the applicable cost principles.

Control Activities

The City by way of DGCD, will allocate grant funds in accordance with all federal, state, and local laws. The Director of the Office of Program Operations, Director of the Office of Competitive and Entitlement Compliance, and Director of the Office of Fiscal Operations will review all funding recommendations to ensure activities and associated costs are allowable uses of federal grant funds *before* obligating and spending those funds on the proposed goods, services or subaward. (see Appendix B-5 Procedures for Implementation of Consolidated Plan Projects).

The Commissioner of DGCD or his/her designee is authorized to approve budget amendment requests for each SR/PS Contract up to the Grant Amount so long as the request is within the scope of the executed contract. DGCD will conduct an analysis prior to the Commissioner approving the budget request. All requests must ensure the allowability of costs expenditures adhere to contractual requirements and must be aligned with 2 CFR 200 Uniform Administrative requirements. DGCD, SR/PS, CHDO, Developer/Non-Profit must have P&P established to meet the standards established by federal, state, and local regulation

Accountability provided for charges and cost charged to federal and nonfederal activities: Although each grant may have specific allowable and unallowable costs, DGCD and SR/PS's, CHDO, Developer/Non-Profit must adhere to the federal regulations and cost principles when developing and administering federal awards. DGCD mandates that all cost to be reimbursed must meet the following requirements to be considered allowable, reasonable, allocable, and consistent.

To meet the definition of "**allowable**," a cost must be:

- Be necessary and reasonable to carry out the grant.
- Be consistent with the policies and procedures that apply uniformly to federal and non- federally financed expenses.
- Not be included as part of a match of federal funds; and
- Be adequately documented.

To meet the definition of "**reasonable**," the cost of the good or service does not exceed the amount a prudent person would spend on an item at the time the decision was made to incur the cost. Reasonable is further defined as:

- Use of sound business practices, adherence to federal, state, and local laws and regulations; and the terms and conditions of the federal award; and
- Use of market prices in the local area for comparing the costs of goods and services.

To meet the definition of "**allocable**," the cost of the goods or services involved are chargeable or assignable to that federal award or cost objective in accordance with relative benefits received. Allocable is further defined as:

- Costs are incurred specifically for the federal award; and
 - Costs can be distributed in proportions that may be approximated using reasonable methods.
- Costs necessary to the overall operation of the non-Federal entity.

To meet the definition of "**consistent**" the cost must be in accordance with DGCD's policies and past practices. DGCD will ensure all SR/PS charge expenditures across all allocated fund sources.

Direct or Indirect: Direct costs are those costs that can be identified specifically with a particular final cost objective, such as a federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. *2 C.F.R. § 200.413(a)*. Indirect costs are those that have been incurred for a common or joint purpose benefiting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. *2 C.F.R. § 200.56*. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs. *2 C.F.R. §200.413(a)*.

Federal award type is the determining factor to distinguishing direct from indirect costs. Typical costs charged directly to a federal award are the compensation of employees who work on that award, their related fringe benefit costs, the costs of materials and other items of expense incurred for the federal award. 2 C.F.R. § 200.413(b). The salaries of administrative and clerical staff should normally be treated as indirect costs. Direct charging of these costs may be appropriate only if all the following conditions are met:

- Administrative or clerical services are integral to a project or activity.
- Individuals involved can be specifically identified with the project or activity.
- Such costs are explicitly included in the budget or have the prior written approval of the federal awarding agency; and
- The costs are not also recovered as indirect costs. 2 C.F.R. 200.413(c).

Indirect Cost Rate - The City does not directly apply an indirect cost rate to federal grants. However, according to 2 CFR 200.414, DGCD SR/PSs may either use their federal approved rate or the de minimis rate if in accordance with federal regulations.

When determining how the City will spend its grant funds, the Director of Program Operations, the Director of Fiscal Operations, and The Director of Competitive and Entitlement Compliance will review the proposed cost through the Consolidated Plan (Con Plan) project timeline to determine whether it is an allowable use of federal grant funds *before* obligating and spending those funds on the proposed goods, services or subaward.

Determining Allowability of Costs Expenditures must be aligned with all approved budgets for the City and all SR/PSs, and or contractors. Any changes or variations from the legislated approved budget and grant agreement need prior approval from the Commissioner and/or Director of Program Operations.

Adequate segregation of duties in review and authorization of costs

Reimbursement Process:

Status 1 Received:

To start the reimbursement process, a provider submits a reimbursement request including documentation to the DGCD Reimbursement Request Outlook email address. Once the request has been submitted, the administrative support staff performs the initial upload of the reimbursement into the DGCD Tracker. Administrative support staff then acknowledges receipt of the package via email and ensure that basic required fields within the Tracker are populated. The Administrative support staff alerts the assigned Financial Analyst via email so that they can review process. Administrative team issue the purchase order (PO) and verify the PO is current and active. If any issues are identified, the administrative team notify the financial Analyst and Grant Service Manager to ensure the Requisition is completed in a timely manner.

- o For files up to 25MB, via the grant payments email: grantpayments@atlantaGA.gov;
- o For files over 25MB, via the grant portal: <https://web.atlantaga.gov/gcdrp/GCDRP> or;

o For any size file, provide a download link to a secure, third-party document storage site via the grant payments email: grantspayment@atlantaGA.gov

Status 2 Financial Analyst Review:

The Financial Analyst validates the assigned reimbursement, ensure that all fields within the Tracker are populated and accurately reflect what has been submitted, and conducts the full reimbursement review process. The Financial Analyst is responsible for ensuring the agency submits all documents as a single PDF file. If a reimbursement cannot be processed due to lack of documentation, missing Requisition or incorrect documentation that cannot be corrected by the DGCD staff, the Financial Analyst is responsible for changing the status to 3 (Awaiting Provider Corrections) or 3a (Awaiting Contract or PO). The Financial Analyst updates the "DGCD Contacted Provider" field with relevant information and once the corrections/updates are completed, the Financial Analyst continues with the review. Any correcting documents requested from the Provider should be sent directly to the financial analyst who updates the tracker. This process prevents the upload of multiple/duplicate reimbursements in the tracker. When all applicable corrections have been made, the Financial Analyst inserts the completed Disbursement Request Form and changes the status of the reimbursement from Financial Analyst Review to #4 (Manager 1 Review)

Status 3 Awaiting Provider Corrections:

The Financial Analyst enters the Date DGCD Contacted Sponsor regarding corrections and populates the "DGCD Received Corrections" field once the provider sends corrections. Any revisions or changes made to the submitted documentation must be included in the notes field. The responsible Financial Analyst then initials and dates each notation.

Once the Reimbursement has been fully reviewed, the Financial Analyst updates the status to #4 (Manager 1review).

Status 3a Awaiting Contract or PO:

At any point in the review process, the Financial Analyst is responsible for any flagged issues with the reimbursement. The Financial Analyst coordinates with the Program Analyst or admin team regarding any incomplete contract or PO respectively. The Financial Analyst notates the communication date in the Tracker. Financial Analyst also updates the Tracker regarding the Received Corrections date in the tracker.

Once the reimbursement has been fully reviewed, the Financial Analyst updates the status to #4 (Manager 1 Review).

Status 4 Manager 1 Review:

Manager 1 conducts another level of review to ensure accuracy and compliance of the reimbursement package. If no errors are found, then Manager 1 updates the Processing Completion Date indicating that the reimbursement is error free and ready to process. Manager 1 is then responsible for updating the status to #5 (Manager 2 Review). If error is identified, Manager 1 returns the item to #2 (Financial Analyst Review) for corrections and appropriate actions. Comments are entered in the Tracker comment section to notify the

Financial Analyst of action required.

Once the Reimbursement has been fully reviewed and approved, Manager 1 updates the status to #5 (Manager 2 review).

Status 5 Manager 2 Review:

Manager 2 conducts an additional level of review to ensure accuracy and compliance of the reimbursement package. If no errors are found, then Manager 2 updates the Processing Completion Date indicating that the reimbursement is error free and ready to process. Manager 2 then updates the status to #6 (Receipting and Approval). If error is identified, Manager 2 returns the item to #2 (Financial Analyst Review) for corrections. Comments are entered in the comment section to notify the financial analyst of action required.

Manager 2 updates the status to 6 (Receipting Approval) if no error is identified,

Status 6 Receipting Approval:

After the reimbursement review has been completed by both fiscal team and manager staff, the receipting and approval process can begin. The Administrative Support staff receipts in Oracle Procurement cube. The admin team validates the AP disbursement form data to the PO assigned to the contract, to ensure the correct accounting strings are accurate and the contract has sufficient funding.

Status 7 Receipting Approval DocuSign:

The receipting administrative Support Staff member uploads the reimbursement within DocuSign to route from the designated approvers through to Accounts Payable. If any issue occurs within DocuSign, the Administrative Support Staff member updates the DocuSign notation in the Tracker and alerts the financial team to reroute. The DocuSign metric within the Tracker is changed to the appropriate queue for corrections. Once all the signatures have been captured, the admin team sends to the AP mailbox ehx.fin.invoices.1@workflow.mail.us2.cloud.oracle.com.

Status 8 Accounts Payable:

City of Atlanta Accounts Payable team reviews and process the reimbursement according to the AP schedule. Checks are processed once a week while ACH and credit card payments are processed daily. Completed payments are routed to the DGCD Director for approval and payments are then generated.

Status 9 Accounts Payable Held:

Accounts Payable reviews the reimbursement submitted via workflow and if there are any issues identified, the administrative Support Staff updates the fiscal team on any rejection by Accounts Payable. The admin team is responsible for re-routing the reimbursement within the tracker. The final system approval will route to Manager 2 for action.

Status 10 Paid:

The Administrative team upon Accounts Payable Approval and payment monitors the reimbursement in Oracle

to ensure that it pays. Once the reimbursement is paid in Oracle, the administrative team updates the Date Paid by City column and changes the Status to Paid. Changing the status of the reimbursement to Status 11 Paid closes out the reimbursement process.

All SR/PSs and/or Contractors must have written P&P showing the levels of segregations of financial transactions (Financial Management Policies) in their organizations. A copy of the P&P will be reviewed by the Financial Analyst in accordance with regulation and should be reviewed at least annually.

Supporting documentation compared to list of allowable and unallowable expenditures

The Financial Analyst, Manager 1 and Manager 2 review all expenditures submitted for reimbursements to DGCD.

The IDIS Specialist and the Director of the Office of Fiscal Operation will complete and approve the IDIS draw.

Levels of Review

Reimbursement Process Level of Review:



Draw Process Level of Review:



Additional oversight will occur during the annual internal audit conducted by the Office of Entitlement and Competitive Compliance to ensure clear separation of duties.

Computations checked for accuracy

The allowable costs are recorded in the appropriate general ledger accounts and the accounting software is designed to ensure balances are mathematically accurate. DGCD Financial Analyst, SR/PS and Grants Services Managers will identify, in its accounts, all federal awards received and expended and the federal programs under which they were received (See Reconciliation Policy). Federal program and award identification must include, as applicable, the CFDA title and number, federal award identification number and year, name of the federal agency, and, if applicable, name of the pass-through entity

Adjustments to unallowable costs made where appropriate and follow-up action taken to determine the cause.

Upon determination of an unallowable cost, the DGCD Financial Analyst, SR/PS and Grants Services Managers will complete at least a quarterly review of all expenditures related to the activity, to verify the allowability, allocability and reasonableness. The Financial Analyst, SR/PS and Grants Service Managers will review associated grant monthly expenditures reports to verify any variance or anomalies. If variances exist, or trends that may lead to a significant variance is determined, the Director of Fiscal Operations, Director of Program Operations, and Director of Entitlement and Competitive Compliance will make and/or approve necessary adjustments.

City of Atlanta System Authorizations

Authorizations and terminations of authorized user of all City systems (Oracle, IDIS, etc.) are initiated by the Fiscal Operations Managers and/or Business Manager upon onboarding and exiting the City. All City systems users are set up with specific system rights to ensure separation of duties and approval levels. Access to IDIS is only authorized by the City's Delegated Authority or his/her designee.

Accountability for authorization is fixed in an individual who is knowledgeable of the requirements for determining activities allowed and allowable costs.

The Commissioner and/or Deputy Commissioner are designated to provide the final authorization of all expenditures charged to all federal awards.

Cash Management

Control Objectives

The City and DGCD will comply with applicable methods and procedures for payment that minimize the time elapsing between the transfer of funds and disbursement by the City and DGCD in accordance with the City's payment policies.

Control Activities

Cash management options defined for federal awards:

- Advanced Payments - Amount requested to be paid limited to minimum amounts needed to meet immediate cash needs.
- Reimbursement - Amount requested to be paid that was previously paid by the City on behalf of DGCD (generally within 30 days of initial payment).
- Working Capital Advance – Amount requested to be paid is based upon estimated disbursement needs for a period.

The City will draw federal entitlement funds from Integrated Disbursement Information System (IDIS) monthly. Costs may be directly charged to an award only when the cost is allowable, allocable, and reasonable to the award. The responsibility for cash management is managed by the Office of Fiscal Operations with oversight administered by the Office of Entitlement and Competitive Compliance.

Separation duties in review and authorization of costs

Reimbursement Process:

Upon receipt of any request for contract/sub-awards, purchase order, or payment from a federal award are

subject to review by the fiscal operation team which consist of Financial Management Analyst, Fiscal Operations Assistant Manager, and the Fiscal Operations Manager. The level of review and approval is conducted in the following sequence:

1. Fiscal Analyst
2. Manager 1
3. Manager 2

Following DGCD approval all request is submitted to the Accounts Payable Office (AP) for review and final payment.

Requisitions are entered by the department Fiscal Administration team or designated staff person with Oracle Cloud requisition authorization in Oracle Cloud procurement module. Once released, requisitions are routed for review and approval by authorized Procurement module. Once released, requisitions are routed for review and approval by authorized Procurement Associate. Approved requisitions are processed into Purchase Orders which is authorized under the specific funding string identifying which grant to charge the expenditure to in accordance with the executed contract details.

All SR/PS and or Developers are required to have written policies and procedures showing the levels of separation of financial transactions (Financial Management Policies) in their organization. A copy of the policies and procedures will be reviewed by the Financial Management Analyst in accordance with federal regulation and must be reviewed as least annually.

Draw Down Procedure:

Upon completion of reimbursement process the draw down request will begin. The IDIS specialist, who is a staff member of the Office of Fiscal Operations, will initiate the draw down process.

- On a monthly basis, after reimbursements are fully paid and processed in the City's Financial System of Record, which confirms all funds are expended by City for a specific project, a drawdown request is entered in IDIS for the amount expended under the applicable IDIS activity number. The IDIS specialist is responsible for compiling expenditure data processed in the City's Financial system of Record and then submitting the IDIS Draw Down request for approval.
- Grant funds are coded to unique PTAE0 that specify the relevant Project, Task, Award, Expense Account and Organization. Grant funds are separate from other City and/or federal funds.
- The DGCD IDIS Specialist conducts an analysis that compares the following information: Grants budget, identifying budget commitments, expenditures, funds available, and actual eligible costs.
- Using the City's Financial System of Record Cloud PnG Invoice Detail Report, the designated IDIS Specialist completes an analysis to locate the City's Financial System of Record Task number/IDIS Activity number and the corresponding PnG AR Invoice number to determine the amount to be drawn for that specific AR Batch.

- The drawdown total is calculated based on the actual expenditures identified in the City's Financial System of Record reports. The IDIS Specialist compiles the list of paid invoices to support the receivables balance for accuracy of calculation, completeness, and general adherence to award terms and conditions.
- In IDIS, the IDIS Specialist successfully creates the vouchers to match the list of AR report total using the applicable IDIS Activity #.
- Upon satisfactory voucher schedule review, the IDIS Specialist submits the request for reimbursement via the IDIS drawdown system and forwards the voucher report along with the corresponding invoice details for review and approval by the Director of the Office Fiscal Operations.
- The drawdowns are only completed on validated allowable cost under each entitlement program. Prior to drawing federal funds, if program income is available, the IDIS Specialist ensures those funds will be drawn first.
- All related drawdown documentations are saved out on the shared drive for research and audit purposes under the designated department folder including the PR-05 (Drawdown Report by Project and Activity Report), PR-07 (Drawdown Report by Voucher Number), and PR-09 (Program Income Detail Report) for all HUD funded projects (CDBG, ESG, HOME and HOPWA) by the IDIS Specialist to confirm drawdowns are accurate and are equal to the Expenditure Detail Report-Restricted. If any discrepancies are discovered, they will be researched and corrected by the IDIS Specialist.

Advance Payments

Payment methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means CFR § 200.305(b) (9). DGCD advance payment to non-federal entity is limited to the amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. Recommendation reviewed for final approval or denial by the Commissioner of the DGCD.

Written Policy that provides (1) Procedures for requesting cash advances as close as is administratively possible to actual cash outlays and reimbursement only after costs have been incurred; (2) Monitoring of cash management activities; and (3) Repayment of excess interest earnings where required.

Federally Funded Grants Advance Payments

Scope

This policy and procedure apply to all City of Atlanta departments and Subrecipients (SR) (Project Sponsor, CHDO, Developer/Non-Profit) who receive subawards of federal funds from the City of Atlanta Department of Grants and Community Development. This policy and procedure provide information on requesting, reviewing, approving, or denying, and requirements for managing advance payments for Federal funds. Advance payment means a payment the City would make to the subrecipient "in advance" of expenditures being made. The City will decide on a case-by-case basis.

Subrecipients of grants awarded by the City of Atlanta are primarily paid on allowable expenditures incurred by the subrecipient and submitted for reimbursement on the appropriate Request for Disbursement Form. The reimbursement method ensures that expenditures have been both obligated and liquidated by the time the funds are transferred from the City to the subrecipient. The reimbursement method is the most common method used.

Subrecipients are expected to be financially self-sustaining for a minimum of 90 days to be eligible as a Subrecipient.

Reference: Authority 2 C.F.R. Part 200, 200.305(b)

Advance Payment Amount

The amount of an advance payment is no more than 90 days of working capital and is based upon an analysis of the organization's working capital requirements. The amount is limited to the minimum amount needed and be timed to be in accordance with the actual, immediate cash requirements in carrying out the purpose of the approved program or project.

The City will evaluate a proposed project to ensure that funds are invested such that the project is likely to succeed over time. As a reminder the costs must be necessary and reasonable, as the inclusion of excessive costs inflates the apparent need for public subsidy in a project.

City of Atlanta Process for Receiving, Reviewing, Approving or Denying, and Managing Advance Payments

1. Signed and dated advance request (Attachment A) submitted to the Management Analyst, including a budget identifying the line items for the advance, a cash flow forecast showing estimated disbursements and receipts for the period of contract performance, Application Form, financial documentation consisting of but not limited to 990 form "Return of Organization Exempt From Income Tax, three(3) prior months of financials, latest single audit, budget to the task level, number of people being served under this advance request, any other THE CITY or HUD documents as applicable, terms of the advance, promissory note, Board letter of approval and the Board minutes documenting the advance approval including the location of where the Board minutes are posted online and assurance from Subrecipient that the advance will be used solely for the authorized purpose and provide evidence of other investments
2. Program and performance review and recommendation by Management Analyst based upon programmatic and performance data
3. Financial and risk review and recommendation by Financial Analyst based upon up-to-date financial documentation and prior financial performance data
4. Recommendation reviewed for final approval or denial by the Commissioner of the Department of Grants and Community Development and Director of Fiscal Operations
5. Notification sent to the requestor
6. If approved:
 - a. Requestor formally acknowledges the requirements, terms outlined and accepts the payment
 - b. Advance payment processed and correctly reflected in the financial system
 - c. Upon repayment, separate reimbursement requests are submitted for repayment of related expenses

Requirements for the Advance of Federal Funds:

1. The Subrecipients must have a financial management system and maintain or demonstrate the willingness to maintain established written policy/procedures that meet the standards for fund control and accountability as mandated in OMB Circulars/Part 200. The established written procedures must answer questions such as: who determines that the cash management procedures are being followed; how it is determined the procedures are followed; when the steps are performed; and what is being verified. A subrecipient's Cash Management written procedures must also address how the organization minimizes time between a draw and actual disbursement. The written procedures should include steps involved in the obligating, liquidating, and claiming of federal funds.

2. Must be deposited and maintained in insured accounts whenever possible. Please provide the name and address of the financial institution at which the Agency expects to establish a special account as depository for the advance payments. If advance payments in the form of a letter of credit are anticipated, the Agency must identify the specific account at the financial institution to be used
3. The City may at its discretion require adequate bonding and/or insurance if the bonding and insurance requirements of the organization are not deemed adequate to protect the interest of the City.
4. Separate depository accounts are not required for funds providing the organization can account for the receipt, obligation, and expenditure of funds.
5. Must be maintained in interest-bearing accounts, unless the following apply:
 - A. If the subrecipient receives less than \$120,000 in Federal awards per year.
 - B. Interest earned amounts up to \$500 per year may be retained by the SR/PS for administrative expense. Any additional interest earned must be remitted annually to the Department of Health and Human Services Payment Management System (PMS) through an electronic medium using either Automated Clearing House (ACH) network or a Fedwire Funds Service payment.
 - C. The depository would require an average or minimum balance so high that it would not be feasible within the expected Federal and non-Federal cash resources.
 - D. A foreign government or banking system prohibits or precludes interest bearing accounts.

Requirements for Repayment of the Advance of Federal Funds:

The advance payment schedule and the financial reporting requirements will also be written into the formal subaward agreement. Once the final, signed subaward agreement is received, advance payments will be allowed to proceed.

1. Initial Repayment of the Advance by the Subrecipients will be submitted with Monthly Reimbursement Requests within 30 calendar days after receipt of the billing unless the City reasonably believes the request to be improper and made prior arrangements outlined in writing. (I.e., Project Sponsors receive an advance in November 2019, repayment will begin in December 2019.)

The advance repayment will be paid back in accordance with the terms and will be deducted from the monthly amount requested through the Reimbursement Request.

Reimbursements

The City uses the reimbursement method for receiving and payments of federal grants and pays all qualified disbursement request in accordance with the City's policies and procedures within 30 days of receipt of a complete pay request. On a monthly basis the DGCD will review and verify expenditures before submitting request for drawdown of funds.

Reimbursements to Sub awardees/SR/PSs/Contractors:

Reimbursement Request Procedures

- SR/PS of federal grants should ensure they have financial management policies and procedures in place that align with the required federal regulations.
- All grant award SR/PS and developers must review the requirements for submitting a reimbursement request, as agreed upon in their contract.

- All SR/PS, vendors, and/or developers are to use the departmental centralized payment email box grantpayments@atlantaga.gov for submission of reimbursement requests. Reimbursement requests are due on the 15th business day of each month.

- Each reimbursement submitted must be dated and time stamped in grant's payments email box. The Administrative Assistant uploads the reimbursements into DGCD Microsoft Teams reimbursement Tracker with the following information:
 - DGCD Received Date (Original and/or after Corrections)
 - Provider and Project Name
 - Reimbursement Request Period (ex. December 2020)
 - Funding Source (ESG, CDBG, HOPWA, etc.)
 - Financial Analyst/Manager
 - Payment Due Date

- Once submitted, the Financial Analyst will conduct comprehensive review of the reimbursement package within 5 business days to identify all issues requiring correction. .

- If corrections are required, then the service provider will be directly notified by the Fiscal Management Analyst with a breakdown of all identified issues needing correction.

- Once review by the Financial Analyst is complete, with any identified corrections made by the SR/PS, the reimbursement request is reviewed and approved by the Department's Manager 1, Manager 2, and Fiscal Operations Director for alignment with financial requirements, and the contractual budget. The review process ensures the request meets federal regulatory requirements and are eligible expenses with the necessary supporting documentation

- The Fiscal Administrative Team completes the PO receipting process and uploads the reimbursement package to the DocuSign for required signatures. The signed reimbursement package is forwarded to the Accounts Payable department for processing. The documentation is also officially entered into the City's financial management system once submitted to Accounts Payable for processing and payment.

- The City's targeted timeline for payment, from the date of correct documentation being provided, is 30 days. *2 CFR § 200.305(b) (9). The Fiscal Administrative team monitors the invoice status through final payment to make sure all timeliness are met and if not, troubleshoot each item to ensure resolution and updates the DGCD Tracker with the payment information once payment is completed.*

Eligibility

Control Objectives

The City and the DGCD will provide reasonable assurance that only eligible individuals and organizations receive assistance under federal award programs, that subawards are made only to eligible SR/PSs, and that amounts provided to or on behalf of eligible individuals or groups of individuals were calculated in accordance with program requirements.

Control Activities

Eligibility objectives and procedures clearly communicated to employees.

The Director of Program Operations, Director of Fiscal Operations, and Director of Entitlement and Competitive Compliance will meet to review eligibility requirements for the various programs upon approval as a part of DGCD Con Plan and AAP. The City is identified as an entitlement city by HUD and receives annual funding through 4 grant programs: CDBG, ESG, HOME, and HOPWA. Each entitlement programs funding is designated by statutory formula. As a requirement for receiving these entitlement grants, title one of the national affordable Housing Act mandates the grantees who receive funds prepare the following:

- A five-year Consolidated Plan, which identifies housing and non-housing funding priorities of the community and the specific activities to be carried out with KDB chief, HOME, HOPWA comma and ESG funds. The plan contains community goals and objectives to be achieved with HUD funds.
- On a recurring basis, the city must develop an AAP that identify the local and community needs connecting to the overarching goals and objectives outlined in the five-year consolidated plan.
- A Consolidated Annual Performance Evaluation Report (CAPER) assesses the jurisdictions annual achievements relative to the goals described in the Con Plan.

In keeping with federal regulations, the city develops projects and funding recommendations for use of these grants by way of the notice of funding availability (NOFA). Through the NOFA process the city assesses application submitted by SR/PS, and developers. Applications will be received at a set during the program year.

However, in cases of reprogramming caused by cost underruns for existing projects or in emergency situations, proposals will be reviewed. The DGCD Directors must then communicate this information

with appropriate support personnel to help them carry out their program responsibilities.

Pre-Approval Procedures (see attached preliminary application questionnaire and application)

Pre-qualifications for eligibility all SR/PS/s must meet the following, unless otherwise noted in the NOFA: and through the review application review process the following will be verified

- An Agency having expenditures of less than \$750,000 in a fiscal year must have audited financial statements and profit/loss statements, for the last two fiscal years of the organization.
- An Agency having expenditures of \$750,000 or more in federal awards (from all federal sources) in a fiscal year must have a Single Audit completed within 9 months from the end of the last fiscal years of the organization.
- Agency must have written financial and grant management procedures.
- Applicant must be registered and licensed to do business in the State of Georgia at the time of application.
- Agencies must be currently registered in www.sam.gov (System for Award Management) (SAM)
- Agencies must disclose in this application any debt owed to the City of Atlanta or the State of Georgia.

Any applicants that have been debarred, suspended, proposed for debarment, or declared ineligible for the award of a contract by any federal or state agency are not eligible to receive entitlement funding.

Applicants whose project(s) were approved for prior funding must meet the following additional pre-qualification criteria at the time of application to qualify for funding consideration of a proposed new project and/or continuation project.

- Agency must follow all terms of its previous year's contract agreement.
- Agency must be in the process of closing any outstanding unresolved HUD or City monitoring findings.
- Agency must have and maintain an active account in SAM.

All eligibility requirements for each grant are considered and discussed with the assigned evaluation team. DGCD will ensure only eligible individuals and organizations receive assistance under federal award programs.

After the final program review by the Director of Program Operations and Director of Fiscal Operations a recommendation for the current funding year is presented to the DGCD Commissioner for approval and submission to the Mayor's Office for final approval. Once the Mayors' approval has been granted the funding recommendations are submitted through the City's legislative process. A public hearing is held for at least 30 days to provide the City's residents, partners, and key stakeholders input on the recommendations.

Once the legislation has been adopted the funding recommendations are submitted to HUD via the AAP prior to the statutory deadline.

Contract Management and Eligibility Review

The Office of Program Operations ensure that all contracts are within compliance of federal and local regulations. All SR/PS and Developer contracts are monitored and receive ongoing evaluation of contractual identified goals and objectives. Contracts receiving at least one monitoring during the contract period and contract evaluation occurs during the entire contractual period.

As noted in the Contract Termination Clause, the City may exercise its option to terminate, by giving written notice to the SR/PS and/or Developer, terminate the contractual agreement:

- For a material breach of the Contract Documents by Service Provider that is not cured by Service Provider within seven (7) days of the date on which City provides written notice of such breach.
- Immediately for a material breach of the Contract Documents by Service Provider that is not reasonably curable within seven (7) days.
- Immediately upon written notice for numerous breaches of the Contract Documents by Service Provider that collectively constitute a material breach or reasonable grounds for insecurity concerning Service Provider's performance; or
- Immediately for engaging in behavior that is dishonest, fraudulent or constitutes a conflict of interest with Service Provider's obligations under this Agreement or is in violation of any City Ethics Ordinances.

