



**Office of Temporary
and Disability Assistance**

REQUEST FOR PROPOSALS

**New York State Supportive Housing Program
(NYSSHP)**

RFP Release Date: June 2, 2021

RFP Due Date: July 16, 2021 2:00 pm

Designated Contact:

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Office of Temporary and Disability Assistance

New York State Supportive Housing Program (NYSSHP)

New York State Supportive Housing Program (NYSSHP) Request for Proposals

Timeline of Key Events and Procurement Schedule

Event	Date
Request for Proposals Release	June 2, 2021
Deadline to Submit Questions	June 11, 2021
Proposed Date of Answers (on or about)	June 16, 2021
Proposals Due	July 16, 2021
Award(s) Announced	August 2021
Contract Start Date	January 1, 2022
Contract End Date	December 31, 2026

Inquiries:

Any questions about this RFP must be submitted in writing by 3:00pm on June 11, 2021 to the attention of Karen Pierino at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services, 40 North Pearl Street, Floor 10C, Albany, New York 12243 or e-mail to servicesRFP.qanda@otda.ny.gov.

All questions must be typed. Along with your question(s), provide your name, organization, mailing address, and email. Questions must be submitted prior to the 3:00pm June 11, 2021 deadline.

The written responses to all questions will be posted at www.otda.ny.gov. The NYS Office of Temporary and Disability Assistance will not entertain questions via telephone. Any question received after the specified deadline may be answered at the discretion of OTDA and if answered would be published in the Question and Answer document.

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Section One- SUMMARY INFORMATION

1.1 Introduction

The New York State (NYS) Office of Temporary and Disability Assistance (OTDA) announces a funding opportunity from the NYS homeless housing programs fund appropriated in the State Fiscal Year (SFY) 2021-22 Aid to Localities budget for the New York State Supportive Housing Program (NYSSHP). OTDA will make funding available statewide for eligible projects. Applications will be accepted from units of local government, local social services districts, tribal organizations and nonprofit corporations. NYSSHP funding is intended to support the provision of services that assist residents of supportive housing to remain stably housed so as not to enter or re-enter the homeless services system.

To qualify for funding, a private nonprofit organization must be one which is exempt from taxation under Subtitle A of the Internal Revenue Code, has an accounting system, a voluntary board of directors, and practices nondiscrimination in the provision of assistance. Additionally, a nonprofit corporation applying to OTDA for funds should provide certifications from both the local social services district and the local Continuum of Care (CoC) body supporting the project.

Current NYSSHP grantees under contract MUST apply to this RFP for continued funding.

All applicants are encouraged to participate with the local CoC. Participation in the local Homeless Management Information System (HMIS) is also strongly encouraged and is an eligible program expense under NYSSHP.

Contracts awarded under NYSSHP may include Medicaid Redesign Team (MRT) funds, which will require additional reporting. Contracts awarded under NYSSHP may include Mortgage Insurance Funds (MIF), which will include the Homeless Housing and Assistance Corporation (HHAC) as a funding source. OTDA will award available funds statewide for NYSSHP projects on a competitive basis.

Contract awards will be for a five-year contract term (January 1, 2022 to December 31, 2026) to be funded annually in one-year periods depending upon the availability of continued NYSSHP funding, satisfactory performance, and at the discretion of OTDA. OTDA reserves the right to consider additional renewal terms. Proposals should reflect projections, needs, and budgeted items for a one-year period. If selected, the proposal and all parts of it submitted in response to this RFP may become part of a contract with OTDA, subject to approval by the NYS Office of the Attorney General (OAG) and the Office of the State Comptroller (OSC). At the time of contract development, awardees may be required to submit additional budget, program and/or other information for the final contract. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

Applications must be submitted electronically through Grants Gateway at <https://grantsgateway.ny.gov>.

OTDA will conduct a thorough review of each application submitted. Eligible applicants should answer all questions and submit all forms requested by this RFP. Failure to submit all forms and answer all questions will adversely affect the overall competitive score of an application. Applications cannot be submitted in Grants Gateway after the deadline. Any application received after the deadline will be reviewed solely at the discretion of OTDA.

All applications must meet the following requirements:

- Applications must be submitted by Eligible Applicants, as defined in Section 1.2, and prequalified in Grants Gateway as outlined in Section 1.3.
- Proposals must serve an Eligible Target Population, as defined in Section 1.5.

Should an application fail to meet these requirements, it will be disqualified.

1.2 Eligible Applicants

An eligible applicant is a local social services district, unit of local government, tribal organization or nonprofit corporation eligible to do business in the State of New York. Eligible applicants must manage, own, lease, or operate transitional or permanent housing or be a local social services district or unit of local government applying on behalf of a nonprofit corporation(s). Eligible applicants may apply in anticipation of units which are under construction or not yet obtained but will be operational within the contract term. These applications or units will be considered a lesser priority.

Eligible applicants may also apply in cooperation with one another. A formal agreement establishing the relationship between the two organizations must be presented as part of the proposal. In such circumstances, the primary applicant (the Manager/Owner/Operator) will be required to contract with OTDA and have full legal responsibility to implement the proposed project. The primary applicant will also define an area of the project in which it will receive substantial assistance from the supporting organization. The primary applicant will subcontract with the supporting organization. **Applicants that do not operate, own, or lease transitional and/or permanent supportive housing units may not be the primary applicant for the purposes of this RFP, with the exception of local units of government.**

For example, a nonprofit organization may own/operate a property consisting of six (6) – one-bedroom apartments while another nonprofit organization provides support services to the residents. In this example the owner/operator of the housing would be the primary applicant with the service provider being a supporting applicant.

For New York City Applicants Only

All New York City applicants must verify that there is no duplication of services in units funded by NYSSHP and those funded by New York City Department of Homeless Services (DHS)/ NYC Human Resources Administration (HRA) supportive housing funding. Verification may be documented by obtaining a letter from NYC Department of Social Services (DSS) that states the applicant will not receive supportive housing funds from DHS/HRA for the specified units or by clearly demonstrating that the units are ineligible for DHS/HRA funding. Requests for letters of support should follow the process on the DSS website linked here:

<https://www1.nyc.gov/assets/hra/downloads/pdf/business/DSSLetterofSupport.pdf>.

Requests and supporting materials should be emailed to Liz Lauros, Deputy Commissioner for DSS Strategic Partnerships at lauros1@dss.nyc.gov and DSS Letter of Support at letterofsupport@dss.nyc.gov. Requests for letters of support should be made as soon as feasible and no later than ten days before the final application is due.

1.3 Prequalification Requirement

All nonprofits are subject to the Prequalification Requirement in Grants Gateway. Units of local government, local social services districts and tribal organizations that register in Grants Gateway are also eligible to apply for these funds.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, NYS has instituted key reform initiatives to the grant contract process which require nonprofits to register in Grants Gateway and complete the Vendor Prequalification process in order for proposals to be considered and evaluated. Information on these initiatives can be found on the Grants Management website <https://grantsmanagement.ny.gov/resources-grant-applicants>.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Grants Management website details the requirements and an online tutorial is available to walk users through the process. Prequalification details can be found at this link <https://grantsmanagement.ny.gov/get-prequalified>.

1. Register for the Grants Gateway

- On the Grants Management Website, download a copy of the Registration Form, https://grantsmanagement.ny.gov/system/files/documents/2020/03/registration-form-administrators-03-27-2020_1.pdf signed, notarized forms should be sent electronically to GrantsReform@its.ny.gov. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your password, please click the [Forgot Password](#) link from the main log-in page and follow the prompts.

2. Complete your Prequalification Application- Nonprofits only

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. If you do not have contracts with a State agency, select OTDA. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to Grants Gateway at GrantsGateway@its.ny.gov.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, **click the *Submit Document Vault*** link located below the *Required Documents* section in order to submit your Prequalification Application for state agency review. The system will send you an email confirming that your Document Vault has been submitted for review. If you do not receive an email, you may not have actually submitted the vault. Once submitted the status of the Document

Vault will change to *In Review*. If your Prequalification reviewer has questions or requests changes, you will receive an email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Grants Gateway notification that you are now prequalified to do business with NYS.

1.4 Program Description

NYSSHP is designed to provide direct services to eligible populations (see Section 1.5 Eligible Target Populations) residing in permanent or transitional housing projects managed by eligible applicants (see Section 1.2 Eligible Applicants and Section 1.3 Prequalification Requirement). NYSSHP funds support the cost of providing services designed to promote housing stability and greater independence including employability, mental/physical health stability and/or academic attainment. The support services provided should assist residents in achieving as self-sufficient a life as possible while enhancing housing stability. Program performance measures will include occupancy rates, length of stay in housing, and other key indicators that demonstrate increases in residents' self-sufficiency and their housing stability.

Service provision for all populations should be designed to assist residents in achieving housing stability to prevent entry into the homeless services system. Employment services or those that otherwise promote self-sufficiency are a high priority.

1.5 Eligible Target Populations

There are three eligible target populations served by the NYSSHP: single adults, young adults, and families; each is defined below.

Please be advised that applicants should not submit separate applications for each target population. Agencies serving multiple populations must complete ONE APPLICATION in the Grants Gateway System, clearly indicating the number of beds/units designated for each target population (single adults, families and/or young adults). Applicants should address each question thoroughly from the perspective of each target population to be served.

Single Adults

NYSSHP eligible single adults are defined as adult individuals living without children, who are residing in an eligible unit and who are in need of services to live independently and remain stably housed. Eligible single adults may include but are not limited to: victims of domestic violence, persons with a mental disability, individuals with histories of substance use disorder, veterans, individuals with histories of involvement in the criminal court system, and individuals living with HIV/AIDS that are in need of support services.

Young Adults (up to age 25)

NYSSHP eligible young adults are those up to age 25, who are single without dependents, whose incomes do not exceed 200% of the federal poverty level and, unless in receipt of public assistance, whose participation in such a program would not constitute "assistance" under the Federal Temporary Assistance for Needy Families (TANF) regulations (<https://www.acf.hhs.gov/ofa/programs/tanf/laws-regulations>). Young adults must also be in need of supportive housing and accompanying services which promote housing stability and self-sufficiency. Eligible young adults shall include young adults aging out of the foster care

system, runaway and/or homeless youths, and/or other “disconnected” youth. Young adults with child(ren) and teenagers with child(ren) are considered families for the purposes of NYSSHP.

