

**ADDENDUM NUMBER: ONE**

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT  
601 EAST KENNEDY BLVD, 16<sup>th</sup> FLOOR  
TAMPA, FLORIDA 33602

DATE: **June 4, 2021**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant's sealed Application.

ADDENDUM TO: **THE PROVISION OF ENDING THE HIV EPIDEMIC FUNDING-HEALTH EDUCATION RISK REDUCTION AND EARLY INTERVENTION SERVICES, MENTAL HEALTH COUNSELING, SUBSTANCE ABUSE COUNSELING, HOUSING ASSISTANCE, FOR INDIVIDUALS WITH HIV DISEASE**

RFA NUMBER: **RW1-21**

RFA SUBMISSION DEADLINE DATE AND TIME: **Tuesday, June 22, 2021, 5:00 PM, EST.**

PLACE: Health Care Services Department, [arnolda@HCFLGov.net](mailto:arnolda@HCFLGov.net)

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

- 1. On page 69 in the chart on Service Caps/Limits, it notes a \$1,000 cap for emergency rent/utility/transitional housing per client per contract year. However, on page 13 it indicates a maximum of 2 months' rent at 75% of FMR, which would (based on current HUD FMRs) be more than \$1,000 for rent alone. Do we have to adhere to the \$1,000 maximum per client per contract year?**

Page 13 will prevail as the Service Caps/Limits for Housing Services. The Caps/Limits on page 69 have not been updated in the context of the Ending the HIV Epidemic grant.

- 2. Page 24, section 1.1, points 8 and 9: Can you confirm that we do NOT need to attach our Articles of Incorporation or IRS 501c3 letter if we submitted for EHE last year (RFA # RW1-20)?**

Correct, Applicants who applied in the last RFA#RW1-20 do not need to submit Articles of Information for this RFA response.

- 3. Page 24, section 1.2, point 1: Can you confirm that our most recent audit does NOT need to be attached to the application?**

Correct, Applicants are not required to submit an Audit for this RFA. If the Applicant is new and is recommended for funding, the Department will be requesting the Applicants most recent fiscal Audit. All funded Part A providers have Audits on file with the Department.

- 4. Page 27-28 provides a Sworn Statement on Public Entity Crimes. This is not included in the list on page 16, point 23. Should this statement be signed and included at Attachment XIV?**  
The Public Entity Crimes Statement pages were inadvertently left in the packet; however, their submission was removed from page 16 and the Application Contents and Evaluation Criteria. The Public Entity Crimes Statement is attached in all current agreements and will be included in any new agreements. Therefore, for the purposes of this RFA it does not need to be attached.
- 5. Page 41, Can we add additional lines to the Categorical Budget if needed?**  
Yes, if you feel additional lines are needed you may add them. However, if selected for funding you will be required to submit a Conditional Award Budget to our Fiscal Staff for final approval.
- 6. Can you confirm that you would like 2 copies of Attachment X (Pricing Schedule/Service Category Table): one in section 2.1 and another in section 3.1?**  
The Pricing Scheduled/Service Category Table is only required for Section 3.1. However, in Section 2.1 the clients, units, service activities and so forth must be discussed and may be done so in a narrative format.

(The remainder of page intentionally left blank.)

Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

\_\_\_\_\_  
Authorized Signature (Applicant)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Title of Person Signing Above

\_\_\_\_\_  
Typed Name of Firm, Corporation,  
Business or Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

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