Equipment and Real Property Management

Control Objectives

The City and the DGCD will provide reasonable assurance that proper records are maintained for equipment acquired with federal awards, equipment is adequately safeguarded and maintained, disposition or encumbrance of any equipment or real property is in accordance with Federal requirements, and the federal awarding agency is appropriately compensated for its share of any property sold or converted to non-federal use.

Control Activities

Accurate records maintained on all acquisitions and dispositions of property acquired with Federal awards

Property Classifications

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the City and the DGCD for financial statement purposes, or \$5,000. 2 C.F.R. §200.33.

Supplies means all tangible personal property other than those described in §200.33 Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the City and the DGCD for financial statement purposes or \$5,000, regardless of the length of its useful life. 2 C.F.R. §200.94.

Computing devices means machines used to acquire, store, analyze, process, and publish data and other

information electronically, including accessories (or “peripherals”) for printing, transmitting, and receiving, or storing electronic information. 2 C.F.R. §200.20.

Capital assets means tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with GAAP. Capital assets include:

- Land, buildings (facilities), equipment, and intellectual property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; and
- Additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance). 2 C.F.R. §200.12.

Inventory Procedure

Inventory will be maintained on all information technology hardware and software, and fixed assets. The DGCD Business Manager is responsible for all inventory related activities to include ordering equipment, repairs, and shipping. All inventory orders placed by the Business Manager must be shipped to City at the time of receipt, the package is inspected to ensure the ordered materials were received in good order and the items mirror the order placed through the purchase order system. Items are inventoried at the time they are unpacked. Inventory records should be maintained by the department responsible for the items purchased.

All technology is hardware and tagged by Department of Atlanta Information Management (AIM). The tags state, “Property of City of Atlanta” and include an asset number with related barcode if applicable. The technology department is responsible for configuring all computers, laptops, and other technology.

Once the equipment has been inventoried by AIM, the DGCD Business Manager will receive the equipment and add to the departments inventory list with the following:

- Description of equipment including manufacturer’s serial number, model number, or other identification number.
- Purchase date: date the item(s) was purchased.
- Cost: purchase cost of the item(s).
- New/Used: indication as to whether property was new or used at time of purchase.
- Federal funding source.
- % of Cost in City \$s: percentage of the item’s purchase cost that was paid by City of Atlanta grant dollars.
- Location where the item(s) is housed/used.
- Anticipated disposition date when item(s) is expected to be disposed of.
- End of Usable Life

A physical inventory of equipment acquired under federal awards is conducted at least every two years. Any variances or discrepancies between the physical inventory and equipment records are resolved the DGCD Business Manager and Controllers Office Fixed Asset Team.

Use of Equipment

Equipment must be used in the program or project for which it was acquired if needed, whether the project or program continues to be supported by the federal award. During the time equipment is used on the project or program for which it was acquired, the equipment may also be made available for use on other projects or programs currently or previously supported by the federal government, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by the federal awarding agency that financed the equipment.

Maintenance

In accordance with 2 C.F.R.313 (d) (4), DGCD maintains adequate maintenance procedures to ensure that property is kept in good condition. The City does not place restrictions on computer devices for employees. Employees who are issued a device(s) are responsible for maintaining and securing the equipment. When a device is not working properly. The employee will submit a help desk ticket. A member of the technology staff will work with the employee to identify and repair the computer as quickly as possible. A loaner computer maybe available for employees upon request. All devices are returned to the Business Manager once the employee vacates the department.

Procedures established to ensure that the Federal awarding agency is appropriately reimbursed for dispositions of property acquired with Federal awards.

The Business Manager and the Director of the Office of Fiscal reviews disposition of equipment acquired under federal awards with a current per unit fair market value of \$5,000 or more to determine whether the awarding agency should be reimbursed for the appropriate federal share. The Director will consult with the awarding agency to determine the appropriate course of action.

All SR/PSs and/or Developers are subject and governed by the same requirements in safeguarding and maintaining effective controls over federally funded purchased equipment and real property by:

- Should do a periodic physical inventory on these items to verify their existence, current utilization and continued need.
- SR/PS's using federal funds to purchase furnishings, vehicles or equipment for a project must keep accurate records including the following: a complete description of the item purchased, a serial or other identification number, the source of funds and grant contract number, the location of the goods, the acquisition date and the cost.
- These items cannot be disposed of without requesting permission and guidelines from DGCD. If the recipient, no longer needs the item for the grant project it may be used for other activities if the conditions of 2 CFR 200 are met.
- If anytime during the contract period the SR/PSs and Developers contract is terminated or withdrawn, all equipment and real property must be inventoried by DGCD prior to final close of the agencies contract.

Matching, Level of Effort, and Earmarking

Control Objectives

The City and DGCD will provide reasonable assurance that matching, level of effort or earmarking requirements are met using only allowable funds or costs which are properly calculated and valued.

Control Activities

Evidence obtained such as a supporting documentation or other procedures performed to identify whether matching contributions for DGCD and all SR/PS's.

- Are from non-federal sources or federal sources (not ESG if the award is ESG).
- Involve federal funding, directly or indirectly; and
- Contributions cannot be counted as federal match multiple times or cross counted; and
- Supporting documentation to provide evidence of meeting the match requirement i.e. general ledger, invoice, etc.

ESG Requirement

Upon submission of an ESG proposal all applications must include proof of the match requirement based on the funding request. During the contracting process the assigned Management Analyst must verify the match identified in the submitted NOFA application. Matching contributions may be obtained from any source, including any federal source other than the ESG program, as well as state, local, and private sources. However, the following requirements apply to matching contributions from a federal source of funds:

- The recipient must ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match ESG funds.
- If ESG funds are used to satisfy the matching requirements of another federal program, then funding from that program may not be used to satisfy the matching requirements under this section.

Recognition of matching contributions

- To meet the matching requirement, the matching contributions must meet all requirements that apply to the ESG funds provided by HUD, except for the expenditure limits in §576.100.
- The matching contributions must be provided after the date that HUD signs the grant agreement.
- To count toward the required match for the recipient's fiscal year grant, cash contributions must be expended within the expenditure deadline in § 576.203, and noncash contributions must be made within the expenditure deadline in § 576.203.
- Contributions used to match a previous ESG grant may not be used to match a subsequent ESG grant.

Eligible types of matching contributions. The matching requirement may be met by

one or both of the following:

- *Cash contributions.* Cash expended for allowable costs, as defined in 2 CFR 200, of the recipient or SR/PS.
- *Noncash contributions.* The value of any real property, equipment, goods, or services contributed to the recipient's or SR/PS's ESG program, provided that if the recipient or SR/PS had to pay for them with grant funds, the costs would have been allowable. Noncash contributions may also include the purchase value of any donated building.
- *Calculating the amount of noncash contributions (1)* To determine the value of any donated material or building, or of any lease, the recipient must use a method reasonably calculated to establish the fair market value. Services provided by *individuals* must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or SR/PS's organization. If the recipient or SR/PS does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.
- Some noncash contributions are real property, equipment, goods, or services that, if the recipient or SR/PS had to pay for them with grant funds, the payments would have been indirect costs. Matching credit for these contributions must be given only if the recipient or SR/PS has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or programs the value of those contributions.
- *Costs paid by program income.* Costs paid by program income shall count toward meeting the recipient's matching requirements, provided the costs are eligible ESG costs that supplement the recipient's ESG program.

HOME Match Requirement (See HOME Policies and Procedures 24 CFR 92.218--222) The HOME Program requires that the participating jurisdiction City (PJ) provide match in an amount equal to no less than 25 percent of the total HOME funds drawn down for project costs., match is a permanent contribution to affordable housing and is not leveraging. Match is the PJ contribution to the HOME program -- the local, non-federal contribution to the partnership:

HOME funds must be matched by nonfederal resource which include but are limited to:

- Private Cash or contributions from organizations, individuals, or other sources.
- In-kind salary or materials; or
- other nonfederal sources as defined in Section 24 CFR 92.220.
- Excess match generated in a fiscal year can be carried forward to meet the next years match obligation.
- Match liability must be met in the year that it was incurred.

HOME match must be satisfied by end of federal fiscal year and is tracked by the Office of Program Operations and The Office of Fiscal Operations in the DGCD based on 25% of actual expenditures drawn per project but some activities are exempt from match requirements:

- Administration and planning fund and;

- CHDO Operating assistance, etc.

The City/PJ satisfies the match liability by maintaining a log including eligible sources of match such as cash; donated construction materials or volunteer labor; value of donated land or real property; value of foregone interest, taxes fees; or charges levied by public or private entities; Investment in or offsite improvements; proceeds from bond financing; the cost of supportive services provided to families living in HOME units; and the cost of homebuyer counseling to families purchasing HOME assisted units. During the yearly closeout period of projects with match requirements, the Program Analyst and Fiscal Team are required to reconcile and review to confirm that all match requirements were met.

The Director of the Office of Fiscal Operations and The Director of the Office Program Operations reviews all grant agreements, 2 CFR 200 Uniform Grant Guidance and Compliance Supplement annually noting grants that have matching contribution requirements. The City grant annual financial budgets are adopted including dollars needed for matching contributions for federal grants.

HOPWA Leverage

Leveraged funds are non-HOPWA dollars provided by the PS used to pay for housing and services to HOPWA eligible households:

- “Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA Federal, State, local, and private sources by grantees or sponsors in dedicating assistance to this client population.
- “In-kind Leveraged Resources: These involve additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space.” “The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation.

PS can identify any additional funding or in-kind resources that will benefit the client population with the submission of the initial proposal for funding. After funding is awarded, the leverage may or may not be adjusted.

Period of Availability of Federal Funds

Control Objectives

The City and the DGCD will provide reasonable assurance that federal funds are used only during the authorized period of availability. All obligations must occur on or between the beginning and ending dates of the grant period. *2 C.F.R. § 200.309*. This period is known as the period of performance. The period of performance is dictated by statute and will be indicated in the GAN. Further, certain grants have specific requirements for carryover funds that must be adhere to.

Control Activities

All obligations must occur on or between the beginning and ending dates of the grant period, which are designated in the grant agreements, this period is known as the period of availability. Upon execution of

subaward to SR/PSs and Developers, the awarding period must be in line with the HUD's designated period of availability to the City.

Under the entitlement grants, the City's program year is designated January-December which differs from the time in which the City may receive it executed grant agreement, if guidance is provided by HUD in reference to authorized pre-award cost, then DGCD can allow expenditures to be allowable back to the start of the HUD approved period.

For all subawards or contracts with SR/PSs and/or Developers the designated performance period is identified and managed through the contractual agreement. SR/PS and/or Developers must adhere to the following contractual obligations:

- Each month reimbursement submission must include the provided reimbursement request forms which include the following:
 - Project Name, Contract Period, Project, and Task #, IDIS Plan Year, Reimbursement Period, contract amount and Oracle award number (see Electronic Reimbursement submission process)

Accounting system (Oracle Cloud) prevents obligation or expenditure of federal funds outside of the period of availability

The Director of the Office of Fiscal Operations and reviews all grant agreements approved by the HUD to identify the performance period. This information is communicated with all DGCD staff. The Director of the Office of Program Operations and the Director of the Office of Fiscal Operations must promote the consistent use of grant funds throughout the period of availability. The Director of Fiscal Operations, Manager 2, and Manager 1 reviews all expenditures to ensure they were incurred within the proper funding period. Financial Management Analyst monitoring all expenditures during the review of reimbursements to make sure no expenditures are outside of the performance period.

The Office of the Controller, Accounts Payable Department maintains (on paper or electronically) original source documentation to support all expenditures recorded in the Oracle Cloud financial management system. Source documentation may include but is not limited to purchase orders/requisitions, invoices, itemized receipts, travel authorizations and travel vouchers, contracts, proof of delivery, copies of checks, bank statements, etc. Invoices that are received by mail, fax or email are attached to a copy of the original purchase order. Once the items have been received in the financial system and proper approvals are received, the payment is processed by the Accounts Payable Department. No payment will be processed without sufficient documentation and approvals. If documentation does not qualify for grant funding, the payment will be processed using other funds.

Carryover

In reference to 2 C.F.R. § 200.308 (2), Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the federal awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end

of the period of performance specified in the federal award. This one-time extension may not be exercised merely for the purpose of using unobligated balances. Extensions require explicit prior federal awarding agency approval when:

- The terms and conditions of the federal award prohibit the extension.
- The extension requires additional federal funds.
- The extension involves any change in the approved objectives or scope of the project.

If an extension is needed to extend the Grant Agreements period of performance the following information must be presented by both the Director of the Office of Fiscal Operations and the Director of the Office of Program Operations to the Deputy Commissioner and Commissioner:

- The grant objectives that were not met and the financial implications.
- Explanation of why the objectives were not met.
- Financial and / or personnel impacts on City if an extension is granted.
- Revised period of performance; and
- Steps, justification, and timeline needed to complete the extension request.

If a surplus is anticipated due to unmet program objectives, The Commissioner of DGCD will notify HUD. The extension request must include justification and a proposed timeframe.

Cancellation or closeout

DGCD will liquidate all obligations incurred or cancel commitments under the award not later than 90 days after the end of the funding period unless an extension is authorized. *2 C.F.R. § 200.343(b)*. SR/PSs must submit all reimbursements prior to the end of the period of performance and the contract term. In the event an extension is granted by HUD, the Commissioner of DGCD and/or their assigned designee can provide an administrative contract extension. Cancellation or closeout of the following:

- The Fiscal Operations Manager and Financial Analyst will complete a final reconciliation of the award and review and request all commitments are either paid with the time or to be cancelled.
- If no extension is granted, The Director of the Office of Fiscal Operations will submit a request to Grants Accounting to close the award and associated projects. If there is a fund balance the task will also de-obligate any balance in Oracle Cloud financial management system.

Procurement and Suspension and Debarment Control Objectives

The City and DGCD will provide reasonable assurance that procurement of goods and services are made in compliance with 2 CFR Part 200, 318-323 and that covered transactions (as defined in the suspension and debarment common rule) are not made with a debarred or suspended party.

Control Activities

Official written City policies and City code for procurement and contract establishment of contractors

The four basic types of procurement processes addressed within the policies and code are:

- Small Purchases
- Sealed, Competitive Bids
- Competitive Bids
- Non-competitive Proposals

Procedures for selection of SR/PS

DGCD uses a competitive bid process for the selection of SR/PS and developers. Solicitations will be published in accordance with the citizen participation plan (CPP).

DGCD strategize and plan meetings and make a NOFA timeline. The City will hold a public meeting, accept proposals, review, evaluate and score applications, and determine the allocation of CDBG, ESG, HOPWA, and HOME Program funds in HUD's Program Year. The City has established priority needs of the community in a five-year Consolidated Plan.

Release a Notice of Funding Availability (NOFA) - The department of grants and community development releases NOFA with a comma which provides information on the types of funding available, eligible activities in the process for applying. This information is provided to news outlets, the city's website, DGCD website, etc. to announce the NOFA.

Accept Applications and Provide Technical Assistance – the application will be made available for organizations, primarily through the DGCD software program portal, during the open solicitation/application period. DGCD will provide technical assistance sessions and release Q&A documents to answer applicant questions. Questions outside of TA sessions should be sent to DGCD_Planning@CityOfAtlanta.onmicrosoft.com.

Evaluations and Funding Recommendations-

Once the solicitation period closes, evaluators will review and score the applications. At least two evaluators per application. The funding recommendations are determined based upon the amount of funding available, which applications qualify, and the evaluation scores. Upon DGCD evaluators making recommendations the City will share recommendation with the HOPWA Advisory Committee and CoC. DGCD then drafts a formal recommendation and shares the information with the Mayor's Office for review and approval. Once the NOFA recommendations are approved the legislation is drafted to include a listing of CDBG, ESG, HOME, and HOPWA projects to be awarded. The Con Plan and/or the AAP legislation will be submitted to the CDHS Committee of City Council.

Public Comment, Legislation, and a Public Hearing – The funding recommendations are made available for public comment, legislation with the funding recommendations will be introduced to City Council, and a public hearing is held at the end of the public comment period. Public comment periods will be determined and in compliance with the City's CPP.

City Council NOFA Recommendations and Annual Action Plan Approval - The City Council must approve the AAP that includes the NOFA application recommendations. The AAP must be legislated annually and is considered an ordinance. Once the recommendations are approved and the City satisfies the CPP outlined public comment period the City must submit the APP in the IDIS system for HUD review and approval.

Official written P&P for suspension and debarment that:

- Contains or references the federal requirements.
- Prohibits the award of a subaward, covered contract, or any other covered agreement for program administration, goods, services, or any other program purpose with any suspended or debarred party; and
- Requires DGCD and Department of Procurement staff to determine that entities receiving subawards of any value and procurement contracts equal to or exceeding \$25,000 and their principals are not suspended or debarred and specifies the means that will be used to make that determination, i.e., checking the System for Award Management (Sam.gov); obtaining a certification; or inserting a clause in the agreement.
- Refer to the Federal Procurement section in the City's "Purchasing and Reimbursement Procedures"

Program Income

Control Objectives

The City and DGCD will provide reasonable assurance that program income is correctly earned, recorded, and used in accordance with the program requirements *2 CFR 200.80* and *200.307*. Program income *2 CFR 200.80* means gross income earned by a grant recipient that is directly generated by a supported activity or earned because of the federal award during the grant's period of performance.

Control Activities

Mechanism in place to ensure that program income is properly recorded as earned and deposited in the bank as collected

Income rules for a specific federal grant may vary by funder, although they generally program income that the non-federal entity did not anticipate at the time of the award must be tracked, reported and approved to be used to reduce the Federal award and non-federal entity contributions rather than to increase the funds committed to the project.

Financial Analysts and SR/PS will be responsible for tracking and recording program income based on the deduction method unless otherwise stated in the grant agreement. When program income is received, DGCD Office of Fiscal Operations assigned staff must log all the physical program funds received. The Financial Analyst and SR/PSs will be responsible for recording and tracking program income. The program income received by DGCD will be entered into a spread sheet and tracking system prior to being submitted to the Office of Grant Accounting. The Office of Grant Accounting will enter program income documentation received from DGCD into IDIS and submitted to the revenue department.

Policies and procedures provide for correct use of program income in accordance with federal program requirements.

Income rules for a specific federal grant may vary by funder, although they generally involve the deduction, addition, or cost sharing/matching methods described below. The deduction method is in effect unless another method is set in the grant agreement. The Director of the Office of Fiscal Operations and Grant Accountants will ensure that program income will be obligated and/or expended before federal funds are drawn in the grantors financial management system.

Deduction (aka subtraction)

Ordinarily program income must be deducted from total allowable costs to determine the net allowable costs. Program income must be used for current costs unless the awarding agency authorizes otherwise. Program income that the non-Federal entity did not anticipate at the time of the award must be tracked, reported, and approved to be used to reduce the Federal award and non-Federal entity contributions rather than to increase the funds committed to the project.

Addition

With prior approval of the awarding agency, program income may be added to the award by the awarding agency and the non-Federal entity. The program income must be used for the purposes and under the conditions of the award. Income used in this way is auditable during the grant period. Income that comes in after the close of the grant is not restricted in this manner.

Cost sharing or matching

With prior approval of the awarding agency, program income may be used to meet the cost sharing or matching requirement of the award.

SR/PSs and Program Income (See Program Income P&P)

Each agency providing eligible CDBG, HOME, and HOPWA activities that may generate program income are required to account, record, and submit to the City of Atlanta monthly the total amount of program that is collected, expend and on hand on the HOPWA Program Income Tracker. (Appendix G-part 2).

Income after the period of performance

There are no requirements governing the disposition of income earned after the end of the period of performance for the awards unless the awarding agency regulations or the terms and conditions of the award provides otherwise. The awarding agency may negotiate agreements with DGCD regarding appropriate uses of income earned after the period of performance as part of the grant closeout process DGCD will follow the continue to follow controls in recording and tracking program income.

Reporting

Control Objectives

The City and DGCD will collect all required monthly and annual fiscal and programmatic reports from each SR/PS's. DGCD will also reasonable assurance that all reports of federal awards submitted to HUD. The fiscal and programmatic reports will include the following: include all activity of the reporting period, are supported by underlying accounting or performance records, and are fairly presented timely and in accordance with program requirements per 2 CFR 200.327 and the grant agreements.

Control Activities

SR/PS Reimbursement Reporting (REIMBURSEMENT P&P)

Each SR/PS will be required to submit a request for reimbursement monthly no later than the 15th of each month and to be submitted to the departments centralized email address grantpayments@atlantaga.gov for s/SR/PS to submit reimbursement requests. The standard rule is for monthly reimbursement requests by the 15th, this will allow DGCD to be diligent is the submission to HUD for draw activity. All Payment Requests must be originated by completing and submitting with a Payment Request Cover sheet located on the DGCD website. Documentation to be submitted with all reimbursement request:

- Submission of the program reimbursement form applicable for each CPD award (CD/ES/HM/HOPWA-1)
- Submit documentation of incurred expense: proof of payment/checks, may include payroll expense, invoices, etc. and supporting documents of actual expense
- Submit appropriate beneficiary report and if applicable Program Income tracked. Must include supporting docs
- Submit applicable administrative staff cost as outlined in the written contract- with time allocation and personal activity reports signed and dated by employee and manager, timesheets, copy of payroll journal, and contractual services information

Monthly Performance Reports

Reporting Process:

- 1) Once an agency applies for grant funding, all the required reporting forms and expectations will be made available.
 - a) Documentation will be attached to the relevant grant portal within the eCivis application.
 - b) Each funding type and activity will have a standard form to ensure all relevant activity metrics are captured. The Program Operations Team is responsible for providing activity metrics to any upper management or superiors.
- 2) Accomplishment recording will occur during the last week of the month and will commence the month after contract is fully executed.
 - a) The assigned Management Analyst for the activity will send a reminder email to the agency, outlining the timeframe and reporting requirements. Another reminder will be sent one day before due date, if report has not been submitted.
 - b) The Management Analyst will send the required reporting forms (Compliance team will be copied on correspondence) on the first day of the following reporting month (For January reporting, the forms will be sent to the agency on February 1st and will be due on the 15th of the same month forms were sent (February 15th). If the 1st and 15th fall on a weekend or City observed holiday, emails will be sent on the next business day and deadlines will be reflective as well)
 - c) Following notification of receipt, the Compliance Team will update the correct monthly task within Microsoft Planner to 'correspondence sent'.
- 3) After the agency receives a formal email notification, with the included submission deadline, a follow up email will only be sent by the Management Analyst(s) if not received one day prior to due date.
 - a) If the required Monthly reporting forms are not received by the 15th day of the following month or next calendar day if the 15th falls on a weekend or City observed holiday, the Management Analyst(s) will send a follow up email to the SR/PS and elevate to assigned Grant Service Manager.
 - b) The agency must send the reporting forms to the assigned Management Analyst and copy the Compliance Specialist included in the email notification. If the agency is nonresponsive, the Management Analyst must maintain continued contact. Agency's continued noncompliance must be reported to Management Analyst's supervisor. Should there be lack of response from the SR/PS, the Management Analyst shall follow-up with a telephone call to the agency. These steps shall be repeated for at least 3 consecutive times with two days apart.
 - c) After the Accomplishment form has been submitted, the Management Analyst(s) reviews the form for accuracy and saves the form to the DGCD Document Library under the proper entitlement and period.
 - i) *Note: Analysts must use the complete agency and project name when saving the accomplishment form.*
 - d) Once the Accomplishment form is saved, the Management Analyst(s) informs the Compliance team who then performs a final review and implements a Power Automate flow, which will

transpose the accomplishment data to the accomplishment tracker within the DGCD SharePoint space. <https://cityofatlanta.sharepoint.com/sites/dgcd/legal/SitePages/Home.aspx>.

- i) *Note: For both HOME funded activities and down payment assistance programs, the CD and HM 3 should be utilized and will not use Microsoft Flow. After the review process is completed, Compliance staff will aggregate the data using the appropriate SharePoint list.*
- 4) Once all reports are accounted for, checked for accuracy, and entered in the tracker, the Compliance team migrates the appropriate reporting task into 'completed' status within the Microsoft Planning space, thereby closing out that month's process. Monthly reports shall be provided to the Fiscal Analyst Department IDIS.
- 5) At the close of each year, the Compliance team reviews an end of year report from the Accomplishment tracker and checks for consistent reporting and data entry errors.
 - a) The Compliance team utilizes this final year end data to create the CAPER.
 - b) The data will also be included in IDIS, AAP and the Con Plan.

Quality Control and Assurance: During intake, accomplishment reporting forms will be reviewed by both Program and Compliance Analysts. At year end, the Compliance team will perform a final review of the Accomplishment report from the tracker to ensure consistent and accurate reporting. Accomplishment Reporting forms will be locked to prevent manipulation of formulas and edit only data entry cells. Compliance will confirm that the forms were not manipulated and are originals.

Privacy and Cyber Security Statement:

The privacy and security standards for the City and DGCD, seeks to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses & disclosures of data. These privacy and security standards are based on principles of fair information practices, and on security standards recognized by the information privacy and technology communities. The standards were developed after careful review of the city's AIM policy and are in accordance with HUD. In the design, development, and operation of any system of records for reporting accomplishment data of program participants, subrecipients, and/or grantees, agencies are required to comply with the **Privacy Act of 1974**, the **HUD rules and regulations** issued under the Privacy Act, and any state and local laws concerning the disclosure of records that pertain to individuals. Grantees must take reasonable measures to safeguard client files when reviewing, printing, copying, storing, and sharing client information.

Monthly Performance Reports must submit by the 15th of each month a performance report for each project which briefly presents the following:

- A comparison of accomplishments to the activities planned for the period. Where the output of each project or activity can be readily quantified
- Reasons why, if applicable, established goals were not met.
- Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

Information required to be reported in the Integrated Disbursement and Information System (IDIS) will remain and must be documented in the format requested by all SR/PSs.

Beneficiary Reporting

SR/PS are responsible for tracking the total number of unduplicated eligible person each month of the contract period.

Match

- The SR/PS must make matching contributions to supplement the recipient's ESG program in an amount that equals the SR/PS contract year and submit with the final reimbursement and adhere to Match contributions must meet the ESG eligibility requirements.
- Contributions cannot be counted as federal match multiple times or cross counted; and
- SR/PS must provide documentation to support the required match

Grant Modifications

DGCD allows for two types of grant modifications. The two types of grant modifications are:

- Grant modifications based on cost
 - To increase the amount of funding awarded to the SR/PS
 - To decrease the amount of funding awarded to the SR/PS (de-obligate)
- Grant Modifications not based on cost
 - Administrative extensions to extend the term of the contractual agreement up to 12 months.
 - To change the scope of work of the contract
 - Change the lead agency receiving the awarded
 - Other changes that would affect the contract, but not affect the overall project cost

Grant modifications can be approved by Commissioner and the assigned designee. The grant modification can occur as a result of a department need/determination or can be requested by the awarded SR/PS and Developer.

Procedure for Processing Contract Modifications

Cost based modifications

- The SR/PS and/or Developer submits the proposed changes to the contractual agreement to the Management Analyst for review.
- The Program Lead and/or Program Operations Manager reviews the proposed changes in the submitted request to ensure compliance with applicable rules and regulation.
 - The Program Lead and/or Program Operations Manager must verify funds are available, and the proposed changes are within the scope of the grant. Any changes to the purpose, time or amount of the grant allocations should be coordinated with the Office of Fiscal Operations.
- The Director of the Office of Program Operations then reviews, validates information submitted in the request, and approves/denies the grant modification.

- Once departmental approval is granted the modification will follow the City and the DGCD process to amend the contractual agreement.
- The grant agreement amendment/modification is executed by the Program Operations Manager and/or Program Lead, a copy of the executed grant amendment is retained by the department and provided to the requesting agency.
- All changes to the project timeline and/ or budget lines will be reviewed and updated in Oracle Cloud financial management system by assigned Financial Analyst and approved by the Office of Fiscal Operation Manager 1 and/or Manager 2.

Non-cost-based modifications

- Procedures for processing a non-cost amendment, SR/PS and/or Developer must submit the proposed changes to the contractual agreement to the Management Analyst for review and initiation of the approval process.
- The Program/Asst. Manager reviews the proposed changes to ensure compliance with applicable rules and regulations, and that the changes have no monetary impact and are within the scope of the grant. Any changes to the purpose, time or amount of the grant allocations should be coordinated with the Fiscal Team.
- After the Program/Asst. Program Manager approves the modification, the modification request is sent to the Director of Program Operations and Fiscal Director for additional review and approval.
- Once approval is granted, a grant agreement amendment/modification is executed by the Program/Asst. Program Manager, a copy of the executed grant amendment is retained by the department, copies of the grant amendment should be sent to Office of Grants Accounting
- All changes to the project timeline and or budget lines will be updated in Oracle the cities financial management system and then reviewed and approved by The Directors of DGCD

FFATA

The SR/PS/ are required to file a FFATA subaward report by the end of the month following the month in which the prime contractor awards any subcontract greater than \$30,000 for each SR/PSs or subcontractors. Each SR/PS/ will need to provide a copy of the FFATA filing to the DGCD Management Analyst.