Families

NYSSHP eligible families are those whose incomes do not exceed 200% of the federal poverty level. In addition, households must be in need of supportive housing and accompanying services that promote housing stability and self-sufficiency. Eligible families include homeless families, families who are at risk of exceeding or have exceeded their TANF assistance time limit, families with multiple barriers to employment and housing stability, families at risk of foster care placement of their children, families headed by young adults, and/or families that are reunited after foster care placement. **For the purposes of this RFP, families include pregnant women and couples without children.** The number of couples without children receiving services must be tracked by the contractor.

1.6 Eligible Services and Costs

Funding may support service provision on-site and/or off-site for eligible program participants residing in eligible units/beds. Eligible core services are those designed to assist eligible residents to live independently and remain stably housed. They include but are not limited to the following:

- admission and discharge planning;
- case management, including Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR) case management, benefits advocacy and health care advocacy;
- counseling and crisis intervention;
- employment/vocational assistance;
- educational assistance;
- social/recreational services;
- parenting skills development;
- family planning services;
- family reunification and stabilization;
- life skills training;
- information and referral;
- building security services;
- janitorial/maintenance/housekeeping services;
- preparation and serving of meals; and/or
- other like services defined by the applicant.

A minimum of 80% of the annual award amount must be allocated for costs directly associated with the provision of personal support services to tenants (i.e. personnel, fringe and contractual costs);

A maximum of 20% of the award amount may be allocated for non-personnel costs. These are costs that are associated with the provision of support services to tenants. Examples include, but **are not limited to**:

- rent costs for program/office space;
- insurance;
- utilities for program/office space;

- HMIS expenses;
- office supplies;
- security equipment;
- travel expenses;
- furnishings;
- food for resident gatherings and/or meal provisions; and
- recreational supplies/equipment.

A maximum of 10% of the award amount may be allocated for administrative costs, inclusive of indirect costs, provided that the costs of such activities are sufficiently documented and can be appropriately charged to NYSSHP. For example, a portion of the Bookkeeper, Executive Director, and Program Director's salary may be considered administrative, however those associated administrative portions of the salaries then cannot be charged in the personal services budget. Administrative costs should not be included in the Personal Services category. Some examples of administrative costs include the NYSSHP portion of audit fees, associated payroll costs, and staff salary/fringe costs related to their percentage of time spent:

- preparing program budgets, schedules and/or amendments;
- developing systems to assure program compliance;
- developing agreements (interagency/sub-recipient/contractors) to carry out program activities;
- monitoring program activities;
- preparing reports and other documents directly related to the program;
- coordinating the resolution of audit and monitoring findings;
- evaluating program results against objectives;
- managing/supervising NYSSHP direct service staff; and/or
- other administrative costs.

Any staff that provide both direct services and administrative duties may be split accordingly between the personnel and administrative cost categories. The explanation/justification should be very specific as to the time spent on activities in such instances. The administrative total must not exceed 10% of the budget total.

1.7 Ineligible Services and Costs

NYSSHP funds may not be used to support:

- The provision of intensive services such as health, mental health or personal supervision that should be provided either in a state-licensed or certified residential program (e.g. community residences certified by the State Office of Mental Health (OMH), adult homes licensed by the New York State Department of Health, etc.) or by other existing state or local funding streams such as Community Support Services (CSS) funds provided by OMH.
- Costs that would constitute "assistance" under Federal TANF regulations. Assistance under Federal TANF regulations are those services and/or benefits that are intended to provide ongoing basic income support. Assistance may include cash payments, vouchers, and other forms of benefits designed to meet a household's on-going needs.

1.8 Eligible Units

A supportive housing unit for single adults/young adults is defined as a private room providing living and sleeping space for at least one, but no more than two persons. Units must have access to bathing and toilet facilities and be within the same building or portion thereof, which is operated by an eligible applicant.

A supportive housing unit for families is defined as a dwelling providing living and sleeping space for families which has access to bathing, toilet and kitchen facilities within the same building that is operated by an eligible applicant.

In both cases units may be defined as transitional (up to 24 months) or permanent (no time limitation) housing.

In no event shall units be located in an operating:

- hotel, motel or other dwelling occupied transiently;
- shelter for families as defined in 18 NYCRR Part 900, or single adults as defined in 18 NYCRR Part 491 of the Social Services Law; or any other facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter to recipients of temporary housing assistance.
- residential facility or institution which is required to be licensed by any state agency except for Office of Children and Family Services (OCFS) certified young adult projects;
- college or school dormitory;
- clubhouse, fraternity or sorority house;
- house intended for use primarily or exclusively by the employees of a company or institution; or
- convent or monastery.

1.9 Funding Formula

Funds requested under this RFP are calculated on a per unit basis. NYSSHP funding is based on the following formula (# of units or beds) x (Target Population Monthly Rate) x 12 months.

Population: Single Adults and Young Adults

Rate: \$215 per BED per month (\$2,580 annually)

Applications requesting to serve the single adult or young adult populations may not exceed a rate of \$215 per bed per month. Applications from local social service districts, units of local government, tribal organizations, and/or nonprofit corporations must indicate the number of beds for which they seek funding. There should not be more than two beds per eligible unit. This includes the young adult (up to age 25) population.

Population: Families

Rate: \$290 per UNIT per month (\$3,480 annually)

Applications requesting to serve the families population may not exceed a rate of \$290 per unit per month. A family unit is any portion within a supported housing project that provides sleeping accommodations for multiple persons who have access to bathing, toilet and kitchen facilities within the same building. Such portions can include access to common areas in the building; however, common areas are not recognized as units.

OTDA reserves the right to adjust the funding levels (higher or lower) based on the availability of funds. Should additional funding become available in subsequent years, OTDA may consider escalation costs by adjusting the per unit compensation to reflect cost of living adjustments.

1.10 Matching Funds- Units of Local Government/Social Services Districts Only

Only applicants that are units of local government and social services districts must provide an actual dollar-for-dollar match of the NYSSHP funds that are provided under this program. The source of matching funds must be documented with a matching funds letter. A template for the required matching funds letter can be found in the Pre-Submission Upload Forms section of this RFP.

The following is a list of suggested documentation, depending upon the source of matching funds (this list is not intended to be all-inclusive):

- Tax-Levy dollars
- Contract with County Department of Social Services (DSS) - a letter indicating contract period and amount of per diem reimbursement and purpose of the contract;
- Contract with other State and/or local government agency - a letter from agency indicating contract period and amount of per diem reimbursement and purpose of the contract.

1.11 Maintenance of Effort

Funds awarded through this RFP may be used to initiate services, expand services or enhance a program that is reapplying for NYSSHP funding. Funds awarded through this RFP **cannot** be used to supplant or replace existing public or private funding used for ongoing activities. Applicants should clearly demonstrate that existing funds have not been supplanted.

1.12 Selection Process

All applications will be reviewed by OTDA staff. Following the review of applications, several other steps may take place to further evaluate proposals. These steps may include a telephone interview with the designated contact person in the organization; a request for additional written information or documentation, if necessary; a site visit; and/or a face-to-face meeting with agency representatives; and/or communication with references.

Applications will be judged on the following general criteria:

- Responsiveness to the RFP (all information and documentation requested is provided in a satisfactory manner);
- Evidence of applicant's understanding of the target population(s) needs and experience working with the target population(s) in the geographic area where the program will operate; and
- Programmatic and fiscal feasibility related to:
 - the overall management and operation of the project, including the project operating budget and revenue streams;
 - the applicant's plan to use program funds for the provision of new support services and/or the continuation of an existing program, if applicable;

- the completeness of the “Program Specific Questions,” “Budget,” “Work Plan” and “Upload Submission” portions of the application;
- the clarity of the measurable and quantifiable expected results and potential for their achievement;
- evidence of need in the geographic area;
- the overall cost reasonableness and effectiveness of the proposed project;
- assurances that the requested funds will be expended in a timely manner once a contract has been executed between OTDA and the applicant;
- the applicant’s understanding of the support services needs of the target population and applicant’s ability to provide such services;
- applicant’s standing with NYS (such as compliance with the requirements of the OAG, Workers’ Compensation, other grants etc.);
- assurances that duplication of services will be avoided in the geographic area in which the NYSSHP program will operate;
- a commitment to make all NYSSHP related records available to OTDA or its designee(s) as required by this RFP and any resultant contract;
- clear and acceptable documentation of the applicant’s operational readiness for the proposed project;
- the applicant’s demonstrated coordination with the local social services district and the CoC or other relevant planning committee;
- cost effectiveness of the proposal in relation to the geographic area to be served;
- for local social services district applicants, evidence that the local social services district can properly supervise the program;
- evidence that the applicant will meet the program’s matching funds requirement (units of local government/social service districts only); and
- for those serving a young adult (up to age 25) population, the ability to provide family planning, employment and/or education services.

Proposals will be prioritized based on the following criteria:

- Proposals that include housing projects which have been developed with Homeless Housing and Assistance Program (HHAP) funds and are able to provide an active HHAC contract number;
- High priority will be awarded to proposals indicating that 90% or more of those served are in receipt of Medicaid; medium priority to proposals indicating that 50% or more of those served are in receipt of Medicaid; and lower priority to proposals indicating that less than 50% of those served are in receipt of Medicaid;
- Proposals that indicate NYSSHP funds are the primary source of support service funding;
- Projects that do not receive any additional or enhanced revenue support beyond direct participant rents and rental subsidies, such as Continuum of Care Supportive Housing Program subsidies, Veterans Affairs Supportive Housing (VASH) vouchers, Housing for Persons with AIDS (HOPWA) vouchers, project and/or tenant-based Section 8 vouchers. Supportive housing projects that have been constructed by and receive an ongoing operating subsidy from the federal or state government are of a lesser priority;
- Projects that house tenants who are in receipt of temporary assistance or SSI and/or who are veterans or formerly homeless individuals; or individuals who have exceeded TANF time limits;
- Proposals indicating that 50% or more of those served have transitioned from foster care or the emergency shelter system;

- Programs that have adopted a Housing First model (where applicable); and
- Proposals that demonstrate an ability to operate the program for the complete term of the contract (applications requesting funds in support of units/beds that are not available by the anticipated contract start date are of lesser priority).

OTDA reserves the right to award funds by geographic region to reach underserved areas. The geographic distribution of funds will be considered only in the event that an underserved region is identified by OTDA. An underserved region will be determined and substantiated by OTDA with reference to the CoC, New York State's Analysis of Impediments to Fair Housing Choice, relevant statistical evidence, and other anecdotal evidence, including the lack of support service monies in a geographical region. Should such a need arise to ensure statewide coverage of NYSSHP funds, OTDA may not award funds to the lowest ranked proposal(s) in an area or areas that proportionately have received the greatest amount of NYSSHP funds from OTDA. NYSSHP funds will then be directed to the underserved area. The regional awards will be made on a competitive basis and awards will be strictly based on the overall competitive score of all contractors identified as being able to provide supportive services in the identified underserved region. Should OTDA exercise this option, awards will be sufficient to meet the underserved needs of the region without negatively impacting the overall ability of the NYSSHP program to provide statewide services.