Single Audit Requirements

SR/PS and that expend \$750,000 or more under federal awards in a fiscal year must have a single audit performed in accordance with the [Audit Requirements](#) which implement the [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200.501](#). Reports on these audits must be submitted to the [Federal Audit Clearinghouse \(FAC\)](#) either within 30 days after receipt or nine months after the end of the fiscal year, whichever is earlier.

Based on subsequent audits or other reviews, DGCD has the right to refuse and/or recover funds. It is the responsibility of the SR/PS and/or Developer to return any funds due from refunds, corrections, or other transactions.

Grantee Reporting

Responsibility reports (Fiscal and Programmatic) are generated monthly by the Office of Fiscal Operations and the Office of Program Operations and reviewed by Office of Competitive and Entitlement Compliance. The Office Fiscal Operations is responsible for accumulating the necessary financial data for timely reporting and providing it to the Office of Competitive and Entitlement Compliance. The Director of Planning and Operations will be responsible for accumulation the necessary program data for timely reporting for submission to Competitive and Entitlement Compliance.

CAPER Reporting

The Consolidated Annual Performance and Evaluation Report (CAPER) is required to submitted to HUD withing 90 days of the close of the City's program year. This is in accordance with the Con Plan regulations at 24 CFR Part 91. The performance report incorporates reporting requirements for the CDBG, HOME, HOPWA and ESG.

The Annual reports are used to meet three basic purposes:

- Provide HUD with necessary information to assess the City's ability to carry out programs in compliance with applicable regulations and requirements.
- Provide information necessary for HUD to report to Congress; and
- Provide the City with an opportunity to describe the programs achievements

The Office of Entitlement and Competitive Compliance

- Responsible for P&P review and approval
- General oversight of the CAPER process
- Review and approval prior to Commissioner/Deputy Commissioner approval

The City is required to use the IDIS to comply with current reporting requirements. The Director of the Office of Program Operations and the designated staff of DGCD will be responsible for:

- Tracking all projects and progress and tracking any discrepancies.
- Update all current activities in IDIS to include all required financial and performance information; and
- Reviewing and approving all narrative components

The Fiscal Director and the designated staff of DGCD will be responsible for:

- Tracking all fiscal transactions during the program year and identifying and correcting any discrepancies.
- Reconciling all IDIS expenditures to City's financial management system; and
- Reviewing and completing all financial data reporting in the CAPER.

Prior to submitting the CAPER, DGCD will make the report available to the public for review and comments for a period of at least 15 days.

The Program Operations and Fiscal Directors will provide a draft report CAPER to the Office of Entitlement and Compleitive Compliance for review and approval. The report is provided to the Commissioner and Deputy Commissioner for final review and approval to submit via IDIS.

Financial Reporting

Most periodic grant reports are due within 30 days of the end of a performance period (usually quarterly or semi-annually). Final reports are usually due within 90 days of the end of the project.

Subawards of \$30,000 or more must be reported by primary recipients of federal grants at www.fsrs.gov in accordance with the Federal Funding Accountability and Transparency Act. For example, if the DGCD receives a grant directly from a federal funder and then subawards at or above this threshold to another entity or another program partner, the award must be reported within the month following when it was made. See www.fsrs.gov for guidance. The requirements for this reporting process are likely to increase in the future when the federal DATA Act is implemented in 2018 (Data Accountability and Transparency Act of 2014). Grant Accounting and/or other city departments are responsible for completing and submitting the reports.

Record Retention

Control Objectives

The City by way of DGCD will provide reasonable assurance that all financial records, supporting documents, statistical records, and all other non-federal entity records pertinent to a federal award must be retained for a period designated by the funding agency.

Control Activities

Record Retention

In general all , DGCD will maintain all financial records, supporting documents, statistical records, and all other entity records pertinent to a federal award for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the federal awarding agency or pass-through entity in the case of a SR/PS. federal awarding agencies and pass-through entities must not impose any other record retention requirements upon non-federal entities. The only exceptions are the following:

- Federal award or Grant agreement defines the retention period.
- If any litigation, claim, or audit is started before the expiration of the 7-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.
- When the non-Federal entity is notified in writing by the federal awarding agency, cognizant agency for audit, oversight agency for audit, cognizant agency for indirect costs, or pass-through entity to extend the retention period.
- Records for real property and equipment acquired with federal funds must be retained for 3 years after final disposition.
- When records are transferred to or maintained by the federal awarding agency or pass-through entity, the 7-year retention requirement is not applicable to the non-federal entity.
- Records for program income transactions after the period of performance. In some cases, recipients must report program income after the period of performance. Where there is such a

requirement, the retention period for the records pertaining to the earning of the program income starts from the end of the non-Federal entity's fiscal year in which the program income is earned.

Consistent with applicable state and local laws regarding privacy and obligations of confidentiality, the SR/PS also must provide citizens with reasonable access to records on the past use of federal funds.

Collection and Transmission of Records

Records may be maintained in either paper or electronic form, based on the current practices in established by the City. Electronic storage will provide an easier means to share documents upon request i.e. auditors, records inquires, etc. In either case, care will be taken to ensure the materials chosen to create the record will last through the records retention period. Proper storage of the records is the responsibility of the City and the DGCD. All records are stored in a secured and HIPAA compliant site within the DGCD Microsoft SharePoint.

Safeguarding confidential information

DGCD is ensuring the security and confidentiality of personal and private information. A data breach and confidentiality P&P has been created and is to be utilized to protect against any anticipated threats to the City's and department's security, integrity, and guard against unauthorized access and use:

- SR/PSs are required by the executed written contract and law to ensure the confidentiality and security of client and will receive regular training on their responsibilities.
- SR/PSs must ensure the confidentiality of the names of any individuals assisted under DGCD's grant programs by developing a comprehensive P&P for confidentiality and security and consistently following its procedures. They are required by contract to adopt a P&P requiring that sensitive personally identifiable information (SPII) is kept confidential, that describes how confidentiality is maintained, and that establishes clear breach response procedures, notification requirements, mitigation activities, sanction levels, and requirements for duty to warn or report.
- The P&P must provide a confidentiality training schedule (annually at a minimum) and designate a staff member as responsible for privacy and security (e.g. Privacy or Security Officer).
- SR/PSs are required to hold annual training provide proof of the training along with sign in sheets.
- Prior to exchanging information with any other agency or entity, SR/PSs are required to first secure a release of information from the client, except as required by law. A "Consent to Release and/or Obtain Confidential Information" must be completed and signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be re-signed annually. In the absence of such specific written authorization, information identifying an individual's HIV status may not be disclosed by the s/SR/PS to any individual or organization.

Access to Records

DGCD provides the awarding agency, Inspector General, and the Comptroller General of the United States or any of their authorized representatives the right of access to any documents, papers, or other records of the City and DGCD which are pertinent to the federal award, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the City and the DGCD's personnel for the purpose of interview and discussion related to such documents.

Consistent with applicable state and local laws regarding privacy and obligations of confidentiality, the SR/PS also must provide citizens with reasonable access to records on the past use of federal funds.

Maintaining an inventory of records will allow for the identification of records that may be at the end of the retention period. All records are stored in a secured and HIPAA compliant site of the City and DGCD. Prior to the destruction of records, a written request must be made to the City Supervisor of Records. Once the written request is approved, the DGCD can choose a method of destruction or recycling and advised to choose the method of destruction carefully.

SR/PS Monitoring **Control Objectives**

DGCD will provide reasonable assurance that federal award information and compliance requirements are identified to SR/PSs, SR/PS activities and are monitored, SR/PS audit findings are resolved, and the impact of any SR/PS noncompliance on the pass-through entity is evaluated per 2 CFR 200.328 and 331. Also, the pass-through entity should perform procedures to provide reasonable assurance that the SR/PS obtained required audits and takes appropriate corrective action on audit findings.

Control Activities

The Office of Entitlement and Competitive Compliance will provide active oversight for DGCD to determine and ensure it is complying with all federal statutes, regulations, and the terms and conditions of the federal, state, or local grant awards and policies and procedures as follows.

The Office of Entitlement and Competitive Compliance is responsible for:

- To ensure that programs and technical areas are carried out efficiently, effectively, and in compliance with all DGCD's internal policies, federal, state, and local applicable laws and regulations.
- Ensures that the subaward is used for authorized purposes; and
- Ensures that the subaward performance goals are achieved.

SR/PS's compliance with Federal program requirements monitored using such techniques as the following:

- Issuing timely management decisions for audit and monitoring findings to inform the SR/PS whether the corrective action planned is acceptable,
- Maintaining a system to track and follow-up on reported deficiencies related to programs funded by the recipient and ensure that timely corrective action is taken
- Regular contacts with SR/PSs and appropriate inquiries concerning the federal program,
- Reviewing SR/PS reports and following-up on areas of concern
- Monitoring SR/PS budgets and expenditures
- Performing site visits to SR/PSs to review financial and programmatic records and observe operations, and
- Offering SR/PSs technical assistance where needed.

**Site visits may not be applicable due to health and safety concerns and a virtual monitoring will be conducted instead.*

Official written policies and procedure's purpose:

- Communication of federal award requirements to SR/PSs.
- Responsibilities for monitoring SR/PSs.
- Process and procedures for monitoring.
- Methodology for resolving findings of SR/PS noncompliance or weaknesses in internal control; and
- Requirements for and processing of SR/PS audits, including appropriate adjustment of pass-through entity's accounts.

Approach to Monitoring

The City of Atlanta (City) defines Monitoring as a periodic exercise to adhere to internal controls and compliance. Monitoring is also an integrated part of the grant management process, ensuring the delivery of quality assistance to federal program beneficiaries. It is an active, ongoing collaboration between the SR/PS and the DGCD to assess and adjust federal projects when necessary. To best achieve the performance goal objectives, the following areas are monitored and separated into four basic categories:

- Project Activities
- Performance
- Policies and Procedures
- Finances

Monitoring ensures the following:

- Provide oversight to ensure local and federal rules and regulations are being followed.
- Strengthen DGCDs ability to effectively and efficiently manage awards entrusted by HUD.
- Evaluates internal controls, identifies non-compliance, and assisting with correcting compliance issues.
- Safeguard grant funds with the overall goal of serving the residents of the metro area.

Monitoring Approaches:

- DGCD's staff performs in-depth, limited, remote, desk audits, on-site monitoring, or a combination of monitoring types. The department uses a cross-functional monitoring approach that consists of a program staff, a member of the financial team, compliance, inspector if applicable and a member from the leadership team if necessary.
- Prior to monitoring: Existing and new SR/PS will be evaluated to determine the potential risk by the assigned Program Manager/Analyst and assigned Fiscal Analyst. The third level review will be completed by the assigned Compliance Specialist.
- Risk Analysis: The major steps for using the risk-based monitoring system include: (a) Rating, ranking, and selecting sub awardee(s) for monitoring; (b) Identifying program risks and setting monitoring objectives; (c) determining type of monitoring and program areas, (d) Supervisory Oversight and (e) Documenting the process and recording the rationale for choosing sub awardees(s).

Using the risk tool DGCD will assess the risk of the agencies we have contractual agreements with. The Office of Program Operations will complete the risk tool, the Compliance Specialist will review the tool.

1. Management Representative begins the review and certification process. The role of the Management Representative is to provide quality control to ensure validity and consistency through an assessment of each Evaluator's ratings and comments. The Management Representative reviews each risk analysis worksheet and completes the certification process with his/her electronic or manual signature. The results of the worksheets are entered into SharePoint in the Risk Analysis Module as evidence of the conclusions and results.
2. Once the risk analysis is completed, a monitoring schedule will be developed by the Office of Entitlement and Competitive Compliance. SR/PS will be monitored based on their assigned risk level. Once the risk tool is completed information will be provide to the Compliance Specialist for review, approval, and development of the Monitoring Schedule.

The Annual Monitoring Schedule will be devised according to Sub-Recipient (SR/PS) risk level.

DGCD staff will perform a desk, virtual, or/and an on-site monitoring or a combination of several monitoring types deemed necessary by the Office of Entitlement and Competitive Compliance to ensure that federal funds are used for authorized purposes in compliance with laws, regulations, DGCD's internal process and the provisions of any recipient's executed written contract/agreement and those performance goals are achieved. In general, monitoring will emphasize evaluations of progress, program performance, financial management systems, general management practices, record keeping/reporting and compliance with applicable regulations and procedural requirements. Performance will be measured against project timetables, budgets, goals, performance standards and objectives specified in any written contract or agreement executed between DGCD and any Sub-recipient.

Monitoring System: DGCD will carry out monitoring activities. Annually, the assignment of an individual staff member as a Program Management Analyst/Project Manager of a sub-recipient or assigned team in receipt of the City's federal program funds occurs. The monitoring is also coordinated with the department's' fiscal staff.

The monitoring system will include:

- Checklist: DGCD staff will use monitoring tools/checklist
- Risk Analysis of SR: Existing and new sub-recipients will be evaluated to determine the potential risk -in the administration and implementation of grant allocations. This process identifies the program areas to be covered, those SR/PS and activities that represent the greatest vulnerability, ranking the order of the SR/PS's monitoring and the depth of the monitoring review.
- Monitoring Schedule: The Office of Entitlement and Competitive Compliance will develop a monitoring schedule for each project assigned and coordinate this schedule with the SR/PS.
- Financial and Programmatic Progress Reports: Sub-recipient fiscal and progress reports are routinely required in all written sub-recipient agreements. Additionally, a monthly project management report will be maintained with current information on the activity of each federally funded project. This information will be compiled and maintained by staff on a consistent and regular basis.
- Procedures for Reviewing Financial Management and Procurement
- Training and Technical Assistance: A training and technical assistance program has been developed and implemented for SR/PS, as well as for those who have been identified as high risk.
- Procedures for Correcting Deficiencies, the results of all monitoring are communicated, in writing within 30 days, to the sub recipients being monitored to inform them of areas of concern or non-compliance and suggest methods of correction which is required within 45 days of the written notice.

Pre-award SR/PS Review/Risk Assessment

Before executing a SR/PS agreement, DGCD will conduct an assessment to identify risks. A SR/PS risk assessment must take in several factors, including but not limited to:

- whether the potential SR/PS is subject to a single audit or other federal financial review, degree of external oversight by auditors or sponsor agencies;
- demonstrating financial capacity for the intended project
- evidence of effective financial controls within the SR/PS's systems and administrative operations through review of the organization's audit reports management letter, or other acceptable documentation size of the SR/PS;
- size of the SR/PS award:
 - large awards may receive substantial and frequent monitoring
 - midsized awards may receive proportionately less substantial and less frequent monitoring
 - smaller awards may receive general review and the least frequent oversight
- award complexity, sensitivity of the work, and/or extensiveness of the governing regulations
- prior experience with the SR/PS (e.g. Pre-award negotiations, financial/operational reporting accuracy and timeliness, response to requests, etc.)
- organizational and individual conflict of interest
- confirmation that the SR/PS is not listed on the Excluded Parties List System (SAM)

Where the risk assessment reveals a high potential for financial risk, a proposed risk mitigation strategy will be developed by the DGCD.

Standard Terms in SR/PS Agreements

The City of Atlanta and Department of Grants and Community Development SR/PS agreements generally will include the following, as appropriate:

- Terms that specifically address the implementation of any appropriate and necessary risk mitigation strategies.
- for SR/PSs subject to A-133, a requirement to report any problem related to the subaward identified in their annual audits and to submit corrective action plans for review by DGCD.
- Mandatory flow-down provisions from the prime award, such as the requirements of certain federal laws and regulations as applicable.
- Financial terms and conditions including but not limited to fixed price or cost, term and termination, billing requirements, and payment terms.
- ownership of intellectual property and data.
- a requirement to permit the sponsor and or the City and their auditors to have access to the records and financial statements as necessary for DGCD to conduct a review if deemed appropriate and to cooperate with the DGCD in resolving problems.
- terms indicating that SR/PS submission of an invoice constitutes certification that the items included on the invoice represent reasonable, allocable, and allowable costs associated with performing the project defined in the agreement; and
- for federal awards, each SR/PS will be informed of the Catalog of Federal Domestic Assistance (“CFDA”) title and number, award (name, number, and year), and the name of the federal agency sponsoring the award.

Post-award SR/PS Review/Risk Assessment

Similar to Pre-award risk assessments, the annual SR/PS financial monitoring activities should be driven by several factors discussed in the section of this procedure titled “Pre-award SR/PS Review”. In addition, the following approaches may be used to gauge about the SR/PS and confirm the risk profile:

Upon receipt of an unfavorable audit report from a SR/PS, DGCD will confirm that the SR/PS has taken appropriate and timely corrective action.

Closeout out of SR/PS awards

DGCD, in collaboration with the Management Analyst, Financial Analyst, SR/PS, and Compliance Analyst, should begin subaward closeout actions immediately following conclusion of the subaward period of performance. Where possible, SR/PS awards should be processed for closeout and formally closed within a 45-90-day period, unless DGCD grants an extended period to close out the SR/PS award. A SR/PS award may not be formally closed until all the applicable closeout requirements have been accomplished. SR/PS award closeout requirements must include:

- receipt of final invoice
- collection of all required deliverables (e.g., technical/progress reports and equipment reports, etc.) to be provided by the SR/PS and final verification of completion by the Management Analyst, indicated by the Program Analyst signature and date on the final invoice
- completion of any necessary final review of costs charged to the DGCD by the SR/PS and final closeout of all commitments, accrued costs, or payables.
- Return of any funds due to the City of Atlanta as a result of program income, refunds, corrections, advances and or audits.

In general, a subaward is closed when it has expired and/or when final technical deliverables are received, and financial matters are concluded.

Financial Management Systems

Control Objectives

DGCD will provide reasonable assurance to maintain a proper financial management system to receive both direct and state-administered grants and to expend funds associated with a grant award.

Control Activities

Financial Management Standards

The standards for financial management systems are found at 2 C.F.R. § 200.302. The required standards include:

Identification – DGCD identify, in its accounts, all federal awards received and expended and the federal programs under which they were received. Federal program and award identification include, as applicable, the CFDA title and number, federal award identification number and year, name of the federal agency, and, if applicable, name of the pass-through entity. Each federal, state, or private grant award is designed by a specific *award* and *project number* to track all expenditures pertaining to each grant award. Each award and project are requested based on the grant agreement from the funder and the approved legislation.

Oracle Cloud is the primary system for purchasing; human resources and payroll; budget, accounting, fixed assets and projects and grants. Separate inventory systems exist for information technology. Each function of the Oracle Cloud system is overseen by a Chief Administrator for overall compliance of the module.

Once a grant award notice/funding notification is received by the City and the DGCD, Fiscal Director will request the appropriate account codes per the legislative checklist and provide a copy to the Grant Manager-Finance and Director Program Operations. A copy of the grant award notice and request to establish the account structure is forwarded to the Grant Accounting Manager of the Controller's Office.

In compliance with 2 C.F.R. 200.302, all grants are tracked by the CFDA title and number, federal award identification number and year, name of the federal agency, and, if applicable, name of the pass-through entity. The Grant Accountant establishes the account codes and funding budgets in Oracle Cloud. Once reviewed and approved by the Grants Accounting Manager and Director of Fiscal Operations, the budgets are submitted through the legislative process for available for use. All grant expenditures must be within the dates of the grant award (start and end dates). Budgeted amounts in Oracle Cloud must match the current grant award notice. If an amendment is approved, Oracle Cloud should be updated upon approval of the GAN by Grant Accounting.

Budget Control

The DGCD Fiscal Team monitors the financial performance of each grant throughout its life cycle by comparing and analyzing actual expenditures to budgets.

The DGCD Fiscal Team runs YTD budget reports for all grant funds monthly. The YTD budget reports are used to assess the financial status of the grant and to determine the need for adjustments or changes.

YTD budget reports are forwarded to the Office of Grants Accounting on a quarterly basis. If significant variances exist or a trend that may lead to a significant variance is determined the Director of the Office of Fiscal Operations complete an analysis and the Director of Program Operations and Operations Director reviews.

Financial Reporting

Accurate, current, and complete disclosure of the financial results of each federal award or programs must be made in accordance with the financial reporting requirements set forth in the grants agreements and 2 CFR 200.327 and 200.328 Monitoring and reporting program performance.

The Chart of Accounts for the grant fund organization codes was set up so that an individual could track expenses by fund, department project, fiscal and project year, and source of funds. Below is an outline detailing the structure of the organization codes for grant funds:

Type of Grant: The award type code designates the source of the grant funds and is limited to:

- 1: Private Grant
- 3: Federal Grants
- 4: State Grants
- 5: Local Grants
- 9: City of Atlanta and Match (Cost Sharing)

Fund Code: The grantor's fund code is found in the description of each grant. The four-digit code designates the fund code of where the funds is setup and tracked, along with a unique identifier vendor number per funder. There are a many vendor numbers and include (but not limited to):

- 2201 Community Development Block Grant Fund
- 2501 Intergovernmental Grant Fund
- 2504 Home Investment Partnerships Program Fund
- 2507 Sec 108 Loan Trust Fund

When creating award/project codes for awarded grants, the Grant Accountant sets up the award under the appropriate fund code and assigns each grant and project a designated sequential number code for tracking purposes. Once approved through the legislative process, the award and projects are uploaded to the general ledger.

Conflict of Interest

Please see City of Atlanta Conflict of Interest Policy.

Payroll

Control Objectives

DGCD will provide reasonable assurances for compensation of personnel services. The costs of such compensation are allowable to the extent that they satisfy the specific requirements of this and other

appendices under 2 CFR Part 225. employees who are paid in full or in part with federal funds must keep specific documents to demonstrate the amount of time they spent on grant activities. This includes an employee whose salary is paid with state or local funds but is used to meet a required “match” in a federal program.

i. Control Activities

Charges to federal awards for salaries and wages must be based on:

- The individual’s total wage or salary is reasonable for the service rendered
- The individual’s employment conformed to local employment laws and regulations meeting federal merit system or other requirements, where applicable.
- The payroll charge is supported by documentation prescribed in Title 2 U.S. Code of Federal Regulations (CFR) Part 200.
- The payroll charge is supported by personnel activity reports, e.g., time, attendance, and activity records.
- Charges for leave, employee insurance, pension plans, etc., are reasonable and required by law, employee agreements, or an established P&P of the City and are distributed equitably to federal programs and other activities.
- Charges for authorized absences such as annual leave, sick leave, holidays, court leave, military leave and other similar benefits are allowable and are allocated equitably to all federal programs and other activities.

Charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must meet federal timekeeping requirements:

- Be supported by a system of internal controls which provides reasonable assurance that the charges are accurate, allowable, and properly allocated
- Be incorporated into official records
- Reasonably reflect total activity for which the employee is compensated, not exceeding 100% of compensated activities
- Encompass both federally assisted, and all other activities compensated by the City
- Support the distribution of the employee’s salary or wages among specific activities or costs objectives.

DGCD performs the following to meet federal timekeeping requirements:

- Payroll is tracked in the timekeeping system Kronos and is completed each payroll period by any employee whose wage is being funded by a federal grant source. This time sheet is reviewed and approved by the Manager.
- All employee whose time is charged to a federal grant must complete Personnel Activity Reports on a weekly basis indicating how much time was spent performing the functions/activities funded by each source. This report is reviewed and approved by the Manager.
- All employees whose time is charged between a federal grant and another funding source must complete a Personnel Activity Report monthly indicating how much time was spent performing the functions/activities funded by each source. This report is reviewed and approved by the Manager

Acknowledgement of Receipt

All employees are expected to review the policies and procedures and associated training materials. Additional training will be provided as needed.

CONSEQUENCES OF COMPLIANCE FAILURES

All employees are instructed to follow the procedures contained herein. Employees who do not follow the defined policies and procedures will receive documented performance feedback as part of the DGCD performance management process and resulting up to termination.

I have received a copy of the City of Atlanta and Department of Grants and Community Development’s **Internal Controls Policies and Procedures**. I understand these policies and procedures are designed to inform me of the department’s current policies and procedures. I understand that Department of Grants and Community Development reserves the right to interpret, modify, or eliminate these procedures as needed. I understand that I am responsible for knowing the contents herein and any updates.

Employee Name (Printed)

Employee Signature

Date

Manager

Date



Data Breach and Confidentiality Policy and Procedure

Last Updated: July 03, 2022

Approved By:

Nicole Barnes

Title: Director of Entitlement and Competitive Compliance

Previous Revision Date: March 2020

Scope

This policy applies to all City of Atlanta's (City) departments and Subrecipients (SR)/ Project Sponsor (PS), CHDO, Developer/Non-Profit) who receive subawards of federal funds from the City's Department of Grants and Community Development (DGCD). The City is committed to managing personal information in accordance with the Privacy Act of 1974 and the U.S. Department of Housing and Urban Development's (HUD) and National Institute of Standards and Technology (NIST) cybersecurity standards, and to providing services in a manner that protects the privacy and security of client information and facilitates client empowerment. This Policy addresses preparation, detection, analysis, containment, recovery, and user response in connection with security incidents; as well as the tracking, documentation, and reporting of such incidents to appropriate organizational officials and/or authorities.

Purpose

To ensure that DGCD can contain, assess, and respond to security incidents expeditiously and mitigate potential harm to persons who might be affected. This policy will define applicability and under what circumstances, staff roles and responsibilities, standards and metrics, reporting, remediation, feedback mechanisms and to comply with notifications required by state and federal privacy and data security laws, and contractual and regulatory obligations.

Protection of client confidentiality is a major concern under U.S. Housing Urban and Development formula programs, especially for persons living with HIV/AIDS (PLWHA), who may face discrimination, harassment, or victimization should their diagnosis become known. Fear of unauthorized or inadvertent disclosure often prevents individuals living with HIV from accessing HIV-related information and services. Agencies funded under HUD's Housing Opportunities for Persons with AIDS (HOPWA) Program must develop and carefully implement confidentiality procedures to protect the identity of individuals who inquire about and/or receive HOPWA services.

Definitions:

Covered Information- means personally identifiable information from or about an individual client/consumer including, but not limited to: (a) a first and last name; (b) a home or other physical address, including street name and city or town; (c) an email address or other online contact information, such as an instant messaging user

identifier or screen name; (d) a mobile or other telephone number; (e) photos and videos; (d) an Internet Protocol ("IP") address, User ID, device ID, or other persistent identifier; (g) list of contacts; or (h) physical location in any form, electronic or non-electronic. that is held or transmitted. The information may be designated as exempt from disclosure under the Freedom of Information Act.

Data Breach- Unauthorized access to, unauthorized acquisition of, or accidental release/ loss of sensitive personal information that compromises the security, confidentiality, or integrity of certain sensitive personally identifiable information (SPII as defined below) constitutes a data breach under applicable law or standards, sometimes if additional conditions of harm, illegality or materiality are met. Data breaches can place financial records and related personal information in jeopardy which can lead to identity theft and fraudulent charges. It may also result in more serious harms related to the unauthorized disclosure of sensitive health information, and the fear of breaches may prevent individuals living with HIV from accessing HIV-related information and services.

Data Breach event- means any observable occurrence in a system or network. Also defines adverse events as those with a "negative consequence, such as...unauthorized use of system privileges, unauthorized access to sensitive data, and execution of malware that destroys data."

Data Breach incident - means a security event that compromises the integrity, confidentiality, or availability of an information asset. It also may violate DGCD's security or privacy policies involving sensitive information such as social security numbers or confidential medical information.

Disclosure- means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

Disclosure of Information: No information contained in a Privacy Act system of records may be disclosed to anyone other than the individual of record without the written consent of that individual, except when specifically allowed under the Privacy Act. Disclosures that are allowed under the Privacy Act include:

- To DGCD's Senior officials and employees (appropriate designated Atlanta staff) in the performance of their official responsibilities or duties.
- As a public benefit because SR's and clients are receiving federal grant program funds thereby must submit information as requested by DGCD appropriate designated Atlanta staff.
- Under the Freedom of Information Act, where applicable.
- For routine uses cited in the system of records Federal Register notice to the Bureau of the Census for statistical purposes and only if the record is unidentifiable by individual.

- To the National Archives and Records Administration (NARA) when the record warrants permanent retention because of historical or other national value as determined by NARA to law enforcement agencies in civil or criminal cases
- In the manner of emergencies affecting an individual's health or safety
- To Congress or its staff when the record material falls within Congressional jurisdiction or oversight
- To the Government Accountability Office (GAO), HUD, Office of Inspector General or any other federal or state entity in the performance of its duties
- Under a court order
- To a consumer reporting agency if specifically authorized by law

Grantor- means the grant-making Agency

Health information- means any information, including genetic information, whether oral or recorded in any form or medium, that:

(1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Individual- a single human being, as distinguished from a group, a person: a strange individual, and a distinct, indivisible entity; a single thing, being, instance, or item

Individually identifiable health information- is information that is a subset of health information, including demographic information collected from an individual, and:

(1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of

health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

(i) That identifies the individual; or

(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Information technology (IT) system (also known as electronic information system)- means the equipment and software used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information.

Personally Identifiable Information (PII)- As defined in OMB Memorandum M-07-1616 (2 CFR § 200.79). PII is information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. It is also defined as information that if lost, compromised, or disclosed could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Because there are many different types of information that can be used to distinguish or trace an individual's identity. It is also defined as information that if lost, compromised, or disclosed could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Because there are many different types of information that can be used to distinguish or trace an individual's identity, the term PII is necessarily broad. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified using information that is linked or linkable to said individual. In performing this assessment, it is important to recognize that information that is not PII can become PII whenever additional information is made publicly available- in any medium and from any source - that, when combined with other information to identify a specific individual, could be used to identify an individual. Examples of types of PII collected in DGCD-affiliated programs include but are by no means limited to, Social Security Number (SSN), name, date of birth (DOB), home address, personal email, medical history, family relationships, and vehicle identifiers including license plates.

Protected health information- individually identifiable information relating to the past, present, or future health status of an individual that is created, collected, or transmitted, or maintained by a HIPAA-covered entity in relation to the provision of healthcare, payment for healthcare services, or use in healthcare operations (PHI healthcare business uses). Health information such as diagnoses, treatment information, medical test results, and prescription information are considered protected health information under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information. PHI relates to physical records and any PHI that is created, stored, transmitted, or received electronically.

Program(s) -Program is defined as the formula grant programs, recovery programs of HUD's Office of Community Planning and Development's (CPO) and any other received federal and state grant funding. The HUD formula grant programs are as follows:

- Housing Opportunities for Persons with AIDS (HOPWA)- 24 CFR 574;
- Emergency Solutions Grants (ESG) - 24 CFR 576;
- Community Development Block Grant (CDBG) - 24 CFR 570;
- HOME Investment Partnerships Program (HOME) - 24 CFR 92
- The HUD CPO Recovery grant programs include the following:
- Neighborhood Stabilization Program (NSP)-1- Authorized under Title III of the Housing and Economic Recovery Act of 2008, H.R. 3221
- Neighborhood Stabilization Program (NSP)-3- Authorized by the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010, H.R. 4173

Program Managers: Responsible for implementing the requirements described in this guide for their systems of records.

Record- means any item, collection, or grouping of information about an individual which contains the individual's name or other personal identifier such as number or symbol, fingerprint, voiceprint, or photograph. The information may relate to education, financial transactions, medical conditions, employment, or criminal history collected in connection with an individual's interaction with DGCD, SR or any other Entity in the grant program.

Sensitive Personally Identifiable Information (SPII) -- PII that, if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual, or the breach of which is notice-triggering under applicable law. Some forms of SPII are self-identifying, for example biometric information, Social Security Number, financial account information with access code, driver's license number and if applicable the Federal Housing Administration ("FHA") case. Other data elements such as citizenship or immigration status, medical information, ethnicity, religious affiliation, and account passwords, when conjoined with the identity of an individual and in certain contexts, also become SPII. State and federal law make the breach of certain elements and combinations of elements notice-triggering if other specified conditions are met.

Subrecipients including CHDO's, Project Sponsors, Contractors, Developers, Non-Profits and Housing Providers: DGCD's vendors and contractors receiving grant funds that are subject to the same laws and regulations as DGCD's employees and are therefore responsible for ensuring the privacy and security of systems they design, develop, maintain, operate, or use and for system data. They are accountable for any violation that may occur due to oversight or negligence and may be subject to civil or criminal penalties under the Privacy Act.

References

DGCD is committed to implementing sound procedures for handling privacy incidents in accordance with numerous federal and state statutes, regulations, and directives, including the following:

- Housing Opportunities for Persons with AIDS (HOPWA)- Title 24, Subtitle B, Chapter V, Subchapter C, Part 574.440 (Confidentiality)
- Emergency Solutions Grants (ESG) - 24 CFR § 576.500 (Recordkeeping and reporting requirements)
- Community Development Block Grant (CDBG) - Title 24 - Subtitle B - Chapter V - Subchapter C - Part 570
- HOME Investment Partnerships Program (HOME) - § 92.508 Recordkeeping
- O.C.G.A. §§ 10-1-910-10-1-912, as amended (Data Breach Notification)
- O.C.G.A. § 24-9-47 (AIDS Confidentiality)
- HUD Handbook 2400.25 REV4 (August 2014) US Department of Housing and Urban Development Privacy Principles

- OMB Memorandum 06-15, Safeguarding Personally Identifiable Information, May 22, 2006, (M-06-15), which reiterates and emphasizes agency responsibilities under law and policy to appropriately safeguard sensitive PII and train employees regarding their responsibilities for protecting privacy.
- OMB's Memorandum entitled, Recommendations for Identity Theft Related Data Breach Notification, September 20, 2006,
- HIPAA Privacy Rule -45 CFR Part 160 and Subparts A and E of Part 164,
- HIPAA Security Rule -45 CFR Part 160 and Subparts A and C of Part 164.
- HIPAA Breach Notification Rule --45 CFR §§ 164.400-414
- HIPM Enforcement Rule, 45 CFR Part 160, Subparts C-E
- FTC Health Breach Notification Rule, 16 CFR Part 318
- Privacy Act of 1974, 5 U.S. Code (U.S.C.) § 552a, as amended:
<http://www.justice.gov/opcl/privacv-act-1974>.
- SB 135 - Georgia Privacy Act: <https://www.gsa.gov/reference/gsa-privacy-program/privacy-policy-and-procedures-guide>
- Freedom of Information Act (FOIA): <https://www.govinfo.gov/contentVpkg/CFR-2011-title41-vol3/pdf/CFR-2011-title41-vol3-part105-id2375.pdf>
- Electronic Communications Privacy Act of 1986 (ECPA) (18 U.S.C. § 2510 et seq.),

Audit

This policy will be audited on an annual basis by the City's Chief Information Officer (CIO) and DGCD's Commissioner.

City of Atlanta Process

1.1 Roles and Responsibilities

1.1.1 Incident Response Team (IRT)

The following individuals or functional areas comprise the primary Incident Response Team ("IRT") and are required to address any security incident of any Severity Level (as defined and described further in this Plan):

- IRT Commander- City Chief Information Officer ("CIO") or his/her designee
- Commissioner of DGCD or his/her designee ("Commissioner")
- City Attorney or his/her designee ("Legal")
- IT Leadership as applicable
- DGCD program representative

- Incident Coordinator reporting to IRT Commander

All decisions that members of the IRT make, as set out in this Plan, are done at the direction of the CIO, DGCD's Commissioner and Legal.

1.1.2 Incident Response Team- External Vendors

At the discretion of the IRT Commander, it may be appropriate to retain outside vendors to join and assist the IRT. Such vendors may include: (1) incident response counsel; (2) notification vendors; and (3) advanced technical resources such as forensic investigators and containment and remediation resources.

1.2 IRP Training and Testing

The Commissioner and the CIO will ensure that designated staff arranges initial training for all individuals and functional areas referenced in this Plan and all DGCD employees concerning: (1) this Plan; (2) roles and responsibilities in responding to information security incidents; and (3) relevant SOPs.

Going forward, the CIO, Commissioner or their respective designee will provide refresher training to relevant individuals and functional areas no less than once annually covering the same scope as referenced above. This plan and the response of relevant individuals and functional areas must also be tested no less than once annually to determine the effectiveness of the plan and identify areas where updates or modifications may be appropriate. A test of the Plan can range from a paper drill to a tabletop, to a full operational exercise. The IRT Coordinator is responsible for planning and initiating the testing. In addition, the response under this Plan to an actual incident may serve as a test to this Plan and any lessons learned or gaps discovered pursuant to a response may be used to update and modify the Plan where appropriate.

1.3 Departmental System and File Management

The DGCD works to ensure that all programmatic documentation and data systems are protected from misuse and easily accessed for compliance purposes. For that purpose, the below guidelines must be implemented by all departmental staff.

- If a staff member of DGCD has been on leave for 15 or more days, the Department will suspend access of the Department's SharePoint and Teams space. Team leadership will also work with AIM to suspend access to any City database. Once the employee returns, all access will be reinstated.
- To avoid SharePoint spaces with limited staff access and to ensure that final programmatic documentation is retained after staff turnover, the use of private groups is strictly forbidden. All final documentation must be saved to the department SharePoint space to ensure universal access.
- For the purpose of file retention, all staff are required on a monthly basis to ensure that created final documentation are backed up to that staff persons OneDrive so that the lost documentation can be quickly recovered. DGCD staff are required to back up their devices on the 15th of every month.

Section 2: Internal Reporting, Incident Determination and Severity Level

2.1 Overview

The triage and seeping phase involve analyzing information to determine if an incident or Breach has occurred. It also involves seeping the potential impact of the incident and assigning a Severity Level. This section outlines various procedures related to the detection and escalation of events that could amount to an information security incident or Breach. After completion of this phase, an event reported to the IRT Coordinator will be analyzed and a reasonable determination made as to: (1) whether the event constitutes a reportable incident; and (2) the Severity Level of any such incident.

2.2 Incident Detection

2.2.1 Information Gathering.

The IRT may become aware of an event from numerous sources, including, but not limited to:

- Monitoring tools to detect anomalous or suspicious system or network activity at a property or on the network such as system slowdowns, filenames with unusual characters, logs revealing multiple failed logins attempts or unusual network traffic patterns, or reconnaissance activity (. port or vulnerability scanning).
- An employee reports an issue to the IT Service Desk or Commissioner or his/her designee, who recognizes that the issue may involve an Information Security Incident.
- A service provider (technology vendor), supplier, business partner (marketing partner) or other outside third party (cybersecurity organization or law enforcement authority) notifies the City of an issue on its systems, or the City otherwise is made aware of such an issue.
- A citizen complains to a political representative, other City official or HUD official about an issue that involves information security.
- Law enforcement (such as the U.S. Secret Service or FBI) notifies the City of activity on underground hacker forums suggesting a compromise of City systems.

A media representative requests comment about reports of an incident.

2.3 Internal Reporting

2.3.1 Reporting an Adverse Event

If any individual, department, organization, or affiliate suspects or becomes aware of a security incident, they must report it to DGCD Program staff/Director of Compliance at nbarnes@atlantaga.gov or [(404) 330-6123 in the event of email system compromise]. and if SPII is involved, Legal should be notified immediately.

2.3.2 Internal Adverse Events

Compromise, Loss, or Theft: When there is reason to believe that proprietary information, intellectual property, trade secrets or personal data has been compromised, lost, stolen, or is otherwise not accounted for, notify the Commissioner immediately. Suspected or confirmed violations of the City's Code of Conduct involving the use of City property or resources by an employee, vendor, or contractor must be reported to the Department of Human Resources ("HR") for further investigation. HR will

investigate security events associated with employee misconduct, policy violations or potential criminal violations by individuals associated with the City.

2.3.3 External Adverse Events

External Adverse Events may include events:

- At another agency or organization that affect information in the City's custody, possession or control; and
- Caused by a third party's action or inaction; and
- Unauthorized access or use of a third party's system that has access to City systems or information; or
- Mass security outages that take network infrastructure offline (e.g., attacks on critical infrastructure).

External Adverse Events must be reported in writing to the CIO and the Commissioner without unreasonable delay after the discovery of the Adverse Event.

2.4 Information Security Incident Determination

2.4.1 The IRT Commander in coordination with Legal and Program leadership is responsible for reasonably determining whether an Adverse Event constitutes a Data Breach. The IRT Commander, in coordination with Legal, shall review and analyze investigative findings, relevant documents, reports and information available at the time concerning an incident in order to make that determination. If after review and analysis, the IRT Commander, in coordination with the IRT, conclude that additional investigation is required, the IRT or the affected department will continue its investigation at the IRT Commander and Legal direction.

2.4.2 The IRT Commander, in coordination with Legal, will decide as to whether an Adverse Event results in a Data Breach without unreasonable delay after being notified of an Adverse Event. The IRT Coordinator shall document the determination under the direction of Legal. If the IRT Commander receive additional or new material (information that changed and/or updates to the submittal) information regarding the investigation after the initial determination, the IRT Commander, in coordination with the IRT, must re-evaluate the initial determination based on all available information and evidence. Notwithstanding whether the subsequent determination is the same or different from the initial determination, the subsequent determination must be documented after the analysis of the additional or new information has concluded.

2.4.3 For any Adverse Event that the IRT Commander, in coordination with the IRT, reasonably determine is an Information Security Incident, the IRT Coordinator, in coordination with the IRT Commander, is responsible for ensuring that all legally required reporting and communications are timely completed, pursuant to the requirements set forth in applicable laws, any Standard Operating Procedures ("SOPs") identified in this Incident Response Plan ("IRP" or "Plan"), contracts, or as otherwise required or necessary. This may include, but is not limited to, reporting and communications to DGCD Program staff, individuals, City leadership, regulators, supervisory authorities, vendors, law enforcement, and any other third parties.

2.5 Severity Level Classification

2.5.1 After determining the existence of a security incident or Data Breach, the IRT Commander must assign a Severity Level. In addition, in coordination with the IRT, the IRT Commander may assign a Severity Level to an event prior to a Data Breach determination. The Severity Level is dictated by the potential impact to the City, the affected data and/or the affected individuals. As a baseline, the IRT Commander shall preliminarily set the Severity Level based on the number of potentially affected individuals, if known:

Severity Criteria	Severity Level Characteristics		
	Low	Medium	High
1-10 Individuals	X		
11-999 Individuals		X	
1000+ Individuals			X

2.5.2 If no other factors are present, the Severity Level is set based on the number of potentially affected Individuals per the above table. If other criteria exist that could affect the potential impact, then the IRT Commander, in consultation with the IRT, may adjust the Severity Level up or down as appropriate. For example, the event may impact pseudonymized data without directly impacting individuals. The following chart generally defines the Severity Levels in terms of potential impact

Severity Level	Description	Characteristics
Low	Minimal to no potential adverse impact to individuals, the City or City information.	<ul style="list-style-type: none"> Adversely impacts the integrity of, availability of, or ability to use, only non-critical information. Affects low value or low sensitivity information. Affects pseudonymous data and the perpetrator has no means of connecting the pseudonymous data with a natural person. Low to no risk of further propagation to critical systems.

		<ul style="list-style-type: none"> • Unsuccessful attempts to access City systems or information. • Not likely to trigger or violate any regulatory or statutory obligations. • Low to no risk of litigation, reputational harm, adverse financial impact to the City or Individuals.
Medium	Moderate potential adverse impact to individuals, the City or City Information.	<ul style="list-style-type: none"> • Temporarily or moderately impacts integrity or availability of City information of material value information that has changed and/or been updated, or moderately decreases the City or Program's ability to such information for its intended purposes. • Moderately disrupts or degrades critical City business processes that rely on the affected information. • Affects middle value or middle sensitivity information. • Evidence of successful access to City systems or information by no evidence of data exfiltration. • Potentially triggers or violates regulatory or statutory obligations, which present a medium probability of regulatory scrutiny or significant financial, business, or political consequences. • Moderate risk of litigation, reputational

		harm, adverse financial impact to the City or individuals.
High	Significant potential adverse impact to individuals, the City or City information.	<ul style="list-style-type: none"> • Significantly and continuously impacts integrity or availability of critical covered information, or materially decreases the City’s ability to use important information for its intended purposes. • Significantly disrupts or degrades critical business processes that rely on affected information. • Affects high value or highly sensitive information. • Evidence of successful access to City systems or information along with data exfiltration. • High risk that regulatory or statutory obligations will be triggered or have been violated which presents a moderate to high risk of regulatory scrutiny, significant financial, business or political consequences. • High risk of litigation, reputational harm, adverse financial impact to the City or individuals, including medium to high risk of widespread press coverage or class action lawsuits.

2.5.3 The assignment of a Severity Level will depend on the specific circumstances surrounding an event. For the purposes of guidance, some examples of characteristics that may increase the Severity Level include, but are not limited to:

- High profile individuals
- Significant information loss, or adverse media coverage, and/or
- Social media escalations that may gain a widespread or vocal audience, may go or have gone "Viral," or involve blogger/security advocates with a large following that materially raises likelihood of regulatory investigation, reputational harm, or media coverage.

2.5.4 Severity Level classification is a dynamic process. The Severity Level of an information security incident may change as details concerning the potential impact emerge over time during the investigation and response process.

Section 3: Incident Response Activities and Standard Operating Procedures

3.1 General Incident Response Activities and Considerations

3.1.1 Containment

As quickly as possible following the discovery of an information security incident that may continue to negatively impact the City or affected individuals, the IRT Commander and appropriate internal and external resources shall develop and implement a strategy designed to contain the incident, reduce risk, and limit the impact. Containment may involve a combination of technical measures, such as increased system monitoring, network and system disconnects, as well as media and communications to the public and to staff, depending upon the scope and potential impact of the incident. All containment measures must be appropriately documented and preserved.

The need for containment activities must be balanced against such considerations as the potential that containment activities could result in the loss of information or evidence necessary for an appropriate investigation. For example, unplugging, wiping, or running anti-virus software on a server that is potentially infected by malicious code could result in the loss of information concerning the timing, scope and impact of the suspicious activity which may be valuable for limiting the City's compliance obligations, risks, liability, and reputational impact. In some cases, including where it is possible to implement compensating controls or where the risk to affected persons is not high, it may be appropriate to monitor suspicious activity for limited periods of time so that forensic investigators can observe the activity and better understand the incident or its impact. The IRT Commander must consult with appropriate stakeholders and appropriate third parties (forensic firms, Incident Response Counsel, etc.) to discuss these issues and determine an appropriate approach.

3.2 Assessing the Nature, Scope, and Severity of the Incident

3.2.1 Factors to Consider in Response

Many factors will affect the City's response to an incident, including the nature, scope and severity of the incident, the type and quantity of PII or SPII involved, and whether the incident is ongoing or

interfering with the City's or Program's operations. In assessing incident and determining the appropriate response, the IRT will consider, at minimum, the following questions, as appropriate:

- Who discovered the incident and how was it discovered?
- What was the cause of the incident?
- Where did the incident occur?
- Which services and programs does the incident impact?
- When did the incident occur and is it ongoing? What appears to be the time window of vulnerability?
- If Covered Information was affected, what data elements potentially were compromised?
- If health-related information was affected, what type of data is impacted (e.g., for employee health plan data, Is that data subject to HIPAA regulations)?
- Was the potentially compromised information in electronic or hard-copy form?
- What was the volume of data that was potentially compromised?
- Was the data encrypted, anonymized or pseudonymized/redacted?
- How easily can pseudonymized data be tied back to an individual?
- Is the pseudonymized data stored separately from directly identifiable data?
- If the data was encrypted, was the encryption key compromised?
- Was the relevant information in the City's possession or in the possession, custody, or control of a third party? If in the possession, custody, or control of a third party, is there any evidence that the third party disseminated or disclosed the relevant information to others?
- If SPII potentially was compromised, in what jurisdictions (including countries, states and provinces) do the relevant individuals reside?
- Is there evidence that the relevant information has been misused or likely will be misused? Is there evidence that the incident likely will result in harm to affected individuals, the City, or Sub- Recipients or other third parties?
- What are the likely consequences and impacts of the incident?
- What are the City's and Program's applicable contractual rights and/or obligations with respect to responding to the incident?

3.2.2 Information Gathering and Preservation of Evidence

In order to better understand the full scope, legal implications and potential impact of an incident, it is necessary to gather information concerning the underlying activity, including without limitation as appropriate, the root cause, the affected systems or information, the impact to any affected systems, information or businesses, the timing of the events and circumstances that lead to the incident, and the identity of the attacker, agent or malicious code that caused the incident. Information should be gathered in a manner that preserves relevant information and records for use as potential evidence in a civil, criminal, or regulatory proceeding, or simply for additional forensic analysis. It may be necessary to retain internal or external computer forensic experts to help search for, collect and preserve evidence related to an incident.

3.2.3 Legal Considerations

3.2.3.1 General. In parallel with the early containment, remediation and investigation efforts associated with an incident, Legal (with the assistance of Incident Response Counsel, as appropriate) may take steps to help preserve the City's legal rights by directing and approving the relevant documentation and

preservation efforts. Steps that may be appropriate, depending on the circumstances, include directing investigations, retaining experts, maintaining a chain of custody for documents and other physical evidence, preserving relevant system logs, creating backups of affected files, and maintaining historical backups to show the affected system's prior state.

3.2.3.2 Records Retention. Legal will issue legal hold notices applicable to the relevant records, as appropriate.

3.2.3.3 Privilege. Legal (including Incident Response Counsel, as appropriate) will preserve privilege by directing the relevant investigation and retaining outside experts (as appropriate),

3.2.3.4 Non-Disclosure and Information Sharing Agreements. As appropriate, Legal in collaboration with DGCD Program staff may prepare non-disclosure and information sharing agreements with third parties (law enforcement authorities and regulatory agencies) and affidavits or written agreements that affirm statements of fact made by individuals (employees, Project Sponsors/SR or service providers) in connection with an incident.

3.2.3.5 Limiting Disclosure. As appropriate, Legal may seek to limit the disclosure or use of information that has been exposed in connection with the incident (. by issuing takedown requests for incidents posted to a website or sending cease and desist letters to individuals who have gained access to PII).

3.2.3.6 Insurance. Risk Management, in collaboration with Legal, will pursue insurance coverage for costs associated with the incident to facilitate maximum recovery under the City's relevant insurance policies, as appropriate. If appropriate, Risk Management, in collaboration with Legal, will notify the organization's relevant insurer of the incident. Notification will be sent to DGCD Program staff.

3.2.4 Forensic Analysis

3.2.5 General. Forensic analysis entails a technical examination of evidence, preservation of that evidence, preservation of the chain-of-custody of the evidence, documentation of observations, and analysis drawn from logical conclusions based on the evidence and prior experience. In many cases, the IRT may utilize internal forensic investigators to conduct an investigation. However, it may be appropriate to utilize external forensic investigators under certain circumstances. In deciding whether an internal or external forensic investigation is appropriate, the following factors should be considered.

3.2.6 Scope and Complexity of the Event or Incident. Retaining external forensic investigators can be helpful for more complex incident investigations or where additional forensic resources and know-how are needed.

3.2.7 Perceived or actual conflict of interest for internal investigators. If litigation or a regulatory action arises, the investigation into an incident by the same people charged with securing the organization's systems and data could be perceived as tainted by bias and self-interest.

3.2.8 Perception of Independence. Depending on the circumstances, independent forensic reports may be viewed more favorably by regulators, courts and other third parties.

3.2.9 Attorney-Client Privilege. Communications and other documents relating to a forensic investigation will generally be considered "privileged" only when the investigation is conducted to assist with the provision of legal advice, and not for general business purposes. In anticipation of litigation or

a regulatory investigation, the use of an independent firm to investigate an incident can bolster arguments that support a finding of attorney-client privilege with respect to communications between the forensics investigators, Incident Response Counsel and the City.

3.3 IRT Documentation

3.3.1.1 Documentation and Retention.

The City's response to an incident must be appropriately documented. Such documentation can include initial intake reports that gather information to be disseminated to the IRT, timelines of events, investigative steps and activities, decisions made, and actions taken, and forensic and investigative reports. Care should be taken in documenting the circumstances of an incident as such documents may become discoverable, and if improperly completed, may adversely affect the City in a regulatory, litigation or public relations context. As required by this Plan and applicable SOPs, IRT team members, in coordination with legal counsel as necessary, must accurately document their actions and response relating to an Adverse Event and/or Information Security Incident in accordance with this Plan, so that documentation is prepared contemporaneously with the investigation and response.

Every incident should be worked diligently, and all related written documents and correspondence should be prepared with care.

Review will include confirmation that the following have been fully and accurately documented:

- The underlying facts;
- All containment and remediation efforts completed at the time the incident review is closed;
- Details of any regulatory notifications;
- Any written notifications to affected individuals, vendors, or other third parties;
- The volume of data impacted; and
- Final number of affected individuals (where applicable).

In addition, the IRT must fully and accurately document the investigation within the City's database of record. The documentation must include, but is not limited to, case summary notes, correspondence and documents related to the investigation, investigative findings, final reports, and associated time and costs reports.

3.3.1.2 Document Retention. Official documents related to this IRP must be retained in accordance with the City's and DGCD federal program's document retention policy.

3.4 Communications

3.4.1 Communications Generally. Proper handling of internal and external communications is critical for successful incident response. The following communication issues must be considered when responding to an incident, as applicable.

3.4.1.1 Attorney-Client Privilege. Legal will determine whether the investigation and response to an incident should proceed under the direction of counsel and under attorney-client privilege, work product, and other applicable privileges. If so, the IRT must follow appropriate procedures for communications and documentation to attach and maintain the privilege for incident -related communications.

3.4.1.2 Limiting Communications. Generally, communications regarding Adverse Events and Information Security Incidents must be handled on a need-to-know basis at all times. Improper handling of communications could cause reputational harm to the City. At the direction of Legal, communication channels should be established under Attorney-Client and Work Product privileges (where appropriate) and in a manner intended to limit the number of individuals receiving communications and limit leakage and disclosures. Each IRT member is responsible for informing any non-IRT members and reminding extended IRT members with which they are working of the need to limit communications and use channels intended to comply with the limitation. Where individuals no longer need to be part of specific communications, they must be removed from the channel. As appropriate, these communication protocols may be documented and disseminated to those individuals within established communications channels.

3.4.1.3 Addressing Leaks and Pre-emptive Communications. If there is a leak or anticipated leak of information or data regarding an incident, the IRT Commander, in collaboration with the IRT, must consider whether it is necessary to provide employees, project sponsors, SR and contractors with holding statements and alternate communication channels to address inquiries from media sources or public relations and/or talking points to address inquiries. The failure to do so could lead to the spread of misinformation or unintended and harmful external communications, including to employees, the press and other agencies and organizations.

3.4.1.4 Out-of-Band Communications. With respect to some Adverse Events or Information Security Incidents, especially prior to containment and remediation, attackers may continue to have access to the City's systems and may have the ability to monitor the communications of employees using those systems, including for example employee emails. This may allow attackers to avoid detection, delete logs and other evidence, leave the system, accelerate data acquisition or take other steps that could increase the risk and impact of incident to the City. In these cases, if feasible, the IRT Commander, in collaboration with appropriate internal and external experts, must consider whether out-of-band communication channels exist or can be established. This may include the use of the City communication systems that are not believed to have been impacted by an incident, conference calls, text messaging or third-party email systems. If the IRT Commander deem that out-of-band communications are warranted, the IRT Coordinator is responsible for communicating the out-of-band communication channel and processes to the IRT and any other individuals, on a need-to-know basis only.

3.4.1.5 Internal Communications to the City's Senior Management. The IRT Coordinator must report incidents with a Severity Level of High (or Medium, at the IRT Coordinator's discretion) to the [CIO and DGCD's Commissioner (or designated appropriate body)] (1) with responsibilities relating to Information Security Incidents and data protection, and (2) who are part of or supporting the affected Department. Such reporting shall occur at appropriate times or intervals as determined by the IRT Commander and

Coordinator. The IRT Coordinator shall accelerate notifications for Events and Incidents as to which the IRT Commander and Coordinator believes Senior Management should be notified on an expedited basis.

3.4.2 Evaluating Notification Obligations

3.4.2.1 Legal will evaluate the circumstances of the incident to determine whether any applicable laws, contracts, or industry requirements or standards require the City to notify entities of the incident or whether such notification is otherwise advisable (individuals, Project Sponsors/SR service providers, suppliers, business partners, law enforcement, regulators, financial institutions, consumer reporting agencies, insurance providers, auditors, the media, or other parties).

3.4.2.2 Legal will document and maintain the findings of the investigation as appropriate and in compliance with applicable law depending on the nature and circumstances of the incident. If Legal determines that an incident does not constitute a notifiable event, legal may document this determination as appropriate and in accordance with applicable law.

3.4.3 Notifying Regulatory Agencies

3.4.3.1 General. As required by law or as advisable, DGCD Program staff/Grants Services Manager of the Office of Administrative and Technical Services, in collaboration with Legal, will provide timely written notification of the incident to relevant regulatory authorities.

3.4.4 Identifying and Notifying Affected Customers and/or Individuals (Including Employees)

3.4.4.11 If the IRT Commander determines that a notifiable incident involving Pill or SPII is reasonably likely to have occurred, the City will, at the direction of Legal, conduct an investigation to identify affected individuals for notification purposes.

3.4.4.2 If specific affected individuals cannot be identified, DGCD Program staff/Grants Services Manager of the Office of Administrative and Technical Services, in collaboration with Legal, will identify the groups of individuals likely to have been affected.

3.4.4.3 Once the individuals likely to have been affected by the notifiable incident have been identified, appropriate members of the IRT will notify (or supervise notification to) the affected individuals and/or groups in accordance with applicable law.

3.4.5 Timing, Content and Notification-Related Activities

3.4.5.1 At the direction of Legal, the City will provide (or arrange for the provision or notification to affected individuals and regulatory agencies in accordance with timing, format, and content requirements. The notice should be clear and conspicuous, and written using easy-to-understand language.