Projects that are currently in receipt of Empire State Supportive Housing Initiative (ESSHI) funding are not eligible for NYSSHP funds.

Proposals will be evaluated on a comparative analysis basis among proposals received. Proposals will be reviewed and assigned an overall competitive score. Proposals will be funded based upon the application's score and will be subject to the availability of funds. Projects will be awarded NYSSHP funds in descending order, beginning with the highest ranked proposal, until the initial year's funding is exhausted, with the following exceptions:

- Awards may be reduced during the application process or contract term if another source of funding becomes available, and is deemed appropriate, in which case OTDA may choose to dedicate those funds to other activities at its discretion;
- If there are additional proposals which qualify for funding, no one agency will be awarded more than 50% of the total funds available under this RFP;
- The lowest scored awarded proposal may not receive the entire requested amount if there are insufficient funds remaining;
- Awards may be proportionately reduced to ensure the availability of funds statewide;
- The requested amount of funding may be reduced by ineligible expenses;
- If there are other viable proposals, OTDA reserves the right to fund projects in excess of 51 units at a lower rate per bed per month;
- The requested amount may be reduced for units that will not be operational for the full contract term; and
- The requested amount of funding may be reduced based on past NYSSHP spending practices. In the event OTDA has determined via a competitive scoring process that an existing awardee with a history of unspent contract monies should be awarded new funds, OTDA reserves the right to reduce the award based on the contractual spending history and the reasonableness of the request.

In the event that two or more proposals receive an overall score that is tied and funding would be exhausted before an award could be made to each applicant for the requested amount,

OTDA will award each applicant a prorated portion of the remaining funds based upon funds requested and amount available.

The following is provided as the relative weight for each section of the application:

Program Specific Questions	50%
Budget and related uploads	35%
Pre-Submission uploads	15%

Regardless of score, OTDA reserves the right to fund or not fund an application based on other relevant information, such as the occurrence of NYSSHP funds supplanting existing funds; an agency's financial position; finding or issues raised by other Government funders; an agency's prequalification status in Grants Gateway; vendor responsibility determination; and the status of the vendor's NYS OAG Charities Registration filing.

1.13 Award Procedure

The contracts resulting from this RFP will start on or about January 1, 2022. It is anticipated that successful applicants will receive multi-year contracts for five years with a provision for termination at any time and an allowance for additional renewal terms. Contracts submitted to the NYS OSC and the NYS OAG will include the maximum amount of the award for the entire five-year period. Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to awardees. If additional funding becomes available or the program needs increase, the procurement may be reopened at the discretion of OTDA. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets NYSSHP program objectives. Awardees will be asked to develop and provide a detailed implementation plan that sets forth the program goals. Successful applicants are encouraged to register with the OSC Vendor Responsibility System at <http://www.osc.state.ny.us/vendrep>.

Should additional funds become available at any time during the period of which this RFP covers, in lieu of releasing a new RFP if deemed in the best interest of the State:

- OTDA may make additional awards based on the remaining unfunded proposals submitted to OTDA in response to this RFP in a manner consistent with the award methodology set forth herein;
- OTDA may increase previously proportionally reduced award amounts to current contractors;
- OTDA may increase awards to contractors based upon an increase in the funding rate per eligible population;
- OTDA may increase awards to contractors who are on track to expend 90% of their awarded funds by the end of an annual funding cycle, who can demonstrate a need in the community for increased funds, and/or who acquire additional eligible supportive housing units;
- OTDA may choose to change its projected use of funds;
- OTDA will award funding in a manner consistent with the eligibility guidelines and award methodology set forth in this RFP.

OTDA reserves the right to:

- Award all, some, or none of the monies available for NYSSHP.

- Adjust funding levels in subsequent contract years should a contractor not maintain an overall 90% occupancy rate. The overall occupancy rate would be determined by averaging the occupancy rates stated in previous Quarterly Reports.
- Decrease the overall award amount to applicants applying for multiple target populations if applicant does not provide thorough responses for each identified target population and corresponding service provisions.
- Reallocate unused and/or unspent funds from contractors unable to spend their full award amount to NYSSHP contractors who will exhaust funds by the end of a funding cycle and who demonstrate additional need.
- Solicit and accept new proposals, as funding becomes available, should there not be acceptable remaining proposals.
- Should available funds be decreased in future years, OTDA may reduce awards on a pro-rated basis and/or based on prior years NYSSHP spending history.
- Withhold funding during the contract term should approved housing units be unavailable for more than a 90-day period.
- Change any of the scheduled dates stated in the RFP.
- Waive procedural technicalities, or modify minor irregularities, in proposals received, after notification to the bidder involved.
- Correct arithmetic errors in any proposal, or make typographical corrections to a proposal, with concurrence of the bidder.

1.14 Bid Protest Procedure

Procedure for Handling of Protests/Appeals of Bid Specification(s) and Proposed Awards

It is the policy of OTDA to provide all Offerors with an opportunity to resolve complaints or inquiries related to bid solicitations or pending contract awards administratively. OTDA encourages all Offerors to seek resolution of complaints concerning the contract award process through consultation with OTDA. All such matters will be accorded impartial and timely consideration. Detailed procedures are as follows:

Formal Written Protests - Final agency decisions or recommendations for award generally may be reconsidered only in the context of a formal written protest as described below. Any Offeror or prospective Offeror who believes that there are errors or omissions in the procurement process or who otherwise has been aggrieved in the drafting or issuance of this RFP, proposal evaluation, award, or contract award phases of the procurement, may present a formal complaint to OTDA and request administrative relief concerning such action ("formal protest"). A formal protest must be submitted in writing to OTDA, by ground mail, except where alternate arrangements have been made, to the Director of the OTDA Bureau of Contract Management (BCM), 40 North Pearl Street, 12th Floor, Section D, Albany, NY 12243. A formal protest must include a statement of all legal and/or factual grounds for disagreement with an OTDA specification or purchasing decision; a description of all remedies or relief requested; and copies of any and all applicable supporting documentation.

Deadline for Submission of Formal Protests for Errors or Omissions in the Procurement Process – OTDA must receive formal protests concerning errors, omissions or prejudice,

including patently obvious errors in this RFP specifications or documents, at least 10 calendar days before the Bid Submission Date.

Deadline for Submission of Formal Protests of Contract Award – OTDA must receive a formal protest concerning a contract award within 10 business days of the issuance of notice of contract award.

Review and Final Determination of Protests - Protests will be resolved through written correspondence. However, the protester may request a meeting to discuss a formal protest or OTDA may initiate a meeting on its own accord, at which time the participants may present their concerns. Either the protester or OTDA may decline such a meeting. Where further formal resolution is required, the Director of BCM may designate an OTDA employee ("designee") to determine and undertake the initial resolution or settlement of any protest. The designee will conduct a review of the records involved in the protest and provide a memorandum to the Director of BCM summarizing the facts as determined by the designee, an analysis of the substance of the protest and a preliminary recommendation. The Director of BCM shall: (a) evaluate the designee's findings and recommendations, the evaluation team's reports and recommendations; (b) review the materials presented by the protesting party and/or any materials required of or submitted by other Offerors; (c) if necessary, consult with OTDA Counsel's Office; and, (d) prepare a response to the protest. A copy of the protest decision, stating the reason(s) upon which it is based and informing the protester of the right to appeal an unfavorable decision to OSC shall be sent to the protester or its agent within 45 calendar days of receipt of the protest, except that upon notice to the protester such period may be extended. The protest decision will be recorded and included in the procurement record, or otherwise forwarded to OSC upon issuance.

Appeals - Upon receipt of the OTDA's determination of a protest, a protester has 10 business days to file an appeal of the determination with OSC Bureau of Contracts. The appeal must be filed with Ms. Charlotte Breeyear, Director, Bureau of Contracts, New York State Office of the State Comptroller, 110 State Street, 11th Floor, Albany, NY 12236. The protester's appeal must contain an affirmation in writing that a copy of the appeal has been served on OTDA, the successful bidder (except where the contracting agency upholds the protest and the successful bidder is the appealing party) and any other party that participated in the protest. In its appeal, the interested party shall set forth the basis on which it challenges OTDA's determination. The OSC Bureau of Contracts will conduct a formal review and issue its determination of the appeal in accordance with its established policy and procedures.

Reservation of Rights and Responsibilities of the OTDA - OTDA reserves the right to waive or extend the time requirements for protest submissions, decisions and appeals herein prescribed when, in its sole judgment, circumstances so warrant to serve the best interests of the state and OTDA. If OTDA determines that there are compelling circumstances, including the need to proceed immediately with the contract award in the best interest of the state, then these protest procedures may be suspended and such decision shall be documented in the procurement record. OTDA will consider all information relevant to the protest, and may, at its discretion, suspend, modify or cancel the protested procurement action including solicitation of bids or withdraw the recommendation of Contract award prior to issuance of a formal protest decision.

Procurement Activity Prior to Final Protest Determination - Receipt of a formal bid protest shall not stay action on a procurement unless otherwise determined by OTDA. If a formal protest or appeal is received by OTDA on a recommended award prior to the underlying contract being forwarded to OSC, notice of receipt of the protest and appeal must be included in the procurement record forwarded to OSC. If a final protest decision or final decision on appeal has been reached prior to transmittal to OSC, a copy of the final decision must be included in the procurement record and forwarded with the recommendation for award. If a final protest decision is made after the transmittal of a bid package to OSC, but prior to OSC approval under State Finance Law § 112, a copy of the final OTDA decision shall be forwarded to OSC when issued, along with a letter either: a) confirming the original OTDA recommendation for award and supporting the request for final § 112 approval, b) modifying the proposed award recommendation in part and supporting a request for final § 112 approval as modified; or c) withdrawing the original award recommendation.

Record Retention of Bid Protests - All records related to formal Offeror protests and appeals shall be retained for at least one year following resolution of the protest. All other records concerning the procurement shall be retained according to the statutory requirements for records retention.

1.15 Reports and Record Keeping

Reports that describe the progress of NYSSHP activities and those served will be required on at least a quarterly basis. Minimally they must certify the number and types of services provided, the number of individuals served, those in receipt of Medicaid, the occupancy rate per month, and the number of available units. Contractors must ensure that books, records, documents, and other evidence pertaining to costs and expenses of the contract are maintained in such detail as will reflect all costs of materials, equipment, supplies, services, building costs, and all other costs and expenses for which reimbursement is claimed or payment is made under the contract. All expenditures shall be reported on an accrual basis. A reporting format has been developed and will be distributed to awardees. Contractors may be required to report participant data in the local CoC's HMIS or a comparable database. Associated costs are considered eligible expenses.