3.4.5.2 When individuals are impacted, Legal may retain and enter into contracts with relevant third parties to assist in the notification process or provide related services (. credit monitoring or identity protection, call center and mail house or email distribution services), as appropriate.

3.4.6 Notifying Law Enforcement

3.4.6.1 Depending on the nature of the incident, notice to international, federal, state or local law enforcement may be required or desired by the City. Legal will determine when notifications to law

enforcement will be made. In addition, in some cases, law enforcement may already be aware of an incident and may have reported the incident to the City. In the great majority of cases in which law enforcement reporting is not mandatory, the following considerations apply:

- Information Gathering from Law Enforcement. In cases where law enforcement has already opened an investigation regarding the activity and perpetrators related to an incident, at Legal's discretion, the City may coordinate with law enforcement and seek additional information relevant to the investigation. In the context of availability attacks such as ransomware, law enforcement often has valuable advice to offer about the perpetrators with which negotiation may be necessary.
- Law Enforcement Independent Investigation. Notifying law enforcement of an incident could trigger an independent investigation by law enforcement. This could lead to requests for information, documents, and potentially images of computers, log files and other data, including confidential information.
- Impact on Response Activities. In the context of an incident response especially when the City has not been able to fully investigate the incident, having to coordinate with and satisfy law enforcement inquiries could be distracting or adversely impact the City's ability to respond appropriately. Regarding certain types of incidents, law enforcement can contribute significantly to effective response.

3.4.7 External Communications- Publicity

It may be necessary or desirable for the City to communicate with the general public, including the press and on social media outlets. The IRT should seek appropriate guidance from the Mayor's Office of Communications ("Communications") for any external communications to the public. This includes traditional press releases and responses, website notices, call center scripts and FAQs, email and written notices, social media posts and other communications intended for, or likely to be viewed by the public. Disclosing information about an Event or Incident prior to an internal forensic investigation may result in misleading or incomplete statements, causing additional issues in the future. Providing overly optimistic messages or making promises to undertake certain actions could result in additional costs and legal risks to the City.

Communications will operate at the direction of Legal and/or the Commissioner. Activities related to external communications may include the following:

- Developing a communications plan and strategy for communicating with and responding to (as applicable): the traditional press, social media channels, affected Individuals, vendors, regulators and other relevant stakeholders;
- Determining the need for a third-party public relations consultant, and assisting with the selection and management of any such consultant retained by the City;
- Developing pre-emptive disclosures for third parties, such as bloggers, the press and/or social media, in order to prepare for how the City will respond if the public becomes aware of the incident before the City has fully investigated it and/or disseminated its final public communications;
- Developing holding statements and other interim communications to satisfy public inquiries and allow for additional investigation and time to respond to an Incident or Event;

- Providing input with respect to the content and messaging set forth in notification documents, including without limitation, interim communications, internal communications, notices to affected individuals, FAQs, official City statements and website notices;
- Assisting with establishing escalation process for affected individuals with additional questions or complaints;
- Assisting with the response to questions and issues raised by individuals affected by the incident;
- Coordinating with media outlets for dissemination of press releases, setting up interviews and answering questions and placement of ads and notices for print and broadcast media if needed; and/or
- Preparing management and others to serve as spokespersons with respect to public statements and interviews.

3.4.8 Insurance

The City is covered by insurance. Legal will coordinate with the Office of Risk Management ("Risk Management") regarding activation of applicable policies. The IRT Commander, in coordination with Risk Management, shall determine the scope of any applicable insurance coverage and, where appropriate, file a claim and utilize any needed cyber insurance resources. The following activities may be undertaken as part of this process:

- Contacting the City's insurance broker regarding the incident;
- Reviewing potentially applicable policies, including any cyber insurance policy, to determine the scope of coverage and any conditions applicable to obtaining coverage;
- Identifying available resources in the policy and conditions associated with accessing resources;
- Determining whether a notice of circumstance for third party liability coverage should be made to the insurance carrier;
- Notifying appropriate insurance carriers concerning the event or incident and requesting available resources; and
- Coordinating with cyber insurance broker and carrier as appropriate.

Enforcement:

1. Employees. Compliance with this policy is mandatory. Employees who do not comply with this policy may be subject to disciplinary action in accordance with the City's Labor-Management Relations Ordinance and applicable City labor relations policies. Violations of this policy may also result in penalties under various criminal and civil statutes and laws.

2. Project Sponsors | Subrecipients:

PS/SR shall be required pursuant to their respective contracts with the City, and by applicable law, to ensure the confidentiality and security of client and will receive regular training on their responsibilities. Specifically, 24 CFR §574.440, 24 CFR § 576.500, 24 CFR § 570 and 24

CFR § 92.508, require PS/SR to ensure the confidentiality of the names of any individuals assisted under the City's Programs by developing a comprehensive policy for confidentiality and security and consistently following its procedures. PS/SR are also required by contract to adopt a policy requiring that sensitive personally identifiable information (SPII) is kept confidential, that describes how confidentiality is maintained, and that establishes clear breach response procedures, notification requirements, mitigation activities, sanction levels, and requirements for duty to warn or report. The policy must provide a confidentiality training schedule (annually at a minimum) and designate a staff member as responsible for privacy and security (e.g., Privacy or Security Officer, Overall Responsible Party [ORP] or Local Responsible Party [LRP]. Privacy Liaison, etc.). The policy should explain measures the SR/PS will take to prevent unintentional disclosures, such as via agency logos or other identifying information on checks, letters, notifications, forms, envelopes, etc. that could imply that a household member is living with HIV.

Prior to exchanging information with any other agency or entity, PS/SR are required to first secure a release of information from the client, except as required by law. A "Consent to Release and/or Obtain Confidential Information" must be completed and signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be re-signed annually. In the absence of such specific written authorization, information identifying an individual's HIV status may not be disclosed by the SR/PS to any individual or organization.

Subrecipients (SR) Process

All Project Sponsors/SR are required to have written protocols/policies and board approved plan within ten (10) business days of receiving the City's Data Breach and Confidentiality Policy Manual for rapidly responding to data breaches to ensure steps are taken to limit the damage and to notify those affected. When devising a data breach protocol, all SR will be informed of any requirements set by DGCD, as the funder and any applicable federal, state, and local laws. The written protocols/policies should be inclusive but not limited to the following actions:

1. Accountability: create a dedicated data breach response management team or designate a lead staff person (overall responsible party) to ensure a coordinated response to any incident within ten (10) business days after receiving the City's Data Breach and Confidentiality Policy Manual.
 - a. Submit the names of the team members or lead staff person, b. Maintain the documentation,
 - c. Confidentiality agreements - provide evidence of the signed agreements to the assigned Program staff/Management Analyst,
 - d. Must have a Release of Information Authorization form signed (See Appendix 3)
 - e. Create a Consent to Release and/or Obtain Confidential Information. Prior to exchanging information with any other agency or entity, SR/PS must first secure a release of information from the client. There may be exceptions to client disclosure as required by law. A Consent to Release and/or Obtain Confidential Information must be signed by the client identifying specific individuals or organizations to which confidential information may be disclosed and must be re-signed annually. In the absence of specific written authorization, information identifying an individual's HIV status may not be disclosed by the SR/PS to any individual or organization with the exceptions

listed in the disclosure definition). A statement that the client may revoke the Consent to Release and/or Obtain Information at any time must be included on the form,

- f. Define the roles and responsibilities and access levels of staff,
 - g. Process and the submittal documentation of any data sharing (information shared with permission or determined by DGCD).
1. Building on the City of Atlanta Process. The SR /PS is responsible for reviewing the City of Atlanta Incident Response Process in full and developing and implementing a framework at least as comprehensive as that process in the areas of containment, investigation, scoping, analysis, eradication, notification, documentation and remediation, for the City's review, approval, and periodic auditing.
 2. Technical Safeguards. In addition to implementing an effective incident response plan, SR will be required to implement comprehensive information security programs including technical safeguards such as but not limited to:
 - a. Access Control. Only allow authorized persons to access electronic protected information
 - b. Audit Controls. Implement hardware, software, and/or procedural mechanisms to record and examine access and other activity in information systems. Include Back- up and recovery plans for systems.
 - c. Integrity Controls. Implement policies and procedures to ensure that information is not improperly altered or destroyed. Electronic measures must be put in place to confirm that information has not been improperly altered or destroyed.
 - d. Transmission Security. Implement technical security measures that guard against unauthorized access to information that is being transmitted over an electronic network.
 3. SR's comprehensive security program will also include administrative safeguards such as but not limited to:
 - a. Provision of annual training to all SR's staff regarding its policies and procedures, implement a training schedule and submit an agenda, training schedule, attendance sign-in sheet and copies of the training documents to the Agency's assigned Management Analyst
 - b. Have and apply appropriate sanctions against any staff who violate the policies and procedures.
 - c. Certification by authorized official with a 1010 warning statement that all protocols have been met annually. Certifications must be submitted to the Agency's assigned Program Management Analyst.

WARNING : Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967) applies to this certification (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing knowing the same to contain any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined no more than \$10,000 or imprisoned for not more than five years, or both).

4. Evaluation.

- a. Perform a periodic assessment of how well its policies and procedures meet the requirements.
- b. Periodically review and update policies and the documentation in response to environmental or organizational changes that affect the security of electronic protected health information

Part II. Confidentiality: Materials for SR and Project Sponsors

1.1 General principles

DGCD is careful to ensure confidentiality of all client and staff personal information. Staff with access to confidential, private, or sensitive information shall not divulge this information to any other personnel unless authorized to do so. Maintaining confidentiality and security of all records is priority across all HUD formula grant and State or local grant administrated Programs.

Both employees in DGCD and all SR including Continuum of Care (CoC) and Homeless Management Information System (HMIS) data agents will be required to be ethical in performing their job assignments with sensitivity and professionalism. In addition, all staff is made aware of the importance of maintaining the confidentiality of Personal Information and other confidential business information. As a condition of employment with DGCD or SR affiliation, all staff will read, and sign a confidentiality and non-disclosure acknowledgement. In addition, personal information obtained in the course of one's employment or SR affiliation with DGCD must be held in confidence even after the affiliation or employment comes to an end.

Other City department staff, such as but not limited to IT, Audits, Ethics and Finance that have access to these records must also read and sign a confidentiality and non-disclosure acknowledgement.

1.2 Failure to comply

Failure to comply with this Confidentiality process may result in disciplinary action up to and including termination of employment (in the case of City employees), or the termination of the applicable contract (in the case of PS and SR).

1.3 Access, Use, Disclosure or Sharing of Personal Information

Staff is only authorized to access, use, disclose or share Personal Information for legitimate purposes based on a "need to know" basis to perform their job functions and responsibilities. Records will be retained in accordance with all legal, regulatory and accreditation requirements, as well as with any DGCD confidentiality process and record retention policies.

Examples of Public, Private and Confidential Information

Financial data on public sponsored projects	Ethnicity
Invoices and purchase orders	Citizenship
Budgets	Account number, credit card number, or debit card number, if circumstances exist wherein such a number could be used without additional

	identifying information, access codes, or passwords;
Bank Account Information	Driver's license number of state
Income determination records	Account passwords or personal identification numbers or other access codes;
Domestic Victim Status	Veteran and disability status
Social Security Number	Birth Date
Home Phone Number and Address	Medical/Health Information
Medical/Health Information	Leases
Gender	Disciplinary Actions

1.4 Financial records safeguards:

DGCD and any fiscal department and all SR must have measures in place to keep customer information secure. In addition to developing the City's own safeguards, SR covered are responsible for taking steps to ensure that their affiliates and service providers safeguard customer information in their care. As mandated in 2 CFR § 200.302 there must be effective control over, and accountability for, all funds, property, and other assets. DGCD and any fiscal department and all SR must adequately safeguard all assets and assure that they are used solely for authorized purposes. All confidential records that accompany disbursement requests must be protected.

1.5 Complaints:

Complaints, along with any supporting documentation, must be submitted in writing. The complaint will be reviewed, and feedback may be required. Communication of the steps taken or that will be taken on the issue that was identified generally will occur within 15 days. All complaints may be addressed to the Commissioner as follows:

Department of Grants and Community Development
55 Trinity Avenue, SW, Suite 3500
Atlanta GA 30303
Attn: Director of Entitlement and Competitive Compliance

1.6 HUD Formula Program Specifics:

1.6 a. HOPWA- The AIDS Housing Opportunity Act of 1992, the law authorizing the HOPWA Program, requires that grantees and project sponsors protect the privacy of those receiving HOPWA assistance. The HOPWA regulation, 24 CFR 574, implements this requirement and states:

The grantee shall agree, and shall ensure that each PS agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance (24 CFR 574.440).

OIG, HUD and the Comptroller General of the United States, any of their representatives, and DGCD have the right of access to any pertinent books, documents, papers or other records of the participating jurisdiction, state recipients, and SR, in order to make audits, examinations, excerpts, and transcripts

Section 574.604 of the regulations also set forth protections for victims of domestic violence, dating violence, sexual assault, and stalking.

(a) General (1) Applicability of VAWA requirements. Except as provided in paragraph (a)(2) of this section, the Violence Against Women Act (VAWA) requirements set forth in 24 CFR part 5, subpart L (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking), apply to housing assisted with HOPWA grant funds for acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing; new construction; and operating costs, as provided in §574.300. The requirements set forth in 24 CFR part 5, subpart L, also apply to project-based and tenant-based rental assistance, as provided in §§574.300 and 574.320, and community residences, as provided in §574.340.

(2) Limited applicability of VAWA requirements. The VAWA requirements set forth in 24 CFR part 5, subpart L do not apply to short-term supported housing, as provided in §574.330, except that no individual may be denied admission to or removed from the short-term supported housing on the basis or as a direct result of the fact that the individual is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the individual otherwise qualifies for admission or occupancy.

(3) The terms "affiliated individual," "dating violence," "domestic violence," "sexual assault," and "stalking" are defined in 24 CFR 5.2003.

(b) Covered housing provider. As used in this part, the term, "covered housing provider," which is defined in 24 CFR 5.2003, refers to the HOPWA grantee, project sponsor, or housing or facility owner, or manager, as described in this section.

(d) Notification requirements. (1) As provided in paragraph (b) of this section, the grantee is responsible for ensuring that the notice of occupancy rights and certification form described in 24 CFR 5.2005(a) is provided to each person receiving project-based or tenant-based rental assistance under HOPWA or residing in rental housing assisted under the eligible activities described in §574.604(a) at the following times:

1. Ensure Confidentiality- Project Sponsors/SR must ensure the confidentiality of all records by developing a comprehensive local program policy for confidentiality and consistently following the procedures. Clients' names, Social Security Numbers, and other individual information on documents must be kept confidential.
 - a. This policy must be submitted to the City within ten ("10") business days of receiving the City's Data Breach and Confidentiality Policy Manual.
 - b. The policy must define confidential data and protected health information (PHI), describe how confidentiality is maintained, describe how unique client identifiers on all client files are used and created, and outline breach procedures, notification requirements, mitigation activities, sanction levels, and requirements for duty to warn or report.

- c. The policy must detail where and how the client intake session will be conducted. The client and staff person must be private and have a discussion without the risk of other staff or clients overhearing the discussion.
- d. The policy must communicate who in the agency is responsible for handling questions or complaints about confidentiality.
- e. The policy must describe process for maintaining confidentiality by employees who telecommute.
- f. The policy must include language to ensure that the client understands the agency's information sharing policies and procedures.
- g. The policy must describe how interpretation and/or documents will be translated into the appropriate language when necessary.
- h. The policy must provide a complaint hotline number or contact information and process of complaints will be handled.
- i. The policy must include consent forms that provide at least the following information:
 - 1. Notice of a client's right to revoke or withdraw their consent at any time after signing the consent form.
 - 2. Identify what information the client agrees to share.
 - 3. An effective date and duration of consent no longer than one year, after which time a new consent should be obtained.
 - 4. Explain why and with whom the information will be shared. v. State how the client may revoke or cancel their consent.
 - 5. Require the client's signature (or signature of legal guardian, if applicable) and date of execution.
- j. The policy must describe where in the agency confidentiality notices will be posted throughout the office.
- k. The policy must include provisions related to VAWA
 - 1. Determine the "reasonable grace period" for remaining persons residing in the unit to establish eligibility for HOPWA assistance or find alternative housing, which period shall be no less than 90 calendar days nor more than one year from the date of bifurcation of a lease, consistent with 24 CFR 574.460
 - 2. Provide notice of occupancy rights and the certification forms (See Appendices 1, 2 and 3)
 - 3. Adopt and administer an emergency transfer plan
 - 4. Maintain the confidentiality of documentation submitted by tenants requesting emergency transfers and of each tenant's housing location consistent with §574.440 and 24 CFR 5.2007(c)
 - 5. Uses a HOPWA lease addendum with VAWA protections and is made aware of the option to bifurcate a lease in accordance with §574.460 and 24 CFR 5.2009
- l. The policy must provide a confidentiality training schedule (annually at a minimum) and designate a staff member as responsible for privacy and security (e.g. Privacy or Security Officer, Overall Responsible Party [ORP] or Local Responsible Party [LRP], Privacy Liaison, etc.).

m.

Employees must sign a Memorandum of Understanding of Client Confidentiality stating that he or she has received the training and understands that violation of confidentiality requirements may lead to disciplinary action, dismissal from employment and possible criminal prosecution. Training should occur within thirty (30) days of acknowledgement of receipt of the written policy. Sign-in sheets, an agenda and the training material should be used and submitted to the City as evidence.

- n. Clients must be educated and provided information regarding the Project Sponsor's confidentiality procedures including that access to confidential HIV information about clients will be restricted to those staff who "need to know" this information to deliver appropriate services. A "need to know" is present if the employee or agency, to perform properly normal job functions, must have access to the client's medical background. A "need to know" list should be maintained by the project sponsor. Clients must also be informed about the project sponsor's policies regarding release of information to those outside of the organization. Client education training should occur ten (10) business days after employee training. Sign-in sheets, information brochures/pamphlets or flyers should be used and submitted to the City as evidence.
- o. The policy should explain measures Project Sponsors take to prevent unintentional disclosures, such as via agency logos or other identifying information on checks, letters, notifications, forms, envelopes, etc. that could imply a household member is living with HIV. For example, this could be accomplished by establishing a housing assistance checking account using a neutral account name such as "Housing Fund" or "Assistance Fund."

Examples of policies to safeguard client records and information:

1. The agency's data base and other files should either be contained in a limited number of computer terminals of those persons with "need to know" status or password protected as to limit access to only those with authorized access to the information.
2. Institute a unique client identification coding protocol.
3. Password protect all computers and servers that store and/or provide access to client data.
4. All paper files should be stored in lockable drawers or file rooms.
5. Paper files should not be left on desks or other surfaces viewable to unauthorized persons.
6. Computer screens containing HIV related information should not be viewable by unauthorized persons.
7. Paper files, disks, etc. should be returned to their proper lockable location when not in use.
8. Telephone and face-to-face conversations that could reveal confidential HIV-related information should be held only where the conversations cannot be overheard by unauthorized persons.
9. When faxing: call the receiving party in advance to ensure that he/she will be at the fax machine when the document arrives; use a fax cover sheet containing a statement prohibiting

disclosure of confidential information; check that the fax number has been entered correctly before hitting "send."

10. When emailing, confirm the recipient's address before sending and include the statement prohibiting disclosure of confidential information in all electronic transmissions of confidential information.

Georgia law defines AIDS Confidential Information (ACI) and makes the confidentiality requirements for the disclosure of ACI more stringent than those for other medical records. A patient's written consent is required to disclose ACI unless the disclosure is otherwise authorized or required by law. AIDS Confidential Information is defined as information that a person:

1. has been diagnosed as having AIDS;
2. has been or is being treated for AIDS;
3. has been determined to be infected with HIV;
4. has submitted to an HIV test;
5. has had a positive or negative result from an HIV antibody test;
6. has sought and received counseling regarding HIV/AIDS; or
7. has been determined to be a person at risk of being infected with HIV. (O.C.G.A 24-9-47 and 31-22-9.1).

According to state law, any person or legal entity intentionally or knowingly disclosing ACI in violation of the law will be guilty of a criminal offense and subject to criminal penalties and civil liability. Unintentional disclosure due to gross negligence or wanton and willful misconduct is also a criminal offense subject to criminal penalties and civil liability.

Communicating with landlords-HOPWA Programs have additional challenges to protect consumer confidentiality as they pay subsidies to landlords. Some suggestions are:

1. Create a subsidiary organization with a generic name (unrelated to HIV/AIDS) for housing payments to landlords or IRS documentation sent to landlords.
2. Maintain a separate bank account with checks using the generic name
3. Create letter head for the subsidiary
4. Establish a P.O. Box for receiving mail related to housing assistance and payments to landlords
5. Establish dedicated phone numbers/lines with generic names for dealing with landlords and the public

Resources: All HOPWA Project sponsors must review and be familiar with the HOPWA Confidentiality User Guide found at <https://www.hudexchange.info/resource/3296/hopwa-confidentiality-user-guide/>.

HOPWA Project sponsors must develop policies and procedures for responding to complaints of confidentiality violations. Such protocols can be included in the grievance procedures of the SR.

1.6 b Emergency Solutions Grants (ESG)- 24 CFR § 576.500 (Recordkeeping and reporting requirements) (3) The recipient must ensure that its SR comply with the recordkeeping requirements specified by the recipient and HUD notice or regulations.

(w) Other records specified by HUD. The recipient must keep other records specified by HUD.

(x) Confidentiality.

(1) The recipient and its SR must develop and implement written procedures to ensure:

(i) All records containing personally identifying information (as defined in HUD's standards for participation, data collection, and reporting in a local HMIS) of any individual or family who applies for and/or receives ESG assistance will be kept secure and confidential;

(ii) The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter;

project assisted under the ESG will not be made public, except with written authorization of the person responsible for the operation of the shelter; and

(iii) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with state and local laws regarding privacy and obligations of confidentiality.

(2) The confidentiality procedures of the recipient and its SR must be in writing and must be maintained in accordance with this section.

(z) Access to records. (1) Federal Government rights. Notwithstanding the confidentiality procedures established under paragraph (x) of this section, the recipient and its SR/PS must comply with the requirements for access to records in 2 CFR 200.336. HUD and the Comptroller General of the United States, any of their representatives, DGCD have the right of access to any pertinent books, documents, papers or other records of the participating jurisdiction, state recipients, and SR/PS, in order to make audits, examinations, excerpts, and transcripts

(2) Public rights. The recipient must provide citizens, public agencies, and other interested parties with reasonable access (consistent with state and local laws regarding privacy and obligations of confidentiality. The confidentiality requirements in this part) to records regarding any uses of ESG funds the recipient received during the preceding 5 years.

(aa) Reports. The recipient must collect and report data on its use of ESG funds in the Integrated Disbursement and Information System (IDIS) and other reporting systems, as specified by HUD. The recipient must also comply with the reporting requirements in 2 CFR part 200 and 24 CFR part 91 and the reporting requirements under the Federal Funding Accountability and Transparency Act of 2006, (31 U.S.C. 6101 note), which are set forth in appendix A to 2 CFR part 170.

[76 FR 75974, Dec. 5, 2011, as amended at 80 FR 42368, July 16, 2015; 80 FR 75939, Dec. 7, 2015; 81 FR 80809, Nov. 16, 2016]

1.6 c Community Development Block Grant (CDBG) · Title 24 - Subtitle B - Chapter V - Subchapter C

- Part 570

§ 570.508 Public access to program records.

Notwithstanding 24 CFR 85.42(D), recipients shall provide citizens with reasonable access to records regarding the past use of CDBG funds, consistent with applicable State and local laws regarding privacy and obligations of confidentiality.

HUD and the Comptroller General of the United States, any of their representatives, DGCD have the right of access to any pertinent books, documents, papers or other records of the participating jurisdiction, state recipients, and SR, in order to make audits, examinations, excerpts, and transcripts

1.6 d HOME Investment Partnerships Program (HOME) · § 92.508 Recordkeeping

(d) Access to records. (1) The participating jurisdiction must provide citizens, public agencies, and other interested parties with reasonable access to records, consistent with applicable state and local laws regarding privacy and obligations of confidentiality.

(2) HUD and the Comptroller General of the United States, any of their representatives, DGCD have the right of access to any pertinent books, documents, papers or other records of the participating jurisdiction, state recipients, and SR, to make audits, examinations, excerpts, and transcripts.

[61 FR 48750, Sept. 16, 1996, as amended at 64 FR 50224, Sept. 15, 1999; 67 FR 61757, Oct. 1, 2002; 72 FR 73493, Dec. 27, 2007; 78 FR 44682, July 24, 2013; 80 FR 42366, July 16, 2015; 80 FR 75935, Dec. 7, 2015; 81 FR 80805, Nov. 16, 2016]

APPENDIX 1: City of Atlanta/ Department of Grants and Community
Development Violence
Against Women Act ("VAWA") certification form as prescribed by
HUD form-5382

City of Atlanta/ Department of Grants and
Community Development

Violence Against Women Act ("VAWA") certification form as prescribed by
HUD form-5382

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD Programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation

- Submission of Documentation: The period-of-time to submit documentation is 10 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the period-of-time to submit the documentation, if you request an extension of the time period. If the requested information is not received within 10 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

This form must be completed and maintained. Or one of the following types of third-party documentation may be maintained.

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Program: HOME NSP CDBG-R CDBG Section 8 Moderate Rehab ESG HOPWA

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1.)	Date the written request is received by victim:
2.)	Name of victim:
3.)	Your Name (if different from victim's)
4.)	Name(s) of other family member(s) listed on the lease:
5.)	Residence of victim:
6.)	Name of accused perpetrator (if known and can be safely disclosed)
7.)	Relationship of the accused perpetrator to the victim:
8.)	Date(s) and times(s) of incident(s) (if known)
9.)	Location of incident(s):
10.)	In your own words, briefly describe the incident(s)

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection that the individual named above in item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance or eviction.

Signature: _____ Signed on _____
 (DATE): _____

For Office Use Only		
Date Received: _____		
Received By: _____		
Name	Signature	Title

APPENDIX 2

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban
Development

OMB Approval No. 2577-0286

Expires 06/30/2017

[Insert Name of Project Sponsor/Housing Provider¹]

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that all housing programs or rental assistance follows VAWA. This notice explains your rights under VAWA. A certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under any housing program or rental assistance, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under any housing program or rental assistance, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under any housing program or rental assistance solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

[Insert Name of Project Sponsor /Housing Provider] may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking. If **[Insert Name of Project Sponsor /Housing Provider]** chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Upon your request, [Insert Name of SR/PS/Housing Provider] may permit you to move to another unit, subject to the availability of other units, and keep your assistance. In order to approve a request, [Insert Name of PS [Housing Provider] may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer, you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

[Insert Name of Project Sponsor/Housing Provider] will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. [Insert Name of PS Housing Provider's] emergency transfer plan provides further information on emergency transfers, and [Insert Name of Housing Provider] must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

[Insert Name of PS Housing Provider] can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from [Insert Name of PS Housing Provider] must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. [Insert Name of PS Housing Provider] may but does

not have to extend the deadline for the submission of documentation upon your request. You can provide one of the following to [Insert Name of Housing Provider] as documentation. It is your choice which of the following to submit if [Insert Name of PS Housing Provider] asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete approved certification form given to you by [Insert Name of Housing Provider] with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 10 business days, [Insert Name of Project Sponsor/ Housing Provider] does not have to provide you with the protections contained in this notice. If [Insert Name of Project Sponsor/ Housing Provider 1 receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), [Insert Name of Project Sponsor/Housing Provider 1 has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, [Insert Name of PSHousing Provider] does not have to provide you with the protections contained in this notice.

Confidentiality

[Insert Name of Housing Provider] must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA. [Insert Name of Project Sponsor/Housing Provider] must not allow any individual administering assistance or other services on behalf of [Insert Name of Project Sponsor/ Housing Provider] (for example, employees and contractors) to have access to confidential information unless for reasons that

specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

[Insert Name of Housing Provider] must not enter your information into any shared database or disclose your information to any other entity or individual. [Insert Name of Project Sponsor/Housing Provider], however, may disclose the information provided if:

- You give written permission to [Insert Name of Project Sponsor/Housing Provider] to release the information on a time limited basis.
- [Insert Name of Project Sponsor/Housing Provider] needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires [Insert Name of Project Sponsor/Housing Provider] to release the information.