All records pertaining to awards made under this funding opportunity including financial audits, budget, plans/drafts, supporting documents, statistical records, etc., must be retained for a period of at least six years following submission of the final expenditure report.

Successful applicants will be required to maintain a case file for each household that demonstrates service provisions, achievements, barriers, etc.

Applicants are required to develop a service plan for all program participants. In developing the service plan for funding under this program, applicants should be aware that emphasis should be placed on increasing residents' existing and potential abilities to achieve long-term housing stability.

Contractors shall provide OTDA or its designees access to program sites and records during the course of the project. Failure to do so may result in immediate termination of the contract.

In the event that any claim, audit, litigation, or state/federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved. OTDA or its designee shall have access to any records relevant to the project (including books, documents, photographs, correspondence, and records), for audits, examinations, transcripts, and excerpts. If OTDA determines that such records possess long-term or historic value, they must be transferred, as requested to OTDA.

Projects will be monitored by OTDA on a regular basis throughout the term of the contract. Monitoring may include site visits as well as regular telephone contact. The goal of monitoring is to ensure that the terms of the contract are being met. In addition, monitoring enables OTDA to provide technical assistance, where necessary, in order to assist the contractor in meeting the terms of the contract. It is the responsibility of the contractor to monitor any and all subcontracts.

To the extent permitted by federal law and regulation, OTDA may, at its own discretion, make advance payments to the contractor of up to 25%, upon the submission of sufficient justification. Said advance may be eligible for payment only upon approval of this AGREEMENT by the Attorney General and by the Comptroller of the State of New York and upon the submission to OTDA by the contractor of a properly executed State of New York Claim for Payment form (AC3253-s) acceptable to OTDA and to the Comptroller of the State of New York. Any unexpended advance balance at the end of the contract period will be refunded by the contractor to OTDA. In the event either party terminates the contract prior to its expiration, the contractor agrees to refund to OTDA immediately any outstanding advance balance.

1.16 General Terms and Conditions

OTDA will conduct a review of all prospective contractors to provide reasonable assurances that the vendor is responsible. Vendor Responsibility will be determined regarding each bidder or offeror's authority to do business in New York, their business integrity, as well as financial and organizational capacity, and performance history.

Successful contractors will be required to submit all final contract documents, narratives and budgets electronically. The following will be incorporated into any contracts resulting from this RFP:

- The Master Contract
- Attachment A-1, (OTDA and NYSSHP Program terms and conditions)
- Attachment A-2, (Federally Funded Terms)
- Attachment B-1 (Expenditure Based Budget)
- Attachment C (Workplan)
- Attachment D (Payment and Reporting Schedule)

As referenced in Sections IV J-K of the Master Contract and Attachment A-1, Equal Employment Opportunities (EEO) for Minorities and Women apply as do Minority and Women-Owned Business Enterprise (MWBE) goals on discretionary expenses.

The terms and conditions specified in a detailed contract must be signed by OTDA and

approved by NYS OAG and the OSC before any work is begun or payments made. **Please note that no services may be reimbursed until a contract has been fully executed.**

CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY NEW YORK STATE-CERTIFIED MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations, OTDA is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of OTDA contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, OTDA hereby establishes an overall 30% M/WBE participation goal, and specific participation goals for both New York State-certified Minority-owned Business Enterprises (“MBE”) and New York State-certified Women-owned Business Enterprises (“WBE”) will be assessed based on the nonprofit’s discretionary spending budget and participation opportunities therein. A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFP, the respondent agrees that OTDA may withhold payment pursuant to any Contract awarded as a result of this RFP pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OTDA will evaluate a Contractor’s “good faith efforts,” refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract]

In accordance with 5 NYCRR § 142.13, the respondent further acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in

a Contract resulting from this RFP, such finding constitutes a breach of contract and OTDA may withhold payment as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System ("NYSCS"), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting the Contract's program manager at OTDA.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA for review and approval.

OTDA will review the submitted MWBE Utilization Plan and advise the respondent of OTDA acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OTDA a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OTDA may disqualify a respondent as being non-responsive under the following circumstances:

- a) If a respondent fails to submit an MWBE Utilization Plan;
- b) If a respondent fails to submit a written remedy to a notice of deficiency;
- c) If a respondent fails to submit a request for waiver; or
- d) If OTDA determines that the respondent has failed to document good faith efforts.

The successful respondent will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract

Award may be made at any time during the term of the Contract to OTDA, but must be made no later than prior to the submission of a request for final payment on the Contract.

The successful respondent will be required to submit a quarterly MWBE Contractor Compliance & Payment Report to OTDA, by the 7th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Equal Employment Opportunity and Workforce Utilization Reporting Requirements

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of [Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women OR Authority equivalent to Appendix A]. The respondent is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning, or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability, or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form OTDA-4970, to OTDA with its bid or proposal.

If awarded a Contract, respondent shall submit form OTDA-4971 Workforce Utilization Report and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by OTDA on a QUARTERLY basis during the term of the Contract.

Pursuant to Executive Order #162, contractors and subcontractors will also be required to report the gross wages paid to each of their employees for the work performed by such employees on the contract utilizing the Workforce Utilization Report on a quarterly basis. Note – NFP grantees are exempt from Executive Order #162. Further, pursuant to Article 15 of the Executive Law (the Human Rights Law), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the

withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

Participation Opportunities For New York State Certified Service-Disabled Veteran Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOB”), thereby further integrating such businesses into New York State’s economy. OTDA recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OTDA contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, OTDA conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidder/Contractor is encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or to discuss methods of maximizing participation by SDVOBs on the Contract.

Executive Order No. 190: Incorporating Health Across All Policies Into State Agency Activities

Per Executive Order 190 (EO 190), this RFP incorporates the New York State Prevention Agenda and the World Health Organization (WHO) Eight Domains of Livability to further the Health Across All Policies initiative.

The New York State Prevention Agenda is the blueprint for action to improve the health of New Yorkers and become the healthiest state for people of all ages. The five priority areas of the New York State Prevention Agenda are:

1. Preventing Chronic Diseases
2. Promoting a Healthy and Safe Environment
3. Promoting Healthy Women, Infants and Children
4. Promoting Well-Being and Preventing Mental Health and Substance Use Disorders
5. Preventing Communicable Diseases

The WHO Eight Domains of Livability include:

1. Outdoor Spaces and Buildings
 - Providing safe, accessible places for the public to gather indoors and outdoors. Ensuring that parks, sidewalks, safe streets, outdoor seating, and accessible buildings can be used and enjoyed by people of all ages.
2. Transportation
 - Increasing the accessibility, availability and affordability of public transit options, as well as ensuring safe roadways.
3. Housing
 - Expanding affordable housing options for varying life stages, and enacting programs that help people remain in their homes longer to age in place.
4. Social Participation
 - Increasing access to affordable and community-based social activities can help address loneliness and isolation.
5. Respect and Social Inclusion
 - Increasing the availability of intergenerational activities and programs.
6. Civic Participation and Employment
 - Provide ways that all people, including older people, can, if they choose to, work for pay, volunteer their skills and be actively engaged in community life.
7. Communication and Information
 - Providing information through a variety of means and in a culturally competent manner, recognizing that not everyone has a smartphone or internet access.
8. Community and Health Services
 - Ensuring accessible and affordable health services in every community.

The Health Across All Policies initiative is a collaborative approach that integrates health considerations into policymaking across all sectors to improve community health and wellness. To successfully improve the health of all communities, health improvement strategies must target social determinants of health and other complex factors that are often the responsibility of non-health partners such as housing, transportation, education, environment, parks, and economic development.

Consistent with EO 190, where requested in this RFP, applicants must describe how their proposals can improve community health and wellness through alignment and coordination with the NYS Prevention Agenda priorities and the WHO Eight Domains of Livability.

Section Two - APPLICATION INSTRUCTIONS

The entire NYS Supportive Housing Program Application should be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system may not be reviewed.

Eligible entities are nonprofits subject to Prequalification Requirements, and local governments and tribal nations with available document vaults in Grants Gateway. Applicants should submit one application per agency. Read and follow all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Section Four.

Here are some general guidelines for navigating the Grants Gateway system:

- **Log into Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator.**
- **Click the *Available Opportunities* button.**
- **From the *Search by Funding Agency* drop-down menu, select *Office of Temporary and Disability Assistance*. Click the *Search* button.**
- **Locate *New York State Supportive Housing Program* and click on the blue link.**
- **Click the *Apply for Opportunity* button.**
- **From the *Forms Menu* go to Pre-submission uploads to download all required documents. Complete the documents and upload them where requested throughout the application. All required documents are shown on pages 35-57 in these instructions.**
- **From the *Forms Menu* complete all program specific questions, budget screens, workplan, and pre-submission Uploads.**
- **Sections from the *Forms Menu* do not have to be completed in any particular order. Certain forms may be left blank if they do not apply to your application, such as budget items not requested. There will be a *Global Warning* error if you try to submit an application without completing required forms.**
- **You must *SAVE YOUR WORK* before moving onto a new screen.**
- **If you do not complete the application in one session, it will be in your *Tasks* box labeled *Application in Process*. Another way to find an application in process is to click the *Applications* tab at the top of the screen.**
- **Please note: though those logged in as Grantees may work on the application, only those logged in as a Grantee Contract Signatory or a Grantee System Administrator can submit the application to the state. When the application is ready for submission, click the *Status Changes* tab, then click the *Apply Status* button under *Application Submitted*.**

Other helpful information:

- Live Webinars on the Prequalification Process and on how to complete an application using the Grants Gateway are provided every Tuesday and Thursday. Please see the [Resources for Grant Applicants](#) page of the Grants Management website to sign up for a live webinar or for additional resources including instructional videos and step by step documents to help navigate the system.
- For any technical questions regarding the Grants Gateway, the Help Desk is available Monday – Friday, 8am – 5pm via phone (518.414.2784) or email at GrantsGateway@its.ny.gov.

Screens to complete from the Forms Menu in Grants Gateway are as follows:

Project Site Address Screen - Enter the agency administrative address, including regional council and agency specific regional information. Save.

Program Specific Questions Screen - Follow instructions at the top of the screen. Answer all questions in this section. **Note that while most narrative answer spaces allow unlimited text, OTDA expects answers to be concise.** Upload forms when required. Upload optional forms when applicable. Forms for upload can be obtained in the *Pre-submission Uploads* section of the application. Make sure to save often.