VAWA does not limit [Insert Name of Project Sponsor/Housing Provider's] duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated You can be evicted, and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted, and your assistance terminated, if [Insert Name of Project Sponsor/Housing Provider] can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violation of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

Attn: Commissioner
City of Atlanta, Department of Grants and Community Development,
55 Trinity Avenue, Suite 3500
Atlanta, GA 30303

For Additional Information

You may view a copy of HUD's final VAWA rule at
<https://www.hud.gov/states/shared/working/west/mf/whatsnew>

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TT

**APPENDIX 3: MODEL EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING (HUD form 5381)**

MODEL EMERGENCY TRANSFER PLAN FOR
VICTIMS OF DOMESTIC VIOLENCE, DATING
VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Insert name of covered Project Sponsor, Housing Providers, Landlords/Property Owners and/or Property Managers

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

Insert name of covered Project Sponsor, Housing Providers, Landlords/Property Owners and/or Property Managers (HP) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), Insert HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.⁴ The ability of Insert name of covered HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Insert name of covered HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that insert name of program or rental assistance here follows VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify Insert name of covered HP's management office and submit a written request for a transfer to HP to insert location. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

Insert name of HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives Insert name of covered HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the

new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

Insert name of covered HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Insert name of covered HP, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a

tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Insert name of covered HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If Insert name of covered HP to safe and available units for which a tenant who needs an emergency is eligible, insert name of covered HP will assist the tenant in identifying other Housing Providers, Landlords/Property Owners and/or Property Managers who may have safe and available units to which the tenant could move. At the tenant's request, insert name of covered HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE or visit the online hotline at <https://ohl.rainn.org/online/>. Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

The above named: Housing Provider/H/P _____

has provided an explanation on these HUD forms: HUD form 5380, HUD form 5381 and HUD form 5382.
By signing my name, I acknowledge that I have read and received a copy of these two forms.

Signature: _____ **Signed on**
(DATE): _____

For Office Use Only		

Date Received: _____		
Received By: _____		
Name	Signature	Title

Appendix 3: Sample Release of Information Form

**RELEASE OF INFORMATION
AUTHORIZATION**

Agency: Department of Grants and Community Development
Program: Select all applicable programs:

Program: HOME <input type="checkbox"/> NSP <input type="checkbox"/> CDBG <input type="checkbox"/> Section 8 Moderate Rehab <input type="checkbox"/> ESG <input type="checkbox"/> HOPWA <input type="checkbox"/> OTHER Federal, State or Local Grant: insert name of the grant <input type="checkbox"/> Other _____
--

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement 5 U.S.C. § 552 for a more detailed description of your privacy rights

Purpose: This form authorizes any information referenced to be furnish or release to the U.S. Department of Housing and Urban Development (HUD), Office of Inspector General, Government Accountability Office (GAO), or any other federal, state or DGCD as the named Entity or its agents for the performance of its duties and as a beneficiary of receiving grant funding.

Public Disclosure: As a general rule, DGCD will not disclose any personally identifiable information collected except under applicable laws.

	By signing below and placing a check in the box to the left, I , as the beneficiary have read and acknowledge receipt of this document.
--	--

Client Name, Signature and Date: _____

Address: _____

FOR Office use ONLY		
SR/Agency's Information (Name of Agency, Address, Email Address, Name & Signature of Authorized Signer, Title and Date)		
DGCD: Date Received: _____		
Received By: _____		
Name	Signature	Title

Appendix 4: Form-Confidentiality Agreement

Confidentiality & Non-Disclosure Agreement

Agency: Department of Grants and Community Development

Program: **Check all that apply:**

<input type="checkbox"/>	HOME Investment Partnership Program	<input type="checkbox"/>	Housing Opportunities for Persons With AIDS (HOPWA)
<input type="checkbox"/>	Community Development Block Grant (CDBG)	<input type="checkbox"/>	Section 8 Moderate Rehabilitation Program (Mod Rehab)
<input type="checkbox"/>	Neighborhood Stabilization Program (NSP)	<input type="checkbox"/>	Other:

As a condition of completing monitoring visits, desk audits and any other form of monitoring requires that I _____, as an employee of the City of Atlanta read and sign this Confidentiality Non-Disclosure Agreement.

This Agreement is entered into this _____.

I, _____ by signing and initialing where indicated this document, understand and consent to the following stipulations:

<input type="checkbox"/>	Confidential Information will, for the purposes of this Agreement, refer to: such documents and/or materials necessary for verification of total household income, net family assets, family composition, and any and all circumstances to be used in qualifying for assistance, loan/grants and payoff statement.
<input type="checkbox"/>	Shall not disclose any of the Confidential Information learned and/or encounters during and after the term of employment.
<input type="checkbox"/>	Will only use Confidential Information as it relates to the job for which I was hired.
<input type="checkbox"/>	Any violation of this Agreement will be considered grounds for immediate termination of employment and gives the City of Atlanta the right to seek legal recourse against me.
<input type="checkbox"/>	Understand that by virtue of my employment, I may have access to records and information that contain nonpublic personal information, personally identifiable financial information, protected information, credit and credit card information, social security numbers and customer information (covered information) Covered Information means personally identifiable information from or about an individual client/consumer including, but not limited to: (a) a first and last name; (b) a home or other physical address, including street name and city or town; (c) an email address or other online contact information, such as an instant messaging user identifier or screen name; (d) a mobile or other telephone number; (e) photos and videos; (f) an Internet Protocol ("IP") address, User ID, device ID, or other persistent identifier; (g) list of contacts; or (h) physical location in any form, electronic or non-electronic, that is held or transmitted.
<input type="checkbox"/>	Acknowledge and understand that access to and use of Covered Information must be consistent with, and the unauthorized disclosure of Covered Information is strictly prohibited by, applicable federal and state law and DGCD's policy.
<input type="checkbox"/>	Agree that I will not access or use any Covered Information without authorization, or directly or indirectly disclose any Covered Information to any person not authorized.

This Agreement is subject to any applicable laws and regulations, including laws and regulations enforced by the state of Georgia and City of Atlanta.

Employee Name	Employee Signature	Title	Date
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**Department of Grants and Community Development (DGCD) IDIS Activity Set-Up
Standard Operating Procedure (SOP) # 00-12
Date of Issue: 12/6/2022
Fiscal Division**

Submitted By

Miranda Barney- Manager, Fiscal Operations
Name & Title

Signature

11/29/2022
Date

Approved By:

Nicole Barnes, Deputy Commissioner
Name & Title

Signature

12/07/2022
Date

Purpose and Scope: The City of Atlanta (COA) is a recipient of four (4) Entitlement/Formula programs: Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), Housing Opportunities for Persons with AIDS (HOPWA) and HOME Investment Partnerships Program (HOME). These Entitlement programs are governed by specific Code of Federal Regulations (CFR): including CDBG – 24 CFR Part 570, ESG – 24 CFR Part 576, HOME – 24 CFR Part 92, and HOPWA – 24 CFR Part 574. In addition to the grant agreements received annually, 2 CFR Part 200 Uniform Administrative Requirements Regulations, HUD regulations, and HUD CPD Notices are also adhered to throughout the execution period.

The annual awards received are set up and funded in the City’s Oracle Cloud System as well as in the Integrated Disbursement and Information System (IDIS) per the approved ordinance by the Annual Action Plan for each respective program year. Each entitlement program has specific objectives and eligible activities impacting the project set-up requirements. The setup is required to record the results of CPD-funded activities. Each activity in IDIS is set up under one of the projects in an Action Plan. At the activity level, grantees supply HUD with details about the work they will carry out to meet project goals, including proposed accomplishments and program-specific data.

Applicability: This procedure is to be applied by responsible DGCD staff members with proper training and access to IDIS to set up and report accomplishments and performance measures.

Applicable Entitlements:

- **Community Block grant program (CDBG)**
- **Emergency Solutions Grants (ESG)**
- **HOME Investment Partnership (HOME)**

- **Housing Opportunities for People with AIDS (HOPWA)**

IDIS Activity Introduction:

The IDIS “ADD” Activity is triggered by the projects outlined in the AAP. After setting up projects the FA can now set up the approved activities that coordinate with the project in IDIS. The FA will obtain the contract from Management Analyst with the detailed performance and budget narratives to initiate the setup.

IDIS Activity Setup Process:

- The FA will verify the Environmental Review status.
 - *See IDIS Drawdown Policy for ongoing guidance for ER Clearance.*
- Once logged in to IDIS, click this link to the UAT training for adding an activity in IDIS <https://youtu.be/NNuybrWDzQM>
- The FA will enter a detailed description of the project and activities according to the contract.

Identifying Eligible Activity:

- Utilizing the Matrix Code Key, the FA will ensure that the correct categories are selected, and descriptions and activities align with the appropriate entitlement grant requirement. [Matrix-Code-National-Objective-Table.pdf](#)
- FA will complete the form with the required fields indicated with an asterisk and saves the form.
- FA will notify their manager via email to review the updates made in IDIS.
 - Upon completion of a thorough review, the Manager will confirm the accuracy of the activity.
 - The IDIS Financial Analyst provides a continuous monitoring exercise (***Internal Fiscal Monitoring Process***) and notifies the Management Analyst and the Grant Managers of any issues that require attention and resolution.

Stakeholder Roles & Responsibilities:

- **Management Analyst (MA)**
 - Ensures that the respective FA has received the complete contract within 30 days of routing.
 - **Performance and budget narratives are detailed in the contract.**
 - Ensure all pre-setup activities have been completed in the AAP, including the Environmental Review (ER) process by contacting the Compliance partner for (ER).
 - Responsible for notifying the financial partners to proceed with activity detail setup via internal channels including notification in the contract tracker.
- **Fiscal Analyst (FA)**

- Responsible for entering the Project and Activity setup in IDIS.
- Responsible for contacting the Compliance partner for (ERs) to ensure the ER clearance has been completed and updated in IDIS by following the Compliance Team.
- Responsible for ensuring all Activity screens are updated to match the AAP in IDIS.
- **Fiscal Assistant Manager (FAM)**
 - Initiate the responsibilities to the FA to enter the Project and Activity setup in IDIS.
 - Responsible for reviewing the ER clearance that has been completed and updated in IDIS by following up with the Compliance Team.
 - Responsible for ensuring all Activity screens are updated to match the AAP in IDIS.
- **Fiscal Manager (FM)**
 - Responsible for ensuring the timely and accurate setup of projects and activities in IDIS.
 - Within 30 days from receipt of notice from MA.
 - Responsible for overall oversight of the project and activities set up in IDIS by completing the review process in IDIS and sending applicable feedback via email to the FM.
- **IDIS Fiscal Analyst (IFA)**
 - Responsible for entering accomplishment data monthly received from Compliance
 - Responsible for contacting Compliance partners for (ERs) to ensure the ER clearance has been completed and updated in IDIS by following the Compliance Team
 - Responsible for closing out once the project has been completed and funds are fully drawn.

Required Tools Utilized:

- HUD IDIS Edit Access.

Reference Section

- Project Set-up [IDIS for Entitlements CDBG Manual: Chapter 2 \(hudexchange.info\)](http://hudexchange.info)
- Matrix – Code Key and descriptions
<https://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf>
- HUD IDIS Online Quick Tims User Guide
https://www.hud.gov/sites/documents/20578_IDIS_ONLINE_QUICK.PDF

HOPWA Inventory Policy and Equipment and Furnishings Inventory

Property Controls: The federal regulations regarding property controls in 24 CFR 84.34(f) are for the purpose of tracking the assets purchased with grant funds to ensure that they are properly maintained, secure and being used for authorized purposes. Agencies and funders should do a periodic physical inventory on these items to verify their existence, current utilization and continued need. For this reason, agencies using federal funds to purchase furnishings, vehicles or equipment for a project should keep accurate records including the following: a complete description of the item purchased, a serial or other identification number, the source of funds and grant contract number, the acquisition date and the cost. These items are federal property and cannot be disposed of without requesting permission and guidelines from HUD. If the recipient no longer needs the item for the grant project it may be used for other activities if the conditions of 24 CFR 84.34 (g) are met.

CFR 24 Section 84.34 outlines the federal regulations that apply to equipment purchased with grant monies. A summary of these requirements follows.

- ◆ The recipient will use the equipment in the project for which it was acquired as long as needed. When it is no longer needed for that project, it should be used for other federally-sponsored (particularly HUD) activities, unless compensation is made to HUD [CFR 24 Section 84.34(g)].
- ◆ The recipient will maintain accurate equipment records including:
 - ◆ Description
 - ◆ Serial number, model number, or identification number
 - ◆ Source of federal funds with which equipment was purchased
 - ◆ Date received
 - ◆ Cost
 - ◆ Location
 - ◆ Condition when acquired
 - ◆ Date of disposal, if expired
- ◆ A physical inventory of equipment should be taken every 2 years during which the recipient will verify the existence, current utilization and continued need for the equipment.
- ◆ Recipient is responsible to ensure that adequate maintenance procedures are implemented to keep the equipment in good condition.
- ◆ If the recipient is authorized to sell the equipment, federal sales procedures must be used [CFR 24 Section 84.34(g)].

Inventory Policy:

Equipment and furnishings purchased with federal funds shall be recorded on an inventory list for record keeping and reference if they meet HUD's definition of "tangible non-expendable property...having a useful life of more than one year..." [CFR Title 24, Part 84.2] and either:

- *have an acquisition cost of \$500 or more, or*
- *can be defined as electronic equipment or a small appliance over \$200*

SAMPLE INVENTORY RECORD

CFR 24 Section 84.53(2) requires equipment records to be retained for 3 years after final disposition.

Service Provider: _____ Program: _____

<i>Item</i>	<i>Description:</i> <small>[type, model, other identifier]</small>	<i>Purchasing Information</i>					<i>Location</i>	<i>Monitor Verif. Date</i>	<i>Disposal Info.</i>
		<i>Cost</i>	<i>Vendor</i>	<i>Date</i>	<i>Prog. Yr.</i>	<i>Draw #</i>			



**Department of Grants and Community Development (DGCD)
Standard Operating Procedure (SOP): Department of Grants and Community Development
(DGCD) COVID-19 Waivers
Standard Operating Procedure (SOP) # 00-22**

Submitted by:

		DocuSigned by: <i>Genevieve Jones</i>	5/30/2023
Fiscal Operations		<small>EA7B211F9A3044B...</small>	
Name	Title	Signature	Date

Approved:

		DocuSigned by: <i>Nicole Barnes</i>	5/30/2023
Nicole Barnes	Deputy Commissioner	<small>00A557F820C3450...</small>	
Name	Title	Signature	Date

Purpose: Provide guidance to DGCD staff, Subrecipients (SR): CHDO, Non-Profits, Project Sponsors, Housing Partners, Contractors) and user departments for managing grant funded equipment and supplies. Equipment and supplies acquired with SR funds must be managed in accordance with award terms and conditions, Federal regulations, and internal policies.

Scope: It is the policy of the Department of Grants and Community Development (DGCD) that equipment and supplies acquired with Federal funding is managed in accordance with Federal regulations and internal policies. The management of equipment and supplies acquired with Federal funding is an integral process supported by all Finance, Purchasing, AIM/IT and other City departments.

Applicability: Equipment, supplies, property, and furnishings purchased with federal, state, local or other grant funds shall be recorded on an inventory list for record keeping and reference if they meet HUD's definition of "tangible non- expendable property having a useful life of more than one year as mandated by 2 CFR 200.20, 200. 33, 200.94, 200.313 and 200.314

Property Controls: The federal regulations regarding property controls in 2 CFR 200 are for the purpose of tracking the assets purchased with grant funds to ensure that they are properly maintained, secure and being used for authorized purposes.

DGCD will ensure itself, user departments of grant funding and all Subrecipients (CHDO's, Non-Profits, Developers, Project Sponsors, Contractors, and Housing Providers take the following actions:

- Ensure the policy and procedures described in this document are followed.
- Ensure pre-acquisition screening of major equipment to avoid unnecessary purchases.

Programs:

Housing Opportunities for Persons with AIDS (HOPWA)
Emergency Solutions Grants (ESG)
Community Development Block Grant (CDBG)

Definitions:

Effective Control: Management-directed, -authorized, and -monitored performance, which includes periodically comparing actual with planned performance, and documenting these actions to provide reasonable assurance that organizational goals will be achieved.

Equipment: is defined as tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (2 CFR §200.33)

Internal Control: The continuous integration of the activities, plans, attitudes, policies, and efforts of the people of a department working together to provide reasonable assurance that the organization will achieve its objectives and mission.

Professional Integrity: Demonstrate behaviors that show a commitment to consistent and willing adherence to guidelines and policies as well as to ethical conduct in support of the mission of DGCD.

Reasonable Assurance: Errors and other deviations are kept to a tolerable level; for example, in the normal course of their assigned duties, employees will prevent errors or improper acts and will detect and correct them within a reasonable time, thereby mitigating their detrimental effects.

Risk: A probability or threat of damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through preemptive action. 7.

Supplies: General purpose consumable items, materials or provisions stored available for meeting a demand which commonly have a shorter life span in use than equipment and machines, and which are stocked for recurring use and dispensed when needed.

Stakeholder Roles & Responsibilities:

Administrative Staff:

- Oversees the equipment and property administration function training staff, purchasing, conducting physical inventory, and maintaining the official equipment and property records.
- Reporting any loss, damage or theft of equipment acquired with grant funding.
- Routinely review and maintain records.
- Maintain a back-up computer schedule and computer information records of staff's computers.
- The official equipment records for all owned, government-owned, donated, and other sponsor-owned equipment.
- Identifies the equipment to be tagged and affixes the appropriate tag.
- Initiate requisitions for the purchase of equipment and non-capital equipment
- Send request to Fiscal staff to verify funding.
- Fiscal staff check funds availability and verify that the purchase is allowable.
- All staff ensure areas containing equipment is locked after business hours or at other times when not in use.

Subrecipient/Project Sponsor

1. Should do a periodic physical inventory on these items to verify their existence, current utilization and continued need. May use DGCD's inventory form:
 - a. For this reason, SR's using federal funds to purchase furnishings, vehicles or equipment for a project must keep accurate records including the following: a complete description of the item purchased, a serial or other identification number, the source of funds and grant contract number, the location of the goods, the acquisition date, and the cost.
 - b. These items cannot be disposed of without requesting permission and guidelines from DGCD. If the recipient, no longer needs the item for the grant project it may be used for other activities if the conditions of 2 CFR 200 are met.
2. 2 CFR 200.20, 200.33, 200.94, 200.313 and 200.314 outline the federal regulations that apply to equipment purchased with grant monies. A summary of these requirements follows.
 - a. The SR will use the equipment in the project for which it was acquired as long as needed. When it is no longer needed for that project, it should be used for other federally sponsored (particularly HUD) activities, unless compensation is made to HUD
 - b. The recipient will maintain accurate equipment records including:

- i. Description
 - ii. Serial number, model number, or identification number
 - iii. Source of federal funds with which equipment was purchased
 - iv. Date received
 - v. Cost
 - vi. Location
 - vii. Condition when acquired
 - viii. Date of disposal, if expired
 - c. A physical inventory of equipment should be taken annually during which the SR will verify the existence, current utilization and continued need for the equipment. This information will be submitted to the SR's assigned Program Management Analyst.
3. SR is responsible to ensure that adequate maintenance procedures are implemented to keep the equipment in good condition.
4. If the SR is authorized by DGCD to sell the equipment, federal sales procedures must be used 2 CFR 200



City of Atlanta

Lead Based Paint Policy and Standards

Department of Grants and Community Development
55 Trinity Avenue, SW Suite 3500
Atlanta, Georgia 30303 (404) 330-6390

Lead Hazard Reduction Guidelines

I. Purpose

The purpose of the Lead Based Paint Policy is to reduce or eliminate lead hazards in all housing units that receive Federal funding through any of the City of Atlanta's programs. The goals of this policy are:

- To reduce lead poisoning or the risk of lead poisoning to children and families;
- To educate and inform families about lead poisoning prevention; and
- To provide intervention through the reduction of lead-based paint hazards.

II. General Requirements

- A. Notification - The City and all sub-recipients must follow the lead notification procedures outlined below when dealing with pre-1978 housing units, regardless of the type of activity funded. Proper documentation that all required notification was given must be maintained in all project files. The notices are as follows:
1. Lead Information Pamphlet and Lead Disclosure Form - occupants of the unit will receive the HUD/EPA pamphlet "Protect Your Family from Lead in Your Home" and the Lead Disclosure Form. If the unit is known to be a pre-1978 unit that contains lead-based paint or lead-based paint hazards, owners must notify tenants and prospective buyers if the owner at any time uses the unit for rental property or decides to sell the property.
 2. Notice of Hazard Evaluation or the Presumption of Lead-Based Paint or Hazards - unit occupants will receive notification of the results of any lead hazard evaluation or the presumption of lead-based paint or hazards within fifteen (15) days after the results has been determined.
 3. Notice of Reduction Activities - unit occupants will receive notification of the results of hazard reduction activities. The type of reduction activity will vary according to the level of assistance provided.
 4. Completion of two required forms: Lead-Safe Housing Rule Checklist for General Compliance Documentation, and Lead-Safe Housing Rule Applicability Form, by the Housing of Urban Development. These forms are to be maintained in the file.
- B. Continued Maintenance - Property owners must incorporate an ongoing lead-based paint maintenance policy and procedure as required by HUD. This is to ensure the safety of all units and units occupied by one or more children under age six as well as the safety of any occupants under Federal funded programs. Property owners must use Periodic Visual Assessments after the completion of Lead Hazard Controls and Notifications as listed in 'General Requirements' of this document. This procedure must be documented by owners and maintained in all project files. This procedure includes identifying:
1. Deteriorated paint
 2. Unusual amounts of visible dust
 3. Paint related debris
 4. Failed lead hazard controls
 5. Bare soil
 6. Horizontal surfaces that are not easily cleanable

7. Chewable surfaces with evidence of teeth marks and
8. Problems (structural and otherwise) that may be causing some of the foregoing conditions

III. Corrective Actions

A. Children Under The Age of Six

1. Elevated Blood Level Procedure – Within 15 calendar days after being notified by a public health department or other medical health care provider that a child under the age of six (6) has an elevated blood lead level while living in a unit, per HUD regulations, the following procedure must be enacted:
 - I. An Environmental Investigation must be completed. This will consist of an administration of a questionnaire, comprehensive environmental sampling, case management, and other measures of the unit where the child lived at the time the blood was last sampled.
 - II. After the investigation is completed, occupants shall provide the report of the investigation to the owner of the housing unit.
 - a. If the child identified with having an elevated blood level is no longer living in the unit after the results of the investigation and a new occupant with children under six years of age occupy the residency, this
 - III. Within 30 calendar days after receiving the report of the Environmental Investigation from the designated party or the evaluation from the public health department, the owner shall complete the reduction of identified lead-based paint hazards in accordance with regulation § 35.1325 or § 35.1330. Lead-based paint hazard reduction is considered complete when clearance is achieved in accordance with § 35.1340 and the clearance report states that all lead-based paint hazards identified in the environmental investigation have been treated with interim controls or abatement or the public health department certifies that the lead-based paint hazard reduction is complete.

IV. Best Practices

- A. Safe Methods of Paint Removal - The Bureau of Housing or the implementing agency will document that contractors have been informed of the permissible methods of paint removal and document safe work practices are followed. Safe work methods are required on interior surfaces larger than two square feet and on exterior surfaces larger than 20 square feet. These methods are:
 1. Wet scraping
 2. Wet sanding
 3. Chemical stripping off-site
 4. Replacing painted components
 5. scraping with an infrared or coil-type heat gun with temperatures below 1,100 degrees Fahrenheit
 6. Abrasive sanding with HEPA vacuum; and covering of defective paint surface with durable materials (such as wallboard) with joints sealed and caulked. (Note: Vinyl siding is not an approved lead hazard reduction method for historic structures.)
 7. High Efficiency Particulate Air (HEPA) vacuum sanding

8. High Efficiency Particulate Air (HEPA) vacuum sanding
9. HEPA vacuum needle gun
10. Abrasive sanding with HEPA vacuum; and covering of defective paint surface with durable materials (such as wallboard) with joints sealed and caulked. (Note: Vinyl siding is not an approved lead hazard reduction method for historic structures.)

B. Prohibited Methods of Paint Removal - The Bureau of Housing or the implementing agency will document that Contractors have been informed of the prohibited methods of paint removal. These methods are:

1. Open flame burning or torching
2. Machine sanding or grinding without a HEPA local exhaust control
3. Abrasive blasting or sandblasting without HEPA local exhaust control
4. Heat guns operating above 1,100 degrees Fahrenheit or that operate high enough to char the paint
5. Power washing
6. Dry sanding or dry scraping, except when dry scraping in conjunction with heat guns, dry scraping within one foot (0.20 meters) of electrical outlets, treating deteriorated paint spots that total no more than two square feet (0.2 square meters) in any one interior room or space, or treating deteriorated paint spots that total no more than 20 square feet (2.0 square meters) on exterior surfaces; and
7. Paint stripping in a poorly ventilated space using a volatile stripper that is a hazardous substance in accordance with the regulations of the Consumer Product Safety Commission at 16 CFR 1500.3 and/or a hazardous chemical in accordance with the Occupational Safety and Health Administration at 29 CFR 1010.1200 or 1926.59, as applicable to the work. (Note: Methylene chloride paint strippers may cause cancer and should be avoided.)

C. Suggested Paint Removal Techniques for Historic Materials - Abatement may not be an approved lead hazard reduction activity in historic properties. Interim controls that allow intact historic paint to remain in place (with topcoats of lead-free paint) are the least damaging to an element. Removal of lead-based paint down to the operable substrate, if carefully done, is the second least invasive treatment. (Chemical, wet sanding, or low-heat removal of paint allows the substrate to stay intact and remain in place.) If paint layering is determined to be significant, it should be recorded with a preserved sample prior to paint removal. Offsite paint stripping is the most invasive and potentially damaging paint removal treatment. When offsite stripping, the following should be considered:

1. If the items are easily removed (e.g., doors, shutters, or windows), they potentially can be reinstalled, once treated.
2. The creation of lead dust generally accompanies the removal of attached trim work.
3. Damage can be reduced by using chemicals, heat, and wet sanding.
4. Companies experienced in treating historic building parts should do paint stripping.
5. If elements deteriorate during the paint removal process, repair or replacement of significant components should match the original parts in size, material, and configuration. Less significant features should match the visual appearance as closely as possible.

6. When selecting from various methods, paint removal in historic preservation should focus on retaining as much of the original historic fabric as possible to preserve the historic character of the resource.

The following removal techniques are recommended:

- A. Wet sanding of loose paint to bonded paint
- B. Finish sanding using mechanical sanders and HEPA vacuum
- C. Low-heat stripping with heat guns or heat plates (less than 450 degrees Fahrenheit, round-edge scrapper);
- D. Solvent-based non-caustic stripper to place (not ethylene chloride); and
- E. Offsite stripping with heat, chemicals, or cold-tank dipping (be careful of glued joints).

Paint removal techniques that are not recommended are:

- A. Torch or open flame burning that can vaporize lead and burn substrates finish sanding using mechanical sanders and HEPA vacuum
- B. Wet grit blasting (except for limited cast iron or concrete under containment)
- C. Caustic strippers that can raise the wood grain (unless supervised by a trained specialist)
- D. Power Washing
- E. Power sanding that can abrade wood surfaces; and
- F. Hot-tank dipping that often disintegrates glued joints

NOTE: In properties determined by the City of Atlanta Urban Design Commission (UDC) to be historic and containing deteriorated lead contaminated windows and doors, use wet scraping and repainting instead of replacing windows with aluminum windows.

- **Establishing Priorities for Intervention in Historic Properties**

1. Significant elements should be treated with great care when physical intervention is considered as part of the lead hazard control plan.
2. Interim controls are generally the preferred lead reduction activity. If the element is extremely significant (e.g., carved mantel) and in good condition, it should be disturbed as little as possible, while still ensuring that lead hazards are controlled.
3. If the element is not particularly significant (e.g., a simple baseboard) and is in poor condition it may be acceptable to remove the entire possible.
4. If the element is significant, but deteriorated, the preservation measures should be on rebuilding or repairing the element in a manner that will not cause further damage. Careful paint removal and thorough cleaning of substrates, although time consuming, is appropriate for highly significant elements.
5. During interim control work, only the deteriorated topcoats of paint should be removed, and the remaining well-bonded paint should be stabilized. The area can then be washed, re-primed, and covered with one or two topcoats of paint.
6. For highly significant properties (those listed individually in the National Register of Historic Places) where paint layering is to be removed, paint samples should be

collected, labeled, and stored by a historic preservation foundation or other organization.

7. Distinctive elements for painted surfaces are generally found in three categories:
 - a. Materials: wood, plaster, stone, cast iron, brick, brass, "comps" (a simulated wood/plaster), roofing metal;
 - b. Features: mantels, balusters, moldings, window and door trims, cast metal stair assemblies, paneled surfaces, milled siding, turned columns; and
 - c. Finishes: grained doors, stenciled borders, painted wallpapers, bronzed or gilded finishes.

D. Emergency Rehabilitation Environmental Inspection/Work Specification ≤ \$5,000

Housing units that are pre-1978, with lead-based paint hazards and rehabilitation activities under \$5,000 and whose occupants otherwise qualify for the program based on income guidelines published by the Department of Housing and Urban Development (HUD), will be exempt from compliance with both the lead rule and the environmental requirements. Work may not be completed on any item not directly required to correct the emergency condition.