Budget Screens - Complete one overall budget whether applying for one or more target populations. In the *Pre-submission Uploads* section of the *Forms Menu*, there is an EXCEL workbook (NYSSHP Budget Detail Workbook), on which the applicant must indicate funds requested for each target population (single adults, families and/or young adults). This workbook should correlate with the budget developed on the budget screens in Grants Gateway. Complete budget screens for ANNUAL grant funds requested. **If serving multiple target populations, please distinguish between them in the Grants Gateway budget by using S (single adults), F (families), or Y (young adults) at the beginning of each budget item listed.** Only use whole dollar amounts for funds requested. Administrative Expenses up to 10% of the requested funds may be allocated in the budget and must appear on the Other line.

Consult Section One, 1.6 Eligible Services and Costs. Use the following as a guideline for where expenses should appear in the budget.

Personal Service Screen – Include employees that will be paid in full or in part from contract funds. Each title must be listed on a separate screen. In the Role/Responsibility field, please describe the title's role in relation to NYSSHP. The *Personal Services - Salary Narrative* screen should only be used to describe exceptions in staffing patterns. Save.

Fringe Benefit Screen — Fringe benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure in the *Fringe Type/Description* field. If fringe is not applicable, leave this section blank. For all employees listed in the *Personnel Service Expense Detail*, the following mandatory employer payroll taxes must be paid: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. Additional fringe benefits such as pension, health, life, and/or dental insurance may be provided. If NYSSHP funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed OSC's rate, currently at 62.48%. No exceptions are granted to the maximum rate of 62.48%. You may allocate a lower percentage. You must explain all costs associated with this budget line in the *Justification/Explanation* section of this worksheet. The *Fringe Narrative* screen should not be used since all explanations should appear on the *Fringe* screen. Save.

Contractual Services Screen – These are costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. Each type of contractual cost must be listed on its own screen and the cost justified. Only the pro-rated portion of the entire expenditure that is related to the NYSSHP Program is allowed. This line includes institutions, individuals or organizations external to the contractor which have

entered into an agreement with the contractor to provide any services outlined in or associated with the contract and whose services are to be funded under the contract budget. This includes any other nonprofits performing work under the proposed NYSSHP contract. All such agreements are to be bona fide written contracts: NYS OTDA reserves the right to request these documents at any time in the future. Save.

Travel Screen – These costs may be reimbursed up to the NYS rate (currently the maximum rate is \$0.58 per mile). Only travel costs for personnel listed under *Personal Services Costs* and *Participant Travel Costs* are acceptable. In the *Justification* field, explain which staff and/or participants will be traveling in relation to the project, the destination, the purpose, and the frequency of the travel. Out-of-state travel is discouraged, although a contractor may pursue such travel with justification and pre-approval from OTDA. Save.

Equipment Screen – This category includes purchase, rental and leasing of equipment. Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost-effective alternative. If the only alternative is to purchase such equipment using contract funds, an applicant is required to obtain three competitive bids and **must** receive OTDA prior approval. All things being equal, the contractor must purchase equipment from the lowest bidder. Complete the *Equipment* form for requested equipment. Complete the *Equipment Narrative* form if there is any substantial equipment costing more than \$5,000 per item. The *Equipment Narrative* form includes fields for bids received and explanations for justification. Save.

Operating Expenses Screen – Items necessary to operate the program such as utilities/rent for program/office space, food, insurance, postage, copies, or supplies. Describe expenses fully in field provided. The *Operating Expenses Narrative* should only be used to explain extraordinary costs. Save.

Other Screen – Request Administration up to 10% of the grant amount on this screen– Administrative expenses of up to 10% of the annual requested amount may be charged. The administrative cost **may not** include any portion of costs that are assignable to other federal, state or funding agencies. Please note that administrative charges are controlled by and subject to the requirements of NYS Executive Order #38 and the attending Rules and Regulations referenced this section of the RFP. Save.

Executive Order Number 38: Limits on State-funded Administrative Costs and Executive Compensation

Funds requested in support of administrative personnel are subject to Executive Order #38 (EO 38). Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget.

On January 18, 2012, Governor Andrew M. Cuomo issued EO 38, “Limits on State-Funded Administrative Costs and Executive Compensation,” which required that certain state agencies, including those involved in this RFP, promulgate regulations limiting state reimbursement for administrative expenses and executive compensation of service providers. Any contract

awarded through this RFP will be subject to the EO 38 regulations if the awardee is a “covered provider” within the meaning of those regulations. Important Legal Notice: Based upon the April 8, 2014 decision in *Agencies for Children’s Therapy Services, Inc. v. New York State Department of Health, et al. (ACTS)*, covered providers conducting business in Nassau County need not file EO 38 disclosures. For purposes of this notice, “conducting business” means having a place of business within Nassau County, providing program services or administrative services involving the use or receipt of state funds or state-authorized payments within Nassau County, or otherwise conducting business within Nassau County in relation to which executive compensation is paid. Please note that the ACTS decision is under appeal. Those affected by the ACTS decision should periodically check the EO 38 website for updates regarding any changes to this notice. <http://executiveorder38.ny.gov/>

Work Plan Overview Form -This section should be completed from an **ANNUAL** perspective. Therefore, the first annual work plan period should be January 1, 2022 – December 31, 2022.

In the Project Summary section, state each target population of programming for which you are applying (single adults, young adults and/or families) and describe aspects of the programming including general goals and outcomes of the program. Provide a detailed description of the target population(s) you intend to serve identifying that the target population(s) are presently homeless or at risk of homelessness according to the definitions in the RFP. Provide a detailed description of how the project will help promote well-being and prevent mental illness and substance use disorders in the target population consistent with EO 190. Provide a detailed description of how the project will help increase access to social activities that can help address loneliness and isolation consistent with EO 190. Provide any relevant demographics of the population such as age, gender, income, frequency of homelessness, or risk factors (ie: mental illness, substance use disorder, domestic violence, educational background, physical health). Estimate number of individuals/families to be served on an annual basis. Describe service delivery method, hours of operation and where services will be provided.

In the *Organizational Capacity* section, describe the staff needed for each category of programming for which you are applying, their responsibilities and qualifications. Describe staff development and training activities. Describe your organization’s relevant experience in conducting all aspects of programming. Save.

Objectives and Tasks- This section will be used to set up quarterly reports and collect performance data. The pre-established objectives and tasks for this RFP are Target Population, Occupancy Rate and Anticipated Outcomes of the Project.

From the *Forms Menu*, click on the *Work Plan Properties* link. Upon initially opening, all objective sets will be expanded. You can work on each set either in the order listed or collapse the full grid to see the overview of the entire work plan and expand each section as you complete it. Full objective sets, which include an objective, a task and a performance measure are all listed on one page.

Follow the progression of objective, task and performance measure(s) for each of the following. Please see Section 5.2.4 in the Grants Gateway User Manual for additional instructions regarding the work plan if needed:

<https://grantsmanagement.ny.gov/system/files/documents/2020/05/vendor-user-manual-3.2-5.7.20.pdf>

Note that the total number of tasks and performance measures for the entire workplan is five each. There is one mandatory task for each defined objective. This means that only two additional tasks or a total of five performance measures may be entered. If greater than two additional tasks or five performance measures are entered, they will need to be deleted to successfully complete the *Workplan Properties* page.

Target Population - Enter the target population(s) for the NYSSHP project. The population(s) listed must correspond to one or more of the eligible populations indicated in Section 1.5 of the RFP. Performance measure is Grantee defined.

Occupancy Rate - Provide the overall occupancy rate anticipated for the project. Performance measure is Grantee defined.

Anticipated Outcomes of the Project - Describe anticipated benefits for the recipients of services of the NYSSHP project. Applicants should respond to one defined outcome measure: to “describe how your agency will measure housing stability.” Applicants should also identify and describe two additional outcome measures and how they will be measured.

Pre-Submission Uploads Screen - This section contains forms for completion with recommended formats. You may download applicable forms by clicking on the appropriate link. Once a form is opened, click *Enable Editing* at the top of the document to be able to enter data. Rename and save the completed form to your computer. Upload your completed form in the *Pre-Submission Upload* section and/or where indicated throughout the application. If required information is not available or cannot be produced, an explanation should be uploaded. All applicants should complete MWBE forms 4976, 4970 and 4934. If the applicant is requesting NYSSHP funds for supplies, contractual relationships and equipment, forms 4937 and 4938 should also be completed and uploaded.

Where to upload completed documents:

CoC Letter of Support – Program Specific Question #10 and/or Pre-submission Uploads
DSS Certification – Program Specific Question #11 and/or Pre-submission Uploads
Agency Agreement– Pre-submission Uploads only
Agency Contact List – Pre-submission Uploads only
Site Locations Chart – Pre-submission Uploads only
Previous Expenditure Chart (current NYSSHP grantees only) – Program Specific Question #43 and/or Pre-submission Uploads
NYSSHP Budget Detail Workbook– Pre-submission Uploads Only
Audited Financial Statements – Program Specific Question #45
All MWBE documents –Pre-submission Uploads only
Acknowledgement of Post-Employment Provisions, Assurance of No Conflict, Sexual Harassment Prevention, EO 177 Certification and Non-Collusive Bidding – Pre-submission Uploads Only
Linkage Agreements if applicable – Program Specific Question #26
LSSD Documents (3) – Information Form, Funding Plan Summary and Matching Funds Letter with Documentation (units of local government only) – Program Specific Questions #47, 48 and/or Pre-Submission Uploads

If the applicant would like to include any additional uploads, they may be uploaded in the Grantee Document Folder. OTDA will not use any items included in the Grantee Document Folder for the review of the application.

NO FURTHER ENTRIES THIS PAGE

Section Three - PRE-SUBMISSION UPLOAD FORMS

The following pages show the various documents listed in the Pre-Submission Upload section of the application.

REQUIRED DOCUMENT - COC LETTER OF SUPPORT

Instructions for applicant: Request a completed letter following the format below from your CoC chairperson. If you are proposing to serve multiple CoCs, request a letter from each CoC. Include the completed letter(s) in the Program Specific Question section of Grants Gateway, Question 10 AND in the "Pre-Submission Uploads" section.

Instructions for CoC Chairperson: Copy the text below onto your CoC letterhead. Fill in the blanks. Consider the five statements and answer yes or no from your perspective. Sign the letter. Return to applicant. This letter must be included with the NYSSHP application.

CoC LETTER TEMPLATE

CoC Letterhead

Today's Date

I, _____ (name) _____, as _____ (title) _____ of the

_____ (CoC name or identifier) _____ verify that:

1. The proposed NYSSHP project _____ (project) _____ fills a gap, or a gap will exist if this project is not operational. The project is viewed as a valuable addition to the community.
_____ Yes _____ No

2. _____ (agency) _____ participates in CoC activities including Coordinated Entry.
_____ Yes _____ No

3. _____ (agency) _____ is a regular user of our HMIS system or is using a comparable system that contributes to our data. If agency is not using the HMIS or comparable system, it has taken steps to begin using or has made a formal promise to use the system. _____ Yes
_____ No

4. (agency) is aware of the CoC's performance goals, is agreeable to evaluating their own performance and is supporting the CoC's goals. Yes No

5. Our CoC as a whole is willing to participate in the New York State Homeless Assistance Datawarehouse Environment (NYSHADE) by signing an MOU with OTDA and submitting data on a regular basis.

Yes No

You may add comments in this space.

Sincerely,

Please sign

Name

Title

Date

REQUIRED DOCUMENT - LOCAL SOCIAL SERVICES DISTRICT CERTIFICATION OF APPROVAL

Instructions for applicant: Request a completed letter following the format below from your DSS. If you are proposing to serve multiple Counties, request a letter from each. Include the completed letter(s) in the Program Specific Question section of Grants Gateway, Question 11 and in Pre-submission Uploads.

Instructions for DSS: Copy the text below onto your letterhead. Fill in the blanks. Sign the letter. Return to applicant. This letter should be included with the NYSSHP application.

I, _____, serving as _____ of
(Name) (Title)

_____,
(County DSS or similar body)

have reviewed the application submitted by

(Agency)

for funds under the New York State Supportive Housing Program, and approve of the project as required under state regulations governing this program.

(Signature) (Date)

REQUIRED DOCUMENT - Sign and date as indicated. Upload.

AGREEMENT

It is understood and agreed to by the applicant that (1) This RFP does not commit the New York State Office of Temporary and Disability Assistance (OTDA) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) OTDA reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any offeror or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the offeror. (3) OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the instructions given in the RFP, including time frames for submission thereof. (4) Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA of third parties with regard to the applicant's experience or other matters deemed by OTDA relevant to the proposal. (5) Funds awarded for this project will be used only for the conduct of the project as approved. (6) The contract may be terminated in whole, or in part, by OTDA. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination. (7) When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period must be returned. (8) Any significant revision of the approved project proposal must be requested in writing by the contractor prior to enactment of the change. (9) Progress reports must be submitted as required by OTDA. The final program and financial reports must be submitted within a specified time period after the project terminates. Necessary records and accounts including financial and property controls will be maintained and made available to OTDA for audit purposes. (10) All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by OTDA. (11) All personal information concerning individuals served or studies conducted under the project are confidential and such information may not be disclosed to unauthorized persons, corporations, or agencies. (12) OTDA reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project. (13) Successful applicants will be subject to the State's prompt contracting law. (14) Selected contractors agree to be bound by the Affirmative Action/Equal Opportunities anti-discrimination provisions as more fully set forth in Section XV, General Terms and Conditions of this RFP.

OTDA reserves the right, if funds become available, to make additional awards based on the remaining proposals submitted to this RFP, in lieu of releasing a new RFP, if deemed to be in the best interest of the State. The same evaluation criteria shall apply as used in the original selection process.

OTDA anticipates making an award to administer projects for a five (5) year contract cycle to be funded annually for one (1) year periods with a possibility of renewal beyond five years. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased level.

The applicant certifies that to the best of his/her knowledge and belief the information in this application is true and correct, and that he/she will comply with the above agreement if the contract is received.

(Signature of official authorized to sign for applicant)

(Date)

(Typed Name and Title)

(Date)

REQUIRED DOCUMENT - AGENCY CONTACT LIST

Complete all sections as indicated. Upload.

Agency Name:

Program Name:

	Name	Direct Phone #	Email Address
Executive Director			
Program Manager			
Claim for Payment			
Quarterly Program Report			
Other Contact Name & Title			

REQUIRED DOCUMENT- Site Locations: List each site for which you are requesting funds. Upload to your application in the EXCEL format provided. The following is a representation of the information requested in the EXCEL document.

FOR REFERENCE ONLY

Site Name:

Address:

City:

County:

Region:

Population(s) to be Served:

of Units or Beds:

Developed or Rehabbed with HHAP funds:

HHAP Contract Number, if applicable:

HHAP Contract Expiration Date, if applicable:

Identify other NYS capital funds, if any:

Is site owned, operated or leased by applicant:

What type of verification document is on file with applicant to show they own/operate or manage the units:

Federal Congressional District(s):

State Assembly District(s):

State Senate District(s):

REQUIRED DOCUMENT - PREVIOUS EXPENDITURE CHART

To be completed by current NYSSHP contractors only. Complete EXCEL chart as indicated and upload to the Pre-Submission Uploads Section.

Please indicate the annual award amount(s) from 2016 through 2020 and amount expended during each year. If there is a balance shown in the “Unspent Funds” column, fill out the reason for remaining balances. If your agency currently has more than one NYSSHP contract, please fill out a separate chart for each contract.

Contract #	Annual Award Amount	Amount expended	Unspent Funds	Reason for remaining balances
Year 1- 2016	\$0.00	\$0.00	\$0.00	
Year 2- 2017	\$0.00	\$0.00	\$0.00	
Year 3- 2018	\$0.00	\$0.00	\$0.00	
Year 4- 2019	\$0.00	\$0.00	\$0.00	
Year 5- 2020	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
		#DIV/0!	#DIV/0!	
Contract #				
Contract Year	Annual Award Amount	Amount expended	Unspent Funds	Reason for remaining balances
Year 1- 2016	\$0.00	\$0.00	\$0.00	
Year 2- 2017	\$0.00	\$0.00	\$0.00	
Year 3- 2018	\$0.00	\$0.00	\$0.00	
Year 4- 2019	\$0.00	\$0.00	\$0.00	
Year 5- 2020	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
		#DIV/0!	#DIV/0!	
Contract #				
Contract Year	Annual Award Amount	Amount expended	Unspent Funds	Reason for remaining balances
Year 1- 2016	\$0.00	\$0.00	\$0.00	
Year 2- 2017	\$0.00	\$0.00	\$0.00	
Year 3- 2018	\$0.00	\$0.00	\$0.00	
Year 4- 2019	\$0.00	\$0.00	\$0.00	
Year 5- 2020	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
		#DIV/0!	#DIV/0!	

REQUIRED DOCUMENT- NYSSHP BUDGET DETAIL WORKBOOK

Complete: Tab 1. Annual Funding Calculation and Tabs 3-6 as applicable.

Tab 2. Annual Statement will auto-populate.

Upload the completed Excel workbook to your application. The following is a representation of the SIX tabs within the EXCEL workbook.

FOR REFERENCE ONLY

9. Tab #1- Annual Funding Calculation

Please complete the chart on Tab #1- Annual Funding Calculation of the NYSSHP Budget Detail Workbook. Funding should be calculated using a per bed (or unit), per month rate. Applicants serving a single adult or young adult population are allowed a maximum rate of \$215 per bed per month. Those serving families are allowed a maximum rate of \$290 per unit per month. You may refer to Section 1.9 (Funding Formula) of the RFP for additional information. This chart is part of a larger workbook which will be uploaded in the Pre-Submission Uploads section of the RFP.

Identify Target Population - Calculate Annual Funding									
In the space below, please complete the funding formula that corresponds to your agency's proposed NYSSHP annual budget. Funding should be calculated using a per bed (or unit), per month rate. Applicants serving a Single Adult or Young Adult population are allowed a <u>maximum</u> rate of \$215 per bed per month. Those serving Families are allowed a <u>maximum</u> rate of \$290 per unit per month. Your annual NYSSHP grant amount will autofill. Your NYSSHP grant request should be equal to this amount.									
FUNDING FORMULA									
Enter Target Population(s) (Singles, Young Adults and/or Families)	Enter Rate in whole		Enter # Beds or Units		MONTHS		Annual NYSSHP Funding Request		
Single Adults	\$ 215	X	0	X	12	=	\$ -	Minimum Direct Services costs	\$ -
								Maximum admin. costs	\$ -
Families	\$ 290	X	0	X	12	=	\$ -	Minimum Direct Services costs	\$ -
								Maximum admin. costs	\$ -
Young Adults	\$ 215	X	0	X	12	=	\$ -	Minimum Direct Services costs	\$ -
								Maximum admin. costs	\$ -
							Total Funding Request	\$ -	

2. Annual Statement

This page will auto-populate as tabs 3 through 6 are completed. Do not enter information on this page or override preset formulas. Once tabs 3 through 6 have been entered, please make sure that the totals on this screen match the annual funding request in Column J (Annual NYSSHP Funding Request by target population) of Tab 1.

Organization Name:

<u>ANNUAL BUDGET SUMMARY STATEMENT- This page will auto-populate!</u>					
	Object of Expense	Single Adults	Families	Young Adults	Total
B1	Salary	\$0	\$0	\$0	\$0
B2	Fringe	\$0	\$0	\$0	\$0
B3	Contractual	\$0	\$0	\$0	\$0
X	Direct Service Cost Total (Lines B1 + B2)	\$0	\$0	\$0	\$0
B4	Travel	\$0	\$0	\$0	\$0
B5	Equipment	\$0	\$0	\$0	\$0
B6	Operating Expenses	\$0	\$0	\$0	\$0
B7	Other Expenses	\$0	\$0	\$0	\$0
Y	Non-Personal Services Total (Total Lines B3 thru B7)	\$0	\$0	\$0	\$0
Z	ANNUAL PROJECT TOTAL	\$0	\$0	\$0	\$0

Please make sure that totals for each target population match the annual funding request in Column J of Tab 1

4. B-2 Fringe Benefit Expense & B-3 Contractual Expense Detail

Tab #4 on the NYSSHP Budget Detail Workbook consists of a chart for Fringe Benefit Expenses (B-2) and Contractual Expenses (B-3). Please fill these charts out as applicable to your annual NYSSHP budget request. You may add lines as necessary to chart B-3 Contractual Expense Detail.