- E. Rental and Homeowner Rehabilitation: Environmental Inspection/Work Specification ≥ \$5,001 - \$25,000 per Unit - Housing units that are pre-1978, with lead-based paint hazards and receiving rehabilitation activities valued between \$5,001 to \$45,000 per unit and whose occupants otherwise qualify for the program based on income guidelines published by the Department of Housing and Urban Development (HUD), will receive an environmental inspection to identify all lead-based paint hazards for reduction.

Inspections, risk assessments, and clearance tests will be performed according to the HUD training manuals Lead Risk Assessor Training: U.S. Environmental Protection Agency Model Course Curriculum and Lead Abatement Training for Contractors and Supervisors.

Paint surfaces to be disturbed during rehabilitation will be tested with an Environmental Protection Agency (EPA) approved RMD X-Ray Florescence (XRF) Analyzer. The contractor must be certified by the Georgia Department of Natural Resources as a risk assessor and will follow the following procedures:

1. The City or the implementing agency will contact the homeowner to schedule an appointment at the convenience of the family residing in the housing unit to conduct an environmental inspection.
2. Prior to conducting the inspection, the lead-based paint inspector will explain the inspection procedures to the resident and provide safety awareness information for all occupants.
3. The lead-based paint inspector will conclude each inspection by discussing preliminary results of the inspection with the homeowners.
4. A complete lead hazard report, including the drawing of the unit, results of the XRF testing, and results of any wipe, soil, and/or paint chip test is completed by the lead-based paint inspector.
5. Upon completion of each lead hazard reduction project, the lead based paint inspector will perform clearance testing of the unit to verify that lead dust levels are below the

EPA thresholds and the housing unit is lead-safe. The results are then placed in the rehabilitation permanent case file.

F. Lead Hazard Reduction Procedures - The City or the implementing agency is responsible for developing a detailed plan noting each specific lead hazard in the housing unit. The lead-based paint inspector and the housing personnel will monitor the work progress of the contractor to ensure that the specifications outlined in the contract are followed. Proof of successful completion of EPA/HUD Lead Safe Work Practices training or state lead-based paint abatement certification and licensing of all supervisors, contractors, and/or workers involved in lead hazard reduction activities will be confirmed before work begins on the unit.

In developing work specifications, the housing personnel will incorporate into the project design any rehabilitation activities to correct code violations, and/or work necessary for the health and safety of occupants, including lead-based paint reduction activities. This will be accomplished through the following:

1. The lead based paint inspector or designee will design a lead-based hazard reduction strategy for each unit.
2. The lead-based paint inspector will inspect the unit as part of the environmental assessment. Utilizing the environmental test results and the drawing outlining the location of the lead-based paint hazards, the inspector will determine the type of hazard reduction that will be required to minimize each hazard. The inspector will also measure each area and building component to develop a work specification.
3. Only contractors and workers who have successfully completed EPA/HUD approved training in Lead Safe Work Practices are eligible to bid and work on projects.
4. The lead assessor will determine the type of occupancy protection plan required to protect the health of residents during the lead-based paint reduction activities. If relocation is warranted, the family must be moved prior to beginning lead hazard reduction activities.
5. During the lead hazard reduction phase of the project, the City of Atlanta or the implementing agency will ensure that contractors comply with applicable state and federal policies and procedures, including, but not limited to:
 - a. containing lead-bearing dust and debris during hazard reduction activities to protect other areas from cross-contamination, using six (6) ml plastic to cover all floors, furniture, and any other household items not moved from the residence, and using six (6) ml plastic to cover exterior soil areas during the time that the work is performed;
 - b. not using prohibited methods as specified in Prohibited Methods of Paint Removal;
 - c. wet scraping and cleaning thoroughly before painting when using stabilization methods as a means of lead hazard reduction activities;
 - d. replacing lead-contaminated wood windows with aluminum windows, except when the unit is determined to be a historic property by the City's UDC;
 - e. replacing windowsills that protrude and show evidence of children mouthing or chewing with non-contaminated materials to prevent further lead hazards;
 - f. performing a post-abatement cleanup to include HEPA vacuuming of all surfaces, including wood trim, window sills, window troughs, and floors as needed to remove debris, followed by a high phosphate wash;

- g. disposing of all waste resulting from lead hazard reduction in a manner consistent with state and federal regulations;
- h. complying with Title X and any other relevant guidelines and statutes, including, but not limited to, the TDH, HUD, EPA, and OSHA;
- i. monitoring of workers during abatement by contractors and blood screening of workers periodically, as well as holding lead abatement safety classes with all workers performing abatement.

At least one (1) day after completion of the housing unit, the contractor will notify the lead assessor for a final inspection and clearance wipe test. The

for analysis. When the unit passes clearance testing, the assessor notifies the family that they can move back into their home. The assessor meets with the owner to review the work performed by the contractor.

G. Worksite Preparation and Containment - The worksite for lead hazard reduction activities must be prepared to prevent the release of leaded dust and debris. If necessary, the following measures must be taken to reduce the spread of lead contamination:

1. Sealing doorways with two flaps of poly sheeting;
2. Sealing heating/air conditioning vents (if possible);
3. Covering floors and ground with poly sheeting;
4. Covering furniture and shrubs with poly sheeting;
5. Wrapping debris in poly sheeting before disposal;
6. Removing lead-contaminated protective clothing before exiting the worksite; and
7. Posting warning signs at each entry to a room where lead hazard reduction activities are conducted when occupants are present; at the main and secondary entryways to a building from which occupants have been relocated; and at exterior worksites at a size and type readable from 20 feet from the edge of the worksite. Signs need to be in the occupant's primary language to the extent practicable.

Selecting Testing Components

1. In the interior of each home in the sample, the assessor must test surfaces representative of each type of painted and varnished component in every area (room, closet, pantry, hall, and part of a divided room, such as living room/dining room). On the exterior of the home, there is a similar requirement to test every type of painted and varnished component.
2. Interior components to be tested if painted or varnished may include, but are not limited to: ceilings, crown molding, walls, chair rails, doors, door trim, floors, fireplaces, radiators and other heating units, shelves, shelf supports, stair treads, stair risers, stair stringers, newel posts, railing caps, balustrades, and windows and trim, including sashes, window heads, jambs, sills and stools, built-in cabinets, columns, beams, bathroom vanities, counter tops, and air conditioners.
3. Exterior components to be tested if painted or varnished may include, but are not limited to: painted roofing, chimneys, flashing, gutters and downspouts, ceilings, soffits, fascia, rake boards, corner boards, bulkheads, doors and door trim, fences, floors, joists, lattice work, railings and railing caps, siding, handrails, stair risers and treads, stair stringers, columns, balustrades, window sills, casings, sashes and wells, and air conditioners.

4. Common area components to be tested if painted or varnished may include, but are not limited to: hallways, stairways, laundry and fences.
5. The above-mentioned components are not intended to be an exhaustive listing. Unlisted components must still be tested. Also, if two components of the same type have or are suspected of having a different paint history, both must be tested.

H. Component Selection Procedures

1. The Housing City of Atlanta inspects the home or unit and develops a complete list of areas to be sampled.
 2. Within each area, the specialist lists all painted and varnished components, including repeat components.
 3. Where a component is repeated, the specialist randomly selects one from the list for testing, using a random calculator.
 4. The specialist selects a location on each component for XRF testing, or for taking a paint sample, and records the location of every sample taken for future reference.
- I. Worker Protection - Workers should take proper precautions to protect themselves from lead-based paint hazards, including inhaling dust, and avoid taking it home with them on their clothes where it can poison children. Protective measures for workers include:
1. Using safe work practices;
 2. Wearing National Institute of Occupational Safety Hazards (NIOSH)-approved respirators; and
 3. Wearing disposable gloves, work suits, booties, and head coverings.
- J. Work Site Cleanup - The purpose of work site cleanup is to remove dust and debris from the work area. Work site cleanup of lead paint hazards is the responsibility of the general contractor and subcontractors and will be done using methods, products, and devices that are successful in cleaning lead- contaminated dust. Appropriate cleaning should be done with vacuum cleaners with HEPA filters or equivalent equipment, and household or lead-specific detergents or equivalent products. Debris must be disposed of properly each day and excessive amounts of paint chips and dust should be removed.

1. Clearance Procedures - During clearance, the specialist/clearance professional will complete the following tasks:

- Conduct a visual assessment of the unit and worksite to identify dust, debris, and deteriorated paint;
- Take dust samples from floors, interior windowsills, and window troughs;
- Exterior work - visually assess the soil near the worksite;
- Submit the samples to a laboratory accredited under the EPA National Lead Laboratory Accreditation Program for analysis;
- Write a report presenting the results of the clearance examination.

Re-cleaning: If the clearance report shows that the lead levels found in any of the tested areas of the unit are higher than the HUD thresholds, then the home or unit must be re-cleaned.

Retesting: The exact same surface area is not to be tested twice since, by wiping the area, the lead has already been removed by the previous wipe sample. A similar surface is to be retested and sent to the laboratory.

2. Clearance Exemptions - Clearance is not required:

- If maintenance or a lead hazard reduction activity at a worksite does not disturb painted surfaces; or
- If the total area disturbed does not exceed the following:
 - a. 20 square feet (two square meters) on exterior surfaces;
 - b. Two square feet (0.2 square meters) in any one interior room or space; or
 - c. Ten percent of the total surface area on an interior or exterior type of component with a small surface area like windowsills, baseboards, and trim.

K. Temporary Occupant Relocation Plan - The HOME Owner-Occupied Rehabilitation Program, Emergency Repair Program are voluntary programs (not mandatory rehabilitation programs) and will not offer relocation benefits if temporary or permanent relocation is necessary. Any relocation or related expenses will be borne by the homeowner.

L. Sampling Procedures

1. Wipe Sampling for Lead in Dust - There are separate clearance standards for floors, windowsills, and window wells. The clearance standards are as follows.

- Floors: (ft²) micrograms per square foot
- Windowsills: 100 micrograms per square foot
- Window wells: 200 micrograms per square foot

The method for testing surfaces is wipe sampling. The surface must be visually inspected prior to taking wipe samples. If dust is visible, the area should be re-cleaned before wipe sampling. Samples must be taken with commercially available wipes moistened with a non-alcohol wetting agent. The lead assessor must take proper precautions to avoid contamination of samples and to keep track of sampling locations. The complete list of wipe sampling equipment and supplies consists of the following items:

- Sealed package of non-alcohol disposable wipes;
- Washable template (inner dimensions 1ft. x 1ft.);
- Steel measuring tape or ruler;
- Pencil and marking pen;
- Sealable 50 ml centrifuge tubes;
- Disposable vinyl or latex gloves;
- Disposable shoe covers;
- Self-adhesive labels; and
- Field sample log.

2. Sampling procedures for floors are as follows.

- Put on disposable shoe covers before entering the dwelling to be sampled. Put on a pair of vinyl or latex gloves.
- Remove the seal on a package containing the wipes, and open the lid.
- Remove and discard the top wipe to avoid contamination.
- Position a 1ft. by 1ft. template on the floor surface to be sampled.
- Place the wipe flat on the surface within the sample area as defined by the template. Using an open flat hand with the fingers together, wipe the marked surface in an overlapping “S” pattern, first side to side and then front-to-back, so that the entire one square foot is covered.
- Fold the wipe in half with the sample side folded in and repeat the wiping procedure within the marked surface area on one side of the folded wipe.
- Fold the wipe again with the sample side folded in.
- Insert the folded wipe into a new sealable 50-ml centrifuge tube and seal.
- Clean the vinyl or latex gloves with a new wipe. Clean the template with a new wipe.
- Label the sample with site location, date, and time and record the same information on the field sample log.

3. Number and Location of Wipe Samples - The number of samples varies, depending on the nature and extent of the lead reduction activity conducted. The greatest number of samples is for when on-site paint removal has occurred throughout the unit. In this case, three wipe samples (one floor, one window well, one windowsill) are required in each area (room or distinct area, such as a hallway). If on-site paint removal has occurred in limited areas, three samples should be taken in each abated area, and one sample should be taken within ten feet of the containment area in 20 percent of the abated units, to check whether abatement has caused an elevation in dust lead levels outside containment. In the case of exterior abatement, at least one wipe sample should be taken on a horizontal surface (such as a front porch) in part of the living area.

4. Sampling Procedures for Lead in Soil - The equipment needed for soil sampling is as follows:

- stainless steel soil-recovery probe;
- hammer attachment;
- One-inch (internal diameter) butyrate plastic liner inserts;
- One-inch diameter plungers with and without adjustable stop;
- Plastic ruler;
- Vinyl or latex gloves;
- Sealable plastic containers at least two inches in diameter;
- Commercial, non-alcohol, disposable wipes; and
- Self-adhesive labels, pencil and marking pen, and field sampling log.

5. The sampling protocol for soil is as follows.

- Put on a pair of vinyl or latex gloves.
- Disassemble the soil recovery probe by unscrewing the soil probe section from the coupling in preparation for inserting a new, clean, plastic liner.
- Remove the protective end caps, if present, from a clean plastic liner, and insert it into the probe with the arrow pointing down toward the tip.
- Reassemble the probe and attach the crossbar handle.

- Push the soil recovery probe into the soil to a depth of approximately two inches, then twist and snap the coring tool to one side and remove the core sample. If the soil is hard, dry, or frozen, the full two-inch penetration may not be achievable. In such cases, it is important to penetrate to a minimum of ½ inch and to record any problems in the field-sampling log.
- Disassemble the probe, remove the plastic liner containing the core sample, and insert a clean one-inch diameter plunger into the top end of the liner.
- Orient the liner with the arrow pointing up and push out all but the top ½ inch of the core from the liner with the plunger. Discard the soil pushed out of the liner.
- With a clean plunger, push the remaining ½-inch section of the core sample into a clean, sealable plastic container.
- Reinsert the plastic liner into the soil recovery probe and reassemble the unit.
- Collect the remaining core samples of the composite using the same method. The three to five cores constituting the composite sample are placed in the same plastic container.
- Label the plastic container with sample ID and time, date, and location of sample, and then record the same information on the field-sampling log.
- Before collecting the next composite sample, discard the plastic liner.
- Wipe down the recovery probe, plungers, and straight edge with disposable wipes, and discard the wipes. Clean the vinyl or latex gloves with a wipe. All these steps must be followed to avoid cross contamination.

6. Number and Location of Soil Samples:

The lead assessor shall first, prepare a site description and make a detailed drawing showing the boundary of the lot and the position of the main building (and any other structures such as garages and storage sheds), the position of the play areas, the position of areas with exposed soil, roof rain spouts, general drainage patterns, the drip lines of the buildings, and areas of heavy traffic. In addition to the diagram, the assessor shall describe the location of the property, including the following information:

- Type of building construction;
- Condition of main building;
- Condition of the property and nature of adjacent property;
- Fencing and animals on the property; and
- Apparent use of the property (e.g., used as a play area).

The number of samples to be taken depends on the area of exposed soil around the dwelling. If area of exposed soil is less than 800 square feet, a single composite soil sample can be taken. This sample should consist of a composite of five soil cores taken at random locations within two feet of the building foundation. If the area of exposed soil is between 800 and 1600 square feet, two composite soil samples must be taken. One of these samples should consist of five randomly located cores within two feet of the foundation. The other should consist of five cores randomly located at the yard boundary. If the area of exposed soil exceeds 1600 square feet, the area more than two feet from the foundation should first be divided in two. Then three composite samples of five soil cores each should be taken. One sample should consist of cores taken within two feet of the foundation; the second should consist of five randomly selected cores in the first half of the rest of the yard; and the third composite should be taken from five cores in the second half of the rest of the yard.

Housing Rehabilitation Standards

I. MINIMUM BASIC EQUIPMENT AND FACILITIES

- A. Kitchens - Every dwelling unit, shall have a kitchen room or kitchenette equipped with the following:
1. Kitchen Sink: It shall contain an approved kitchen sink, properly connected to both hot and cold running water lines, under pressure, and maintained in working order.
 2. Stove: It shall contain a stove (gas or electric), properly connected to the source of power, maintained in working order, and capable of supplying the service for which it is intended.
 3. Refrigerator: It shall contain a refrigerator, properly connected to the source of power, maintained in working order, and capable of supplying the service for which it is intended.
 4. In properties being acquired for homeownerships, if the purchasers are required to furnish their own appliances, there shall be sufficient space and all required electrical-gas hookups, properly installed to facilitate the use of said appliances.
- B. Toilet room - Every dwelling unit, shall contain a room, which is equipped with a flush water closet and a properly installed lavatory. All lavatories shall be properly connected to both hot and cold running water, under pressure, and shall be properly maintained in working order. All flush water closets shall be properly connected to the water supply, under pressure and shall be maintained in working order.
- C. Bath - Every dwelling unit shall contain a bathtub and/or shower. Potable water supply piping, water discharge outlets, backflow prevention devices or similar equipment shall not be so located as to make possible their submergence in any contaminated or polluted liquid or substance. Said bathtub and/or shower may be in the same room as the flush water closet and lavatory or said bathtub and/or shower may be in a separate room. In all cases, these facilities shall be properly connected to both hot and cold running water lines, under pressure, and shall be maintained in working order.
1. Privacy in room containing toilet and bathtub - Every toilet and every bath shall be contained in a room or within separate rooms, which affords privacy to a person within said room or rooms. Toilets and bathrooms shall have doors with a privacy-type lock and such doors, lock and hardware shall be operable and maintained in working order.
 2. Hot and cold water lines to bath and kitchen - Every dwelling shall have supplied water-heating units, that are either gas fired, or have electric heating elements that are properly installed as per applicable building codes and per the manufactures' installation instructions. Water heating units are to be properly maintained in working condition and must be free of any water leaks. Water heating units are to properly connected to required water

lines and are capable of heating and supplying a sufficient amount of hot water to the structure.

Hot water storage associated with water heating facilities shall be not less than the following minimum capacities: one dwelling unit - 30 gallons. No water heaters shall be allowed in bathrooms or closets other than for the specific purpose housing the water heater. All water heaters shall be properly vented and sealed and shall be equipped with a pressure relief valve and drip leg. All water heating units that are newly installed must be equipped with a means of prevent water expansion with the installation of either an expansion tank or a relief / bypass valve.

3. Connection of sanitary facilities to water and sewer-septic system – Every kitchen sink, toilet, lavatory basin and bathtub and or shower, shall be maintained in working condition and be properly connected to an approved water, and sewer or septic system.
4. Exits - Every exit from every dwelling unit shall comply with the following requirements:
 - It shall be kept in a state of maintenance and repair.
 - It shall be unobstructed at all times.
 - All newly installed exterior door units are to be pre-hung with weather-stripping and a sill installed.
 - All newly installed exterior doors are to measure 36” across the width of the door to allow for proper handicap accessibility.
 - All stairways and steps of two or more risers shall have at least one handrail, and all stairways and steps which are five feet or more in width, or which are open on both sides, shall have a handrail on each side.
 - Every dwelling unit shall have two independent means of egress.
 - All handrails shall be not less than 30 inches vertically above the nose of the stair treads and not less than 36 inches above the stairway platform.
 - All balconies and platforms which are 30 inches or more above grade shall have a protective railing not less than 36 inches in height above the balcony or platform level.
 - All stairs and steps shall have a rise height of not more than eight inches and a tread width of not less than nine inches. This requirement may be waived if in an existing structure it would be impossible or cost-prohibitive to meet this requirement. In such cases, new stairs could be installed which have the same rise and run as the old.

- D. Smoke detectors - All residential structures shall have U.L. approved hard-wired smoke detectors or battery operated smoke detectors, properly installed in accordance with applicable building codes. At least three (3) smoke alarms are to be installed in each

structure. It is recommended that one alarm be installed in each of the following areas: Kitchen, Bedroom Hallway, Basement / Garage. At least one alarm is to be installed on each level of the structure.

II. MINIMUM STANDARDS FOR LIGHT, VENTILATION AND HEATING

- A. Required window area - Every habitable room, provided such rooms are adequately lighted, shall have at least one open air space. The minimum total window area, measured between stops, for every habitable room shall be as follows:
- 1/12 of the floor area if two or more separate windows exist, or;
 - 1/10 of the floor area if only one window exists;
 - A minimum of 10 square feet of window area is required in habitable rooms other than kitchens and baths;
 - A kitchen may pass without a window area, provided, there is a mechanical means of ventilation, which is maintained in working order.
 - Every dwelling unit shall have access directly to the outside. Every sleeping room shall have at least one (1) operable window or exterior door approved for emergency egress or rescue. The units shall be operable from the inside to provide a clear opening without the use of separate tools.
 - All egress windows from sleeping rooms shall have a minimum net clear opening of 5.7 square feet. The minimum net clear opening height dimension shall be twenty-four inches (24"). The minimum net clear opening width dimension shall be twenty inches (20"). Where windows are provided as a means of egress or rescue, they shall have a finished sill height not more than forty-four inches (44"). Pre-existing windows that do meet these requirements but met applicable code at the time the structure was built are exempt from this requirement.

Whenever the only window in a room is a skylight type window at the top of the room, the total window area of such skylight shall be equal to at least 15 percent of the total floor area of such room. Skylight type windows, if less than 15 percent of the total floor area, shall be increased to 15 percent of the total floor area unless another window is to be installed which will provide adequate light and ventilation.

- B. Adequate ventilation required - Every habitable room shall have at least one window or skylight which can easily be opened, or other such device as will adequately ventilate the room. The total open window area, in every habitable room, shall be equal to at least 50 percent of the minimum window area size of minimum skylight type window size as required above, except where there is supplied some other device affording adequate ventilation.
- C. Electric outlets and service required - Where there is suitable electricity available from supply lines that are not more than 300 feet away from a dwelling, all existing dwellings shall be supplied with electrical services.
- Every habitable room within such dwelling shall contain at minimum, two separate and remote wall type electric convenience outlets. Habitable rooms

over 120 square feet, shall contain, at a minimum, three separate and remote wall type electric convenience outlets. Temporary wiring or extension cords shall not be used as permanent wiring.

- Every habitable room shall have at least one ceiling or wall type electric light fixture, controlled by a wall switch, or a wall type grounded electric convenience outlet controlled by a remote switch.
- Every toilet room, bathroom, laundry, furnace room, and hallway (hallway where applicable) shall contain at least one supplied ceiling or wall type electric light fixture, controlled by a wall switch, and at least one wall type electric convenience outlet. Wall type convenience outlets used in bathrooms and kitchens shall be based on applicable code.
- Every kitchen shall be wired to meet the requirements of the N.E.C. at the time of original construction, based on the size and layout of each individual kitchen, unless the main electrical panel is to be replaced. At which time, 2007 N.E.C. standards are to be used throughout the structure.
- All heavy-duty appliances, i.e., window air conditioners, freezers, refrigerators, electric stove, washers, electric dryers, microwaves, etc., shall be supplied with their own proper outlet(s) on separate circuits, as applicable.
- A wall switch shall control all wall and or ceiling type lighting fixtures, except that porcelain type fixtures such as those used in attics may be controlled with a proper pull chain. All old pendant type lighting fixtures shall be removed and replaced with properly installed non-pendant type fixtures.
- All electric lighting fixtures installed on the exterior shall be of the type approved for exterior use.
- All broken and or missing switch plates and or receptacle plates shall be replaced.
- All outlets and fixtures shall be properly installed, shall be maintained in working condition, and shall be connected to the source of electric power in a proper manner and shall be in accordance with the electrical code of the city and or the N.E.C. at time of original construction, as applicable.
- All electrical outlets and fixtures shall be properly grounded. 2-wire, non-grounded systems are not permitted. All kitchens and bathrooms are to have GFCI protected electrical outlets installed, as well as any outlet that is within 6' of a water source, including all exterior electrical outlets.
- If a unit does not have a central air-conditioning system and central air will not be installed, at a minimum proper-grounded outlet shall be installed under one window or within two feet of the window in each habitable room to allow the occupants to install window air conditioning units.
- All electric panel boxes shall be properly labeled.

- The minimum electrical service for each dwelling shall be 100 amps, or as adjusted and approved in writing by the Chief Electrical Inspector of the City.

D. Heating facilities - All heating facilities shall be properly installed, be maintained in working condition and be capable of adequately heating all habitable rooms, bathrooms, and toilet rooms contained therein, or intended for use by the occupants thereof, to a temperature of at least 70 degrees F. (21 degrees C.) at a distance three feet above the floor when the outside temperature is at or below zero degrees F. Every supplied central heating system shall comply with all of the following requirements:

1. The central heating unit shall be safe and in good working condition.
2. Every heat duct, steam pipe, and hot water pipe shall be free of leaks and shall function so that an adequate amount of heat is delivered where intended.
3. Every seal between any of the section of a hot air furnace shall be airtight so noxious gases and fumes will not escape into the heat ducts.
4. If there is no existing flue liner, a double-walled metal asbestos liner shall be installed. The liner shall meet or exceed the requirements of the local building code and shall be installed according to same.
5. When required All fuel burning heating systems shall be inspected by a qualified furnace inspector to determine if the unit is safe, free from carbon monoxide leakage, and capable of supplying heat as required above.
6. Each dwelling and/or dwelling unit shall be supplied with its own thermostatically controlled heating system.
7. Any dwelling and/or dwelling unit having space heaters or floor furnaces as its only source of heat shall have such units removed and replaced with a properly sized central heating system.

E. Screens required - Every window opening to outdoor space, which is used or intended to be used for ventilation, shall be supplied with screens covering the entire window areas required for ventilation. The material used for all such screens shall be not less than 16 meshes per inch and shall be properly installed, maintained, and repaired to prevent the entrance of flies, mosquitoes or other insects. Half screens on windows may be allowed, provided, they are properly installed and are bug and insect tight.

III. MINIMUM STANDARDS FOR MAINTENANCE

A. Maintenance of foundations, exterior walls, roofs, soffits and fascia – every foundation, exterior wall, roof, soffit, fascia and all component parts shall be weather tight, watertight, rodent proof, and insect-proof and shall be kept in a state of maintenance and repair.

1. All exterior surface material shall be protected from weather and the elements by lead-free paint or other protective coatings i.e., stain, in accordance with acceptable standards. The exception to painting shall be all types of exterior materials

acceptable to weathering without deterioration, i.e., siding. All siding material shall be kept in a state of maintenance and repair.

2. In units constructed on or before 1978, treatment of all applicable surfaces, (interior and exterior) will be in full compliance with the Lead Base Paint regulations, as found at 24CFR Part 35, including all future amendments as published by HUD.
- B. Maintenance of interior walls, floors, ceilings, doors and windows – every interior partition, wall, floor, ceiling, door, window, and all component parts shall be kept in a state of maintenance and repair, and shall be maintained in such a manner so as to be capable of being kept in a clean and sanitary condition. All interior doors shall be capable of affording the privacy for which they were intended.
 - C. Rainwater drainage from roof - all rainwater shall be so drained and conveyed from every roof so as not to cause dampness/damage to walls, ceilings, or floors of any habitable rooms, bathroom, toilet room, laundry room, or any other type of room therein. If present, all rainwater draining devices such as gutters and downspouts shall be kept in a good state of maintenance and repair. Ground areas around buildings shall be sloped away from the foundation walls to eliminate low areas where standing water may collect.
 - D. Maintenance of windows and exterior doors - every front, rear, and side door shall be not less than three feet, zero inches in width and not less than six feet six inches in height, except where larger doors and doorways are required to accommodate handicapped access. In existing structures, if replacement to meet these requirements would be impossible or cost-prohibitive, said requirements may be waived, in writing. Every window and exterior door shall be substantially tight and rodent-proof, and be kept in a state of maintenance and repair. In addition, the following requirements shall be met.
 - a. All exterior doors to the outside shall be solid core and be equipped with adequate security locks. In no instance, shall double-keyed deadbolts or locks that require special knowledge be installed on an exterior exit door.
 - b. All windows located in sleeping rooms accessible from ground level without the aid of mechanical devices shall have a security device-lock. The lock cannot be of a keyed-type, or require any special knowledge to operate.
 - c. Every window sash shall be fully equipped with glass windowpanes, which are without cracks or holes, and all panes shall be secured with an adequate amount of putty. Said putty shall not be cracked, broken or missing.
 - d. Every window, other than a fixed window, shall be capable of being easily opened and shall be held in position by window hardware, not broom handles, sticks or other such items;
 - e. Every exterior and interior door, when closed, shall fit well within its frame;
 - f. Every exterior and interior door, door hinge, and door latch and or lock shall be maintained in good working condition;

- g. Every window, door and frame shall be constructed and maintained in such relation to the adjacent wall construction, so as to exclude rain, as completely as possible and to the maximum extent feasible substantially exclude wind from entering the dwelling or structure, i.e., it must have adequate weather-stripping.
- E. Maintenance of stairways and porches - every interior and exterior stairway, every porch and every appurtenance thereto shall be so constructed to be safe to use and capable of supporting the load that normal use may cause to be placed thereon; and, shall be kept in sound condition and in a state of maintenance and repair, including compliance with the Lead Based Paint Regulations, if applicable.
- F. Maintenance of supplied plumbing fixtures - every supplied plumbing fixture and water and waste pipe shall be properly installed in accordance with the plumbing code of the City and maintained in safe, sanitary working condition, free from leaks, defects and obstructions.
- G. Maintenance of bathroom, toilet rooms, kitchen and utility room floors – every bathroom, toilet room, kitchen and utility room floor surface shall be constructed and maintained to be substantially impervious to water and so as to permit such floor to be easily kept in a clean and sanitary condition.
- H. Safe and effective functioning of supplied facilities - every supplied facility, piece of equipments, or utility which is required under this section, shall be constructed or installed so it will function properly and shall be maintained in working condition.