B-2 FRINGE BENEFIT EXPENSE					
	Fringe % by target population	Single Adults	Families	Young Adults	Total
Singles Fringe %-		\$0			\$0
Families Fringe %-			\$0		\$0
Young Adults Fringe %-				\$0	\$0
TOTAL FRINGE BENEFIT EXPENSE		\$0	\$0	\$0	\$0
B-3 CONTRACTUAL EXPENSE DETAIL					
ITEM		Single Adults	Families	Young Adults	Total
					\$0
					\$0
					\$0
					\$0
TOTAL CONTRACTUAL EXPENSE		\$0	\$0	\$0	\$0

5. B-4 Travel Expense Detail & B-5 Equipment Expense Detail

Tab #5 on the NYSSHP Budget Detail Workbook consists of a chart for Travel Expenses (B-4) and Equipment Expenses (B-5). Please fill these charts out as applicable to your annual NYSSHP budget request. You may add lines as necessary to either chart.

B-4 TRAVEL EXPENSE DETAIL				
Item	Single Adults	Families	Young Adults	Total
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL TRAVEL EXPENSE	\$0	\$0	\$0	\$0

B-5 EQUIPMENT EXPENSE DETAIL				
ITEM	Single Adults	Families	Young Adults	Total
				\$0
				\$0
				\$0
				\$0
TOTAL EQUIPMENT EXPENSE	\$0	\$0	\$0	\$0

6. B-6 Operating Expense Detail & B-7 Other Expense Detail

Tab #6 on the NYSSHP Budget Detail Workbook consists of a chart for Operating Expenses (B-6) and Other Expenses (B-7). **The Other Expenses category is to be used for administrative costs ONLY.** Items such as program/office supplies, telephone bills, utilities, rent expenses (for program/office space), etc. should be entered on the Operating Expense detail chart. Please fill these charts out as applicable to your annual NYSSHP budget request. You may add lines as necessary to either chart.

B-6 OPERATING EXPENSE DETAIL				
ITEM	Single Adults	Families	Young Adults	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL OPERATING EXPENSE	\$0	\$0	\$0	\$0

B-7 OTHER EXPENSE DETAIL (ALL expenses in this category should be Administrative Expenses)				
ITEM	Single Adults	Families	Young Adults	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL OTHER EXPENSE	\$0	\$0	\$0	\$0

REQUIRED MWBE DOCUMENTS – 4976, 4983, 4937, 4970, 4934 Upload in Pre-submission Uploads Section

OTDA–4976 (Rev. 1/2016)

M/WBE GOAL REQUIREMENTS

CERTIFICATION OF GOOD FAITH EFFORTS

Contractors (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State contracts) must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers/vendors in the performance of this contract.

The undersigned hereby acknowledges that he/she took or may need to take the following actions on behalf of the Contractor to demonstrate, and upon request by OTDA, to provide written verification to document the aforesaid good faith efforts:

- (a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;
- (c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and- women-owned business enterprises;
- (d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;
- (e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women- owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: <http://esd.ny.gov/index.html>
- (f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;
- (g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the

State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

- (i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority- and women-owned business enterprises established in the State contract;
- (j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;
- (k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,
- (l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

Signature

Date

Print Name

Title

Company

Contract Number

Program/Solicitation Name

M/WBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE

Contractor: [REDACTED]

Contract No.: [REDACTED]

Address: [REDACTED]

Federal ID#: [REDACTED]

Dear Contractor:

I, [REDACTED] intend to perform work for [REDACTED]
(Name of Subcontractor/Supplier) (Name of Prime Contractor)

My Minority/Women Business Enterprise (M/WBE) status as a MBE () and/or WBE () is certified as of [REDACTED].
(Certification date)

[REDACTED] is prepared to do the following:
(Name of Subcontractor/Supplier)

(Describe work to be performed on the above project)	Unit Price	Total Amount
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

You have projected [REDACTED] for such work to start.
(Commencement Date)

[REDACTED] will sign a formal contract for the above work conditioned
(Name of Subcontractor/Supplier)

upon the approval of your executed contract with the contractor.

Please choose one of the following options:

MBE: Subcontractor [] Supplier []

WBE: Subcontractor [] Supplier []

Company Official's Name: [REDACTED]
Company Official's Signature
Address: [REDACTED]

Title: [REDACTED]
Date: [REDACTED]

*****This section is to be completed by the prime contractor*****

Company Official's Name: [REDACTED]
Company Official's Signature
Telephone Number: [REDACTED]

Title: [REDACTED]
Date: [REDACTED]
Fax Number: [REDACTED]

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Note – A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Offeror's Name: [Redacted]
 Address: [Redacted]
 City, State, Zip Code: [Redacted]
 Telephone No.: [Redacted]
 Region/Location of Work: [Redacted]

Federal Identification No.: [Redacted]
 Solicitation Name/Contract No.: [Redacted]
 M/WBE Certified: Y/N [Redacted]
 M/WBE Participation Goals: MBE [Redacted] % WBE [Redacted] %

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A. [Redacted]	NY'S ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[Redacted]	[Redacted]	[Redacted]
B. [Redacted]	NY'S ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[Redacted]	[Redacted]	[Redacted]

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM - OTDA - 4969.

PREPARED BY (Signature): [Redacted] TELEPHONE NO.: [Redacted] EMAIL ADDRESS: [Redacted]
 DATE: [Redacted] FOR M/WBE USE ONLY

REVIEWED BY: [Redacted] DATE: [Redacted]

UTILIZATION PLAN APPROVED: YES NO Date: [Redacted]
 Contract No.: [Redacted]
 Contract Award Date: [Redacted]
 Estimated Date of Completion: [Redacted]
 Amount Obligated Under the Contract: [Redacted]
 Description of Work: [Redacted]

NOTICE OF DEFICIENCY ISSUED: YES NO Date: [Redacted]
 NOTICE OF ACCEPTANCE ISSUED: YES NO Date: [Redacted]

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES-
EQUAL EMPLOYMENT OPPORTUNITY
POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this _____ day of _____, 2 _____

By _____

Print: _____ Title: _____

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women-Owned Business Enterprises- Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

_____ % Minority and Women's Business Enterprise Participation

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

(Authorized Representative)

Title: _____

Date: _____

STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

Solicitation No.: [REDACTED] Reporting Entity: [REDACTED]

Report includes Contractor's/Subcontractor's:
 Workforce to be utilized on this contract

Offeree's Name: [REDACTED] Offeree
 Subcontractor

Offeree's Address: [REDACTED] Subcontractor's name: [REDACTED]

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Workforce by Gender		Workforce by Race/Ethnic Identification							Disabled (M) (F)	Veteran (M) (F)	
	Total Work force	Total Male (M)	Total Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)				
Officials/Administrators	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Professionals	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Technicians	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Sales Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Office/Clerical	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Craft/Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Laborers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Service Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Temporary /Apprentices	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Totals	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PREPARED BY (Signature): [REDACTED] TELEPHONE NO.: [REDACTED] DATE: [REDACTED]
 EMAIL ADDRESS: [REDACTED]

NAME AND TITLE OF PREPARER (Print or Type): [REDACTED] Submit completed with bid or proposal

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (M/WBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check the box acknowledging work force to be utilized on the contract.
3. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading "Work force by Gender".
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading "Work force by Race/Ethnic Identification". Contact the OM/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
 - **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
 - **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
 - **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- OTHER CATEGORIES**
- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
 - **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

GENDER Male or Female

OFFEROR'S ACKNOWLEDGEMENT OF UNDERSTANDING OF POST-EMPLOYMENT PROVISIONS

OFFEROR'S ACKNOWLEDGEMENT OF UNDERSTANDING OF POST-EMPLOYMENT PROVISIONS	
<p>By submission of this proposal, the Offeror and each person signing on behalf of the Offeror acknowledges that he/she has the authority to sign on behalf of the Offeror, has read and understands the provisions applicable to post-employment restrictions affecting former State officers and employees, and agrees to abide by the Provisions of the Public Officer's Law should the Offeror and OTDA enter into the proposed Agreement.</p>	
OFFEROR'S DISCLOSURE OF ANY EXISTING AND/OR CONTEMPLATED CONFLICT OF INTEREST	
<p>Have you any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated firm, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Respondent or former officers and employees of the Agencies and their Affiliates, in connection with your rendering services enumerated in this solicitation.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written explanation, include a statement with your Proposal describing how your Staffing Firm would eliminate or prevent the Conflict of Interest. Indicate what procedures will be followed to detect, notify OTDA of, and resolve any such conflicts.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Conflicts of Interest.</p>	
OFFEROR'S DISCLOSURE OF ANY INVESTIGATION OR DISCIPLINARY ACTION BY THE NEW YORK STATE COMMISSION ON PUBLIC INTEGRITY OR ITS PREDECESSOR STATE ENTITIES (COLLECTIVELY, "COMMISSION")	
<p>Have you or any of your members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission").</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written explanation; include a statement with your Proposal providing a brief description indicating how any matter before the Commission was resolved, or whether it remains unresolved.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to investigations or disciplinary actions by the Commission.</p>	
OFFERORS DISCLOSURE OF FORMER STATE EMPLOYEES	
<p>Do you employ and/or use any subcontractors who are former employees of the State that will be assigned to perform services under an Agreement, resulting from this solicitation.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If your answer to the above is "Yes", please attach a written statement identifying any/all employees and/or subcontractors who are former employees of the State that will be assigned to perform services under an Agreement, resulting from this solicitation, include the State Agencies Name(s) in which they have worked, and the dates of their employment.</p> <p>By my signature on this form, I certify that all information disclosed to the State is complete, true, and accurate with regard to Former State Employees.</p>	
THE SIGNATURE BELOW INDICATES CERTIFICATION/ACKNOWLEDGEMENT/UNDERSTANDING OF EACH OF THE ABOVE	
<p>_____</p> <p>Signature Date</p> <p>_____</p> <p>Printed or Typed Name</p> <p>_____</p> <p>Title Procurement Name</p>	

Offeror Assurance of No Conflict of Interest or Detrimental Effect

The Offeror proposing to provide services pursuant to this solicitation, as Contractor, Joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this solicitation does not and will not create a conflict of interest with nor, position the Offeror to breach any other Agreement currently in force with the State of New York.