IV. MINIMUM SPACE, USE, AND LOCATION REQUIREMENTS

- A. MINIMUM CEILING HEIGHT- habitable space shall have a ceiling height of not less than seven feet (7') except as otherwise permitted in this section. Kitchens, halls, bathrooms and toilet compartments may have a ceiling height of not less than seven feet (7') measured to the lowest projection from the ceiling. Where exposed beam ceiling members are spaced at less than forty-eight inches (48") on center, ceiling height shall be measured to the bottom of these members. Where exposed beam ceiling members are spaced at forty-eight inches (48") or more on center, ceiling height shall be measured to the bottom of the deck supported by these members provided that the bottom of the members is not less than seven feet (7') above the floor.

If any room in a building has a sloping ceiling, the prescribed ceiling height for the room is required in only one-half (1/2) the area thereof. No portion of the room measuring less than five feet (5') from the finished floor to the finished ceiling shall be included in any computation of the minimum area thereof. If any room has a furred ceiling, the prescribed ceiling height is required in two-thirds (2/3) the area thereof, but in no case shall the height of the furred ceiling be less than seven feet (7'). All rooms, except kitchens and/or kitchenettes and baths, shall have a minimum width of seven feet.

- B. Maintenance of sleeping, bath and toilet rooms - no dwelling or dwelling unit containing two or more sleeping rooms shall have such room arrangement that access to a bathroom or toilet room intended for use by the occupants can be had only by going through another sleeping room or bathroom or toilet room.

- C. Occupants to have access to sanitary facilities - every occupant of every dwelling unit shall have unrestricted access to a toilet, to a bath, and to a kitchen sink and lavatory basin located within that dwelling unit.
- D. Minimum storage and counter areas - each dwelling unit shall have at least one closet with a minimum of six square feet of floor area and a minimum height of 6' located within the dwelling unit. Dwelling units with two or more bedrooms shall have a storage floor area of at least four square feet per bedroom. This storage requirement does not necessarily have to be located in the bedrooms. All kitchens shall have a minimum enclosed storage area of eight square feet with a minimum vertical clearance of 12 inches and a horizontal width of at least 12 inches. Each kitchen shall have a minimum of four square feet of counter area.

V. MAINTENANCE OF NON-DWELLING STRUCTURES, FENCES AND PREMISES

- A. Maintenance of non-dwelling structures - every foundation, wall, roof, window, door, hatchway, and every other entryway of every non-dwelling structure shall also be so maintained as to prevent the structure from becoming a harborage for rodents, snakes, vermin, and insects, and shall be kept in a state of maintenance and repair.
- B. Protection of exterior wood surfaces - all exterior wood surfaces of all non-dwelling structures shall be properly protected from the elements and from decay and rot by lead-free paint or other approved protective coatings. If units are constructed on or before 1978, treatment of all applicable surfaces shall be in full compliance with the Lead Based Paint regulations as found at 24 CFR Part 35, including all future amendments as published by HUD.
- C. Maintenance of fences - every fence shall be kept in a state of maintenance and repair or shall be removed. Replacement of non-required fencing is optional. If a fence is to be removed and replaced installation shall be in conformance with all local requirements.
- D. Grading and drainage of premises - every premises shall be graded and maintained so as stagnant water cannot accumulate or stand around the perimeter of the premises, or within or around any building or structure located on the premises. Ground areas around buildings shall be sloped away from walls to eliminate low areas where standing water may collect.
- E. Maintenance of retaining walls, sidewalks, and driveways and patios - all retaining walls shall be kept in a state of maintenance and repair. All sidewalks, service walls driveways and patios shall be kept in a state of maintenance and repair, free from obstruction, defects, uneven joints, tripping hazards, etc.
- F. Maintenance of property - All areas and all parts of the premises upon which any dwelling or dwelling units are located, and all areas adjacent thereto and a part of the premises, shall be maintained and kept in a clean and sanitary condition. This shall include, but not be limited to, the cutting of grass-weeds; removal of dead trees and brushes, removal of abandoned and junked automobiles, automobile bodies, chassis and parts, trailer, removal of inoperable machines and appliances, lumber pile, and

furniture, boxes, crates and other debris, rubbish, junk and garbage.

- G. Water supply – connect to water main - every owner of a dwelling unit situated on property which abuts any street or alley in which a water main is laid, shall cause the water service system of his dwelling to be connected to such main.
- H. Abandoned wells and cisterns - every owner of a dwelling which contains an abandoned well or cistern on the premises shall close and fill them in a proper manner.



**Department of Grants and Community Development (DGCD) Contract Standard Operating Procedure
Standard Operating Procedure (SOP) # 00-11**

Date of Revision: July 28, 2022

The Office of Entitlement and Competitive Compliance

Submitted by:

Gerald Reid/
Lorna Roberts

M/A and Compliance Lead

Gerald Reid Lorna Roberts

07/28/2022

Name	Title	Signature	Date
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Approved:

Nicole Barnes

Director

Nicole Barnes

7/29/2022

Name	Title	Signature	Date
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Purpose and Scope: The following Standard Operating Procedure (SOP) will detail the process and responsibilities for the Department of Grants and Community Development (DGCD) internal contracting Policy.

Applicability: This procedure is to be applied by Department of Grants and Community Development (DGCD) staff, DGCD reserves the right to amend this policy.

CONTRACTS STANDARD OPERATING PROCEDURE

ROUTING PROCESS

Fiscal Operation, Programs, Compliance and Administrative Support

Purpose: This document serves as a guide and overview of the Roles and Responsibilities of each Team within the Department of Grants and Community Development (“DGCD”), specifically, Management Analyst, Fiscal Analyst, Compliance Specialist and Administrative Support. Guidance in routing Contracts internally and externally, as well as, updating the Contract Tracker and aid in identifying challenges in the current process.

RESPONSIBILITIES AND ROLES

MANAGEMENT ANALYST

Manage Contracts to include:

- Initial onboarding of Sub-Recipient/Project Sponsor/Developer information into Contract Tracker
- Due diligence, collection, and compile documents from Sub-Recipient/Project Sponsor/Developer
- Draft and development
- Contract review
- Manage and update Contract Tracker from development through execution
- Routes contracts in Contract Tracker
- Responsible for including all relevant documentation in Contract Tracker
- Responsible for any amendment or change to contract
- Include Authorizing Legislation as to Contract, Amendment, Reprograming funds
- Manager/Director final approval required
- Email final Contract to Compliance Specialist/Law Liaison (Lorna M. Roberts and Nicole Barnes)

WHAT IS NEEDED FOR CONTRACTING

- An appropriate fiscal year and funding type contract template in a Word Document
- Sub-Recipient/Project Sponsor/Developer project information. This information includes:
 - Budget Summary & Budget Detail Form
 - Detail Project Description and Budget Narrative
 - Insurance Policy with Additional Ensured Endorsements
 - Lobbying Certification Form
 - Federal Funding Accountability Transparency Act Compliance Form
 - SAVE Affidavit (signed and notarized)
 - A copy of the Sub-Recipient’s/Project Sponsors/Developers identification
 - Illegal Immigration Reform and Enforcement Act Forms (signed and notarized)

CONTRACTS STANDARD OPERATING PROCEDURE

FISCAL ANALYST

- Fiscal is responsible for Funds to include:
 - Review the subrecipient submitted budget for compliance
 - Validate and approve budgets
 - Ensure correct funding amount
 - Ensure correct funding source
 - Ensure correct funding stream (account)
 - Support in the contract development stage
 - Contract review and analysis of legislation (compare legislation and contract info)
 - Responsible for tracking contract progress
 - Set projects and activities in IDIS based on the subrecipient submittals to the Management Analyst
 - Provide financial details of the contract to include IDIS and Oracle information
 - If discrepancies are identified the Fiscal Analyst notifies the Management Analyst for required updates and coordination with the subrecipient
 - After approval and set up information is provided back to the Management Analyst to continue with the contract development and routing process

CONTRACT COMPLIANCE SPECIALIST/LAW LIASION

- Provide a continuum of support and oversight of contracts to include:
 - Review and edit contract prior to Law submission (this review occurs after Manager/Director approval)
 - Coordinate with the Law Department
 - Collect additional information and/or documents based on Law's request
 - Provide approved contract to Management Analyst for routing

WHAT IS NEEDED TO ROUTE A CONTRACT TO LAW

- Word document unlocked contract final draft after review and approval from program management
 - File must be open with track changes from Compliance and Law to make edits
- Applicable legislation must be included
- Previous contract term, if applicable (inclusive of past amendments)
- PDF file with exhibits must be included
- Completed legal request form (not locked)
 - Nicole and Lorna will be added as points of contact

ADMINISTRATIVE SUPPORT

- Provide continuum administrative support to include:
 - Responsible for routing contract in DocuSign through execution
 - Compliance Director will coordinate with Law and Risk for timely signing of the contract

CONTRACTS STANDARD OPERATING PROCEDURE

- Once contract is executed obtain the requisition request for submission
- Once the requisition is approved, they will submit the PO (Purchase Order)
- Once the PO is approved Admin will notify the program analyst

*** Purchase Order Requisitions cannot be submitted without an executed contract***

CONTRACT ROUTING AND EXECUTION PROCEDURE

- Contracts are entered into the tracker in the “Not Yet Started” que and begin development by the Management Analysts
- The Management Analysts will contact Sub-Recipient/Project Sponsor/Developer for required and necessary documentation and move the contract into the “Awaiting Provider Information” que in the Contract Tracker
- Once Sub-Recipient’s/Project Sponsors/Developers have provided the required documentation, the Management Analysts will begin assembling the contract and move the contract into the “In Development” que in the Contract Tracker
- The Management Analysts will contact Fiscal Analysts/Managers to review the contract budget
- The Fiscal Analysts/Managers will review and approve or deny the budget for the contract. Fiscal Analysts/Managers will provide further corrective actions if a budget is denied
- The Management Analysts will move the contract into the “Program Manager Review” que in the Contract Tracker and contact the Program Operations Manager/Director to review the contract
- The Program Operations Manager/Director will review and approve or deny the contract. Program Operations Manager/Director will provide further corrective actions if a contract is denied
- Once the contract has been approved, Management Analyst will email all final contract pieces to Compliance Specialist/Law Liaison (Lorna M. Roberts and Nicole Barnes) and move the contract into the “Law Review” que in the Contract Tracker
- Compliance Specialist will coordinate and submit the Legal request to the Law department and will coordinate and obtain additional information requested from the Law department.
- The Management Analyst will locate and provide all information needed to execute the contract Compliance Specialist and Law Liaison.
- Once the final version is approved by Law, an email will be sent to the assigned Management Analyst and Program Operations Manager/Director will be copied.
- The Management Analyst will then move the contract into the Administrative Processing and Routing que for the administrative routing process in DocuSign
- After a contract has been signed and fully routed, contracts are moved to the Executed – Purchase Order que in the Contract Tracker where Management Analyst will complete a Requisition form and attach it inside of the Purchase Order Tracker
- Administrative Support will coordinate with Procurement to obtain additional information needed to obtain a Purchase Order

CONTRACTS STANDARD OPERATING PROCEDURE

- Administrative Support will contact Management Analysts with the Purchase Order number for the contract
- Management Analysts will contact Fiscal Analysts with Purchase Order Information.
- Fiscal Analysts will send the Purchase Order to the Sub-Recipient/Project Sponsor/Developer needed for reimbursement request documentation
- Management Analyst will move the contract into the Executed que in the tracker to manage and update the contract thereafter, as well as to reflect the Closing out and Inactive contracting phases

Tracker

- 1. Contract Development**
- 2. Fiscal Review**
- 3. Manager Review**
- 4. Compliance Review/Law Submission**
- 5. Law Review**
- 6. Admin Routing**
- 7. Procurement Set up (requisition and PO)**
- 8. Contract Execution and Management**
- 9. Compliance**
- 10. File Creation**

Routing

- DGCD Management Analyst reviews
- DGCD Grants Program Manager
- DGCD Program Operations Director reviews
- DGCD Financial Analyst reviews
- DGCD Grants Fiscal Manager
- DGCD Fiscal Operations Director reviews
- DGCD Commissioner reviews
- Agency reviews
- COA Risk Officer reviews
- COA CFO signs
- COA Procurement Officer signs
- COO signs
- Law signs as to form
- COS's Office signs
- Mayor may sign contingent upon the amount of the contract
- Clerk files



**Department of Grants and Community Development (DGCD)
Standard Operating Procedure (SOP): Department of Grants and Community Development
(DGCD) COVID-19 Waivers
Standard Operating Procedure (SOP) # 00-21**

Submitted by:

		DocuSigned by: <i>Genevieve Jones</i>	
Compliance Team	Compliance Division	<small>EA7B241F0A3044B...</small>	August 17 th , 2022
Name	Title	Signature	Date

Approved:

		DocuSigned by: <i>Nicole Barnes</i>	
Nicole Barnes	Deputy Commissioner	<small>00A557F820C3450...</small>	August 17 th , 2022
Name	Title	Signature	Date

Purpose: To comply with United States Department of Housing and Urban Development (HUD) standards, with applicable federal statutes, regulations, executive orders, laws, and the appropriate use of funding, terms, and conditions of the federal, state, or local grant awards. This SOP provides a basic methodology and establishes protocols for implementation of HUD's Additional COVID Waivers for Community Planning and Development Grant Programs (CPD) to prevent the spread of COVID-19 and mitigate economic impacts caused by COVID-19 (Issued 12/30/2021).

Applicability: This procedure is to be applied by Department of Grants and Community Development (DGCD) staff and Subrecipients (SR)/Project Sponsors (PS) that submit a written request to utilize the additional Waivers.

Programs:

Housing Opportunities for Persons with AIDS (HOPWA)
Emergency Solutions Grants (ESG)

Stakeholder Roles & Responsibilities:

Subrecipient (SR)/Project Sponsor:

- Submit a written request indicating the intention to utilize the waivers(s) and specify waiver to be utilized.
- Update Agency Policies and Procedures to reflect availability of waivers.
- Perform the required close out activities at the expiration of the waiver usage as required in HUD's and the City's written notifications of the availability of Additional Waivers.

Management Analysts:

- Review the terms of HUD's Additional COVID-19 Waivers Memo-12.30.2021 in its entirety and understand the conditions and deadlines by which SR/PS will need to adhere to implement Waivers(s)
- Contact agencies to issue written guidance on the steps that SR/PS need to take to utilize the Waivers(s) and HUD's requirements for Waivers usage.
- Review all waiver request submissions for appropriateness.

- Confirm which waivers the SR/PS are authorized to implement and re-enforce implementation expectations for each waivers type as applicable.
- Collect and review all required policies and procedures changes as applicable.
- Monitor the COVID-19 waivers usage end dates, confirm proper implementation of wavier practices, and confirm close out of waiver usage as part of the Contract Management Process.

Compliance Specialists:

- Develop notification letter to HUD requesting usage of COVID Waivers for HOPWA and ESG. A copy of the signed letter will be saved electronically as part of the SR/PS file.
- Post Updated COVID-19 Waivers- Guidance Memo to SR/PS on the City of Atlanta's (City) website.
- Track waiver usage end dates and closeout activities
- Provide Technical Assistance to PS/SR on the applicability of the COVID Waivers

Compliance Manager and Program Manager:

- Provide oversight for efficient management of COVID Waivers implementation process.
- Review and sign all reports certifying accuracy of information.

References:

- 24 CFR 574.330(a)(1) Time Limits
- CARES Act PL 116-136
- CPD Memo: Availability of Additional Waivers for CPD Grant Programs to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Cause by COVID-19 - May 22, 2020



Department of Grants and Community Development (DGCD) Housing Quality Standards in response to COVID-19 (SOP) # HOPWA-CV001

Date of Issue: 5/19/2023

Policy and Compliance Department

Submitted
by:

Genevieve
Jones Director,
Compliance

DocuSigned by:
Genevieve Jones 05/19/2023
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Name	Title	Signature	Date
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Approved:
Nicole Barnes Deputy Commissioner

DocuSigned by:
Nicole Barnes 5/30/2023
00A557F820C3450...

Name	Title	Signature	Date
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Purpose and Scope:

This policy outlines emergency policy changes in response to COVID-19, the CARES Act legislation, and additional HOPWA funding and program flexibility. The policy allows the grantee or project sponsor to conduct visual inspections of units using available technology to ensure the unit meets HQS habitability standards before any assistance is provided.

The federal response to the emergence of the Coronavirus Disease (COVID-19) has provided a number of supports to prevent, prepare for, and respond to this global pandemic. These support communities both financially, through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and by providing regulatory waivers and additional flexibility in the administration of the program. Housing Opportunities for Persons With AIDS (HOPWA) grantees and project sponsors should develop new policies and procedures to document how they will incorporate the CARES Act funding, regulatory waivers, and program flexibilities. Included in this tool are a list of the available supports, potential policies to be developed and a sample COVID-19 related policy.

This SOP is to be used in conjunction with the **HOPWA Policies and Procedures** and serves as an addendum solely for the purposes of administering HOPWA-CV eligible activities.

Applicability: This procedure is to be applied by DGCD staff and may be tailored for sub-awardees.

Programs:

- HOPWA-CV

Waivers:

The City of Atlanta's Department of Grant and Community Development submitted waivers to CPD on behalf of all Project Sponsors awarded HOPWA-CV funding. DGCD Program Operations Staff will review the Project Sponsor's Policy and Procedures as part of monitoring to ensure compliance.

Below is a list of the waivers available to City of Atlanta's HOPWA-CV Program.

Mega-Waiver 1 CPD Memo: Availability of Waivers of CPD Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by Covid-19 for CoC, ESG, and HOPWA

1. Self-Certification of Income and Credible Information on HIV Status
2. Fair Market Rent (FMR) Standard for Tenant-Based Rental Assistance (TBRA)
3. Property Standards for TBRA (relates to initial inspections)
4. HOPWA Space and Security

Mega-Waiver 2 CPD Memo: Availability of Additional Waivers for CPD Grant Programs to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Cause by COVID-19

1. FMR Rent Standard – HOPWA Rental Assistance (covers TBRA + all rental)
2. Property Standards – HOPWA (covers TBRA AND all rental housing; relates to initial inspections)
3. Time Limits for Short-Term Supported Housing Facilities and STRMU

HUD's Office of HIV/AIDS Housing/HOPWA Program Flexibilities

1. Use of HOPWA Funds for Infectious Disease Preparedness and Response document Property Standards – Annual housing re-inspections
2. Hotel/Motel Stays
3. Supportive Services
 - a. Transportation – gas cards
 - b. Transportation – car repair
 - c. Nutrition – grocery cards
 - d. Phones or minutes for client use

Reference:

CPD-20-05- Coronavirus Aid, Relief, and Economic Security Act Implementation Instructions and Related Flexibilities for the Housing Opportunities for Persons With AIDS Program



Department of Grants and Community Development (DGCD) HOPWA-Housing Quality Standards in response to COVID-19 (SOP) # 00-21B
Date of Issue: 5/19/2023
Policy and Compliance Department

Submitted
by:

Genevieve
Jones

Director,
Compliance

DocuSigned by:
Genevieve Jones

05/18/2023

Approved:

Nicole Barnes

Deputy Commissioner

DocuSigned by:
Nicole Barnes

5/30/2023

Purpose:

This policy outlines emergency policy changes in response to COVID-19, the CARES Act legislation, and additional HOPWA funding and program flexibility. The policy allows the grantee or project sponsor to conduct visual inspections of units using available technology to ensure the unit meets HQS habitability standards before any assistance is provided.

This SOP is to be used in conjunction with the **HOPWA Policies and Procedures** and serves as an addendum solely for the purposes of administering HOPWA-CV eligible activities.

Applicability: This procedure is to be applied by DGCD staff and may be tailored for sub-awardees.

Programs:

- HOPWA-CV

Scope:

This waiver is in effect for one year beginning on the date of this memorandum for grantees and project sponsors. The required criteria are as follows:

- a) The grantee or project sponsor can visually inspect the unit using technology, such as video streaming, to ensure the unit meets HQS habitability standards before any assistance is provided; and
- b) The grantee or project sponsor has written policies to physically reinspect the unit after the health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.
- c) This waiver is only applicable to initial inspections.

Start Date of Waiver: 5/22/2020

Additional Requirements:

HOPWA Project Sponsors:

- Submit a request in writing to utilize the HQS Virtual Inspection Waiver to City of Atlanta DGCD by specified date.
- Request should include updated policies and procedures to include use of COVID waiver for HQS inspections that fall under one of the designations indicated in **Scope** section of this Policy.
- Ensure proper documentation is maintained with file management for review during the City's monitoring process of Project Sponsor.
- Ensure a physical reinspection occurs after the health officials determine special measures to prevent the spread of COVID-19 are no longer necessary.

DGCD:

- Apply for waiver through the Office of Community Planning and Development (CPD) HUD Field Office.
- Update DGCD HOPWA Policies and Procedures to include approved HOPWA Waivers
 - This can be achieved through addendums to the current HOPWA Policies and Procedures
- Review Project Sponsors updated policies and procedures to ensure compliance with the COVID Waiver being applied.
- Provide Technical Assistance to Project Sponsors

Definitions:

1. **CARES Act** - Coronavirus Aid, Relief, and Economic Security Act is a law meant to address the economic fallout of the 2020 coronavirus pandemic in the United States.
2. **COVID-19** - Coronavirus disease is an illness caused by a virus that can spread from person to person. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. At this time, there are no specific vaccines or treatments for COVID-19.
3. **HQS Habitability Standards** - All housing subsidized under 24 CFR 574.300(b)(3),(4),(5), and (8), including units assisted under HOPWA tenant-based and project-based rental assistance, must be safe and sanitary. Units must undergo inspection to ensure compliance with HUD habitability standards

before assistance can be paid. HOPWA project sponsors that are not HUD-certified inspectors can use these standards as a basis for performing inspections and documenting compliance.

Reference:

- 24 CFR 574.330(a)(1) Time Limits
- CARES Act PL 116-136
- CPD Memo: Availability of Additional Waivers for CPD Grant Programs to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Cause by COVID-19 - May 22, 2020



Department of Grants and Community Development (DGCD)
HOPWA-STRMU Payment in response to COVID-19 Waiver Addendum (SOP) # 00-21A
Date of Issue: 5/19/2023
Policy and Compliance Department

Submitted by:

		DocuSigned by:	
		<i>Genevieve Jones</i>	
Genevieve Jones	Director, Compliance	May 23 rd , 2023	
Name	Title	Signature	Date

Approved:

		DocuSigned by:	
		<i>Nicole Barnes</i>	
Nicole Barnes	Deputy Commissioner	5/30/2023	
Name	Title	Signature	Date

Purpose:

The CARES Act provides that the supplemental grant funding may be used to provide STRMU payments to prevent homelessness of a tenant or mortgagor of a dwelling for a period of up to 24 months. The 24-month limit on STRMU assistance specified by the CARES Act is only applicable to funds received under the CARES Act and any portion of a grantee’s FY 2020 formula funds that have been approved under its AAP for allowable activities to prevent, prepare for, and respond to the COVID-19 pandemic. STRMU assistance provided under all other HOPWA awards remains subject to 42 U.S.C. 12907(b)(3)(B), which limits STRMU to a period of no more than 21 weeks of any 52-week period.

Applicability:

This SOP is to be used in conjunction with the **HOPWA Policies and Procedures** and serves as an addendum solely for the purposes of administering HOPWA-CV eligible activities.

To use each waiver, each recipient must follow the notification process described above and update its program records to include written documentation of the specific conditions that justify the recipient’s use of the waiver, consistent with the justifications and applicability provisions below. Provisions that are not specifically waived remain in full effect.

Programs:

- HOPWA-CV

Scope:

Short-Term Rent Mortgage & Utility (STRMU) assistance provided by HOPWA grantees and Project Sponsors during the COVID-19 pandemic may be categorized in up to three possible ways, depending upon available HOPWA allocations, use of the 5/22/2020 waiver option, use of CARES Act funds and the specific designation of FY20 funds for COVID-19 activities.

1. STRMU is funded by regular HOPWA allocations. This represents an existing STRMU program (or new STRMU program) funded through regular HOPWA allocations.
 - a. In this STRMU category, a client may receive up to **21 weeks** of assistance with rent, utilities and/or mortgage payments accrued within a 12-month (52-week) eligibility period established by the grantee.
2. Regular HOPWA STRMU + 5/22/2020 waiver option. This represents the same existing (or new) STRMU program shown in #1, in which the grantee is utilizing the 5/22/20 waiver option.
 - a. In this STRMU category, selected households may be approved to receive **up to 12 months of assistance within the 12-month eligibility period.** The increase from a 21-week limit to a 52-week limit must be decided on an individual household basis.
3. STRMU funded by CARES Act and/or FY20 funds designated for COVID-19 response. This represents an extended STRMU option made available through the CARES Act that is also applicable to FY20 set-aside funds.
 - a. Households receiving this category of STRMU **may receive up to 24 months (2 years) of STRMU assistance.**

This waiver is in effect until March 31st, 2023, for grantees and project sponsors that can meet the following criteria:

1. The grantee or project sponsor documents that a good faith effort has been made on an individual household basis to assist the household to achieve permanent housing within the time limits specified in the regulations but that financial needs and/or health and safety concerns have prevented the household from doing so.
 - a. Good faith effort includes case management and document collection to determine eligibility **and**
2. The grantee or project sponsor has written policies and procedures outlining efforts to regularly reassess the needs of assisted households as well as processes for granting extensions based on documented financial needs and/or health and safety concerns.

Additional Requirements:

HOPWA Project Sponsors:

- Submit a request in writing to utilize the STRMU waiver to City of Atlanta DGCD by specified date.
- Request should include updated policies and procedures to include use of COVID waiver for STRMU activities that fall under one of the designations indicated in **Scope** section of this Policy.
- Ensure proper documentation is maintained with file management for review during the City's monitoring process of Project Sponsor.

DGCD:

- Apply for waiver through the Office of Community Planning and Development (CPD) HUD Field Office.
- Update DGCD HOPWA Policies and Procedures to include approved HOPWA Waivers
 - This can be achieved through addendums to the current HOPWA Policies and Procedures
- Review Project Sponsors updated policies and procedures to ensure compliance with the COVID Waiver being applied.
- Provide Technical Assistance to Project Sponsors

Definitions:

1. **CARES Act** - Coronavirus Aid, Relief, and Economic Security Act is a law meant to address the economic fallout of the 2020 coronavirus pandemic in the United States.
2. **COVID-19** - Coronavirus disease is an illness caused by a virus that can spread from person to person. The virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.
3. **STRMU**- Short Term Rental Mortgage and Utility Assistance

Reference:

- 24 CFR 574.330(a)(1) Time Limits
- CARES Act PL 116-136
- CPD Memo: Availability of Additional Waivers for CPD Grant Programs to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Cause by COVID-19 - May 22, 2020

**PERMISSION TO RELEASE CONFIDENTIAL INFORMATION TO
SECURE NECESSARY SERVICES
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS**

I authorize personnel of _____ or this local agency _____ to share my identity, the fact that I have a confirmed diagnosis of HIV or AIDS, and that I seek their services for support. I authorize only those agencies or individuals who are listed below. Unless I have initialed and signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of _____ or this Agency with any other person or organization. I understand that _____ or this Agency will take all necessary precautions to protect my identity. This consent expires _____ months after signed, when revoked, in writing, by the authorized person, or upon exit from the program.

By my signature below, I hereby agree that I shall not hold _____ or this Agency _____ liable for the performance or quality or degrees of performance of services agreed to by affiliates. I authorize _____ and this Agency _____ to release my identity, my HIV/AIDS status when necessary, and my need for services and support to the individuals, groups, or agencies listed below.

Name of Authorized Persons*	Applicant's Initials	Date
Agency Name:		
Case Manager:		
Physician:		
Clinic:		

**This includes Clergy, Counselors, other Agencies, Family members, Attorneys, Landlords, or anyone that the client may so choose.*

My signature below, authorizes _____ (Agency) to release necessary information to the agencies and individuals initialed by me, above. Further, if I am unable to participate in a determination of those services which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

Print Name of Designated Individual	Relationship
Address	Phone/Fax
Client Signature	Date
Witness Signature	Date

NOTES: _____