Furthermore, the attests that it will not act in any manner that is detrimental to any State project on which the Offeror is rendering services; Specifically the Offeror attests that:

1. The fulfillment of obligations by the Offeror, as proposed in the response, does not Violate, any existing Contracts or Agreements between the Offeror and the State;
2. The fulfillment of obligations by the Offeror, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Offeror has with regard to any existing Contracts or Agreements between the Offeror and the State;
3. The fulfillment of obligations by the Offeror, as proposed in the response, does not and will not compromise the Offeror's ability to carry out its obligations under any existing Agreements between the Offeror and the State;
4. The fulfillment of any other contractual obligations that the Offeror has with the State will not affect or influence its ability to perform under any Agreement with OTDA resulting from this RFP;
5. During the negotiation and execution of any Agreement resulting from this RFP, the Offeror will not knowingly take any action or make any decision which creates a Potential, for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any Agreement which results from this RFP, the Offeror will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Offeror, nor any former officer or employee of the Offeror who is now employed by the State, has played a role with regard to the administration of this procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Offeror has not and shall not offer to any employee, member or director of OTDA any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Offeror's responding to this RFP should note that OTDA recognizes that conflicts may occur in the future because an Offeror may have existing or new relationships. OTDA will review the nature of any such new relationship and reserves the right to terminate the Agreement for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Dated:

Signature

Name:

Title:

NOTE: This form must be signed by an authorized executive or legal representative (person that is authorized to bind the Offeror contractually).

OTDA 11/2016

Sexual Harassment Prevention Certification

State Finance Law §139-I requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

"By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law."

Contractor: _____

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Bids that do not contain the certification will not be considered for award; provided however, that if the bidder cannot make the certification, the bidder may provide a signed statement with their bid detailing the reasons why the certification cannot be made.

PROHIBITING CONTRACTS WITH ENTITIES THAT SUPPORT DISCRIMINATION

EO 177 Certification

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and,
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: _____

By: _____

Name: _____

Title: _____

Date: _____

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY
SECTION 139-D OF THE STATE FINANCE LAW**

SECTION 139-D. Statement of Non-Collusion in bids to the State:

BY SUBMISSION OF THIS BID, BIDDER AND EACH PERSON SIGNING ON BEHALF OF BIDDER CERTIFIES, AND IN THE CASE OF JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:

[1] The prices of this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor,

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor, and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE; BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION. THE BIDDER SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE:

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT.]

Subscribed to under penalty of perjury under the laws of the State of New York, this ____ day of _____, 200__ as the act and deed of said corporation or partnership.

LOCAL SOCIAL SERVICES DISTRICT/UNITS OF LOCAL GOVERNMENT

INFORMATION FORM

1. Does the local social services district or unit of local government intend to provide a cash grant to each project included in the funding plan equal to 100% of the total New York State Supportive Housing Program (NYSSHP) budget request?

_____ Yes _____ No

If partial, what percent _____%

If no, please explain how much cash match will be provided.

2. Describe the selection process for the proposed sub-grantees, include the criteria for the selection, and established priorities, and how level of support is determined.
3. Attach copies of any forms used to solicit applications from eligible supportive housing owners and operators in your district. List the addresses of any eligible supportive housing projects in your district that were denied inclusion in this application.
4. How will you supervise the proposed project?

For Participating Local Social Services Districts and Units of Local Government Only

LOCAL SOCIAL SERVICES DISTRICT/UNIT OF LOCAL GOVERNMENT FUNDING PLAN SUMMARY

New York State Supportive Housing Program (NYSSHP)

Funding Plan Summary

Please list the supportive housing projects in your district that you are including in your application for NYSSHP funding using the format below:

Supportive Housing Project Sponsor	Site Address	# Eligible Beds or Units	Total State NYSSHP Funds Requested	Total Local Share	Program Grant per Bed/ Month *family projects should indicate unit/month	Percent of Support Services Budget dependent on NYSSHP Funds	Designate if Project is NY/NY I, II, III

TOTAL
(Use additional sheets if necessary)

Prepared By:

Title:

Phone:

Date:

For Participating Local Social Services Districts and Units of Government Only

MATCHING FUNDS LETTER

New York State Supportive Housing Program (NYSSHP)

Matching Funds Letter example typed on your letterhead.

Date

New York State Office of Temporary and Disability Assistance

40 North Pearl Street

Albany, NY 12243

Dear Ms. Karen Pierino:

Name of your agency will be matching New York State Supportive Housing Program funds with a 100% annual match of \$ _____ from the following source(s):

Documentation supporting the availability of matching funds is attached. In the event that the referenced matching funds change, I will immediately notify OTDA and I understand that we will be required to provide alternative sources of matching funds and supporting documentation. Furthermore, it is understood that all matching funds materials will be maintained by the OTDA and are considered part of the project contract file.

I certify that these funds have not been, nor will they be, committed as a match for any other program.

Sincerely,

Name and Title

Section Four - GRANTS GATEWAY APPLICATION QUESTIONS

A list of the Program Specific Questions starts below.

The Print Application button on the *Forms Menu* screen may be used to view the answers to questions as the application is being developed. Remember to SAVE OFTEN! The application may also be printed at any time during the process for your reference. Do not send a printed copy to OTDA. Applications submitted outside of the Grants Gateway system may not be reviewed.

Provide a thorough response to each question for each proposed target population including the services to be provided per target population.

Homeless Services Delivery Section

1. Please indicate which target population(s) your agency will be serving for this project. Acceptable target populations are single adults, families, young adults or any combination of the three. Please note that ONE application must be submitted even if you are serving multiple target populations.
2. Please indicate the number of beds/units in the project. If serving more than one target population, please provide a breakdown of how many beds/units will be designated to each distinct population. For single and young adults, state the # of beds. For families, state the # of units.
3. Have ESSHI funds or NYC 15/15, been awarded for this project? Do you plan to apply for ESSHI funds for this project in the future? If yes to either, the project may not be eligible for NYSSHP funding.
4. Identify the service area (county, city, borough, etc.) you intend to serve.
5. Provide the name(s) and identifier(s) of the Continuum(s) of Care (CoC(s)) where services will be provided.
6. Provide the following information as it relates to the homeless service delivery system(s): who is the lead organization, what is the role of the local social services district in the planning process and what is your organization's role within the CoC? For those agencies that are not active in the CoC planning process or are not CoC participants, please describe what efforts will be undertaken to engage in or to seek an active role.
7. Explain how the proposed program funded under this RFP will be coordinated with the existing programs in the CoC or local planning process. How will duplication of effort will be avoided with this project?
8. Will referrals for the program described in this RFP be part of the CoC's Coordinated Entry process? If no, please explain why not and if there is a plan to eventually integrate your program with Coordinated Entry. If not currently participating in Coordinated Entry, what is your primary referral source?

9. Does your agency currently participate in the Homeless Management Information System (HMIS)? If not, discuss what steps your agency will take towards participating in HMIS.

10. Does the CoC(s) referenced in PSQ 5 endorse this NYSSHP project? If yes, upload the CoC letter(s) of support. Use template found in the Pre-submission Upload section of Grants Gateway. If no, or if you do not have the letter(s), upload an explanation.

11. Does the local Department(s) of Social Services from counties listed in PSQ 4 support this NYSSHP project? If yes, upload the certification(s) of approval. Use template found in the Pre-submission Upload section of Grants Gateway. If no, or if you do not have the certification(s), upload an explanation.

Program Description

12. Provide a brief overview and history of your agency. Please include your agency's experience in serving the target population(s).

13. Describe the community where services will be provided. Besides general information about the community, include factors that may create and/or perpetuate homelessness or cause people to be at-risk of homelessness.

14. How does this proposal respond to the factors described in question 13? Describe any critical gaps in services and/or the need for supportive housing units within the service area. How does your program address these gaps?

15. Define/describe your target population(s): be sure to include all of the following demographic information: gender, age, economic status, family size and makeup, what percentage are veterans, runaway and homeless youth, persons with mental illness, disabled, ex-offenders, persons with substance use disorder, persons living with HIV/AIDS, victims of domestic violence, other (describe).

16. Describe barriers the target population faces which precipitate a need for assistance.

17. What are the support services needs of the target population(s) (i.e. mental health, substance use treatment, life skills, etc.)? How are these needs currently being met and what resources exist in the service area?

18. Describe the typical living situation or lack thereof for the majority of proposed program participants prior to entering your program.

19. Describe the anticipated sources of income for your target population(s). What portion of clients will receive income from public assistance, social security, SSI, SSDI, employment, and/or other sources (identify other sources)?

20. Provide an overview of your program detailing how you perform outreach, how eligibility is determined and how intake is structured.

21. Discuss and explain any program participation requirements for clients.

22. Are there additional riders to your agency's housing leases? If yes, please upload a copy of

this information.

23. Is a client- centered service plan established for all residents? Please explain how frequently service plans are revisited and updated. How often are identified goals discussed with case management staff? What approaches are used to ensure that service plans for long-term residents continue to be updated?

24. How are rent costs calculated for program participants? Is income verification part of the intake process and how frequently is this information updated? Please indicate if your program receives project-based housing vouchers for NYSSHP beds/units.

25. Please provide a comprehensive list of onsite services to be provided. Briefly describe each and include information about how the project will promote a healthy and safe environment, by promoting healthy women, infants and children, and/or promoting well-being by preventing mental health and substance use disorders consistent with EO 190.

26. What services will be provided by referral? Please upload copies of any linkage agreements with these organizations. Agreements should include a synopsis of the services to be provided and discuss how your organization will verify the provision of these services. If services are provided through subcontract; provide a description of the subcontractor's experience providing the support service(s) to the target population. Upload copies of any draft contracts that would be executed with the subcontractor(s).

27. Explain/discuss staffing for the project. Identify by title (do not include specific names) those within your organization who will perform the activities you've described. Provide a brief job description for each title, explain the staffing pattern and discuss any consultant roles. Include any special provisions (i.e. bilingual services) and availability during non-traditional hours.

28. Describe current case management practices such as frequency of meetings with participants and strategies you have found to be successful. What is an average caseload for your case managers? Will tenants be connected with a SOAR case manager?

29. How does your program integrate trauma informed care into its policies, procedures and practices? How do you ensure that all staff are trained and providing trauma-responsive services that address tenants' needs resulting from various adverse childhood experiences (ACES), adult or life-long trauma, including those caused by poverty, racism, victimization, physical or emotional injury, illness, etc.?

30. Describe how your program addresses the needs of marginalized populations, including individuals of color; diverse cultural identities or ethnicities; people who identify as LGBTQ; persons who are gender non-conforming, etc. How does your program conduct outreach and provide welcoming, inclusive and culturally-sensitive services?

31. How does your program provide language access for individuals with limited English proficiency? Describe to what extent the following are available to tenants: translated materials, multilingual staff and/or interpretation and translation services.

32. Please discuss the following: does your program have a waiting list; what is the average occupancy rate; average length of stay for residents; average time for turnover of apartments (how long it takes for a vacated apartment to be reused)?

33. Provide a brief narrative describing the building/property and also addressing the following points: type of units; transitional or permanent; support service space; common areas; other non-residential space, etc. (Include blueprints or pictures if desired; maximum of 5 pages).

34. Identify appropriate safety and security measures for the target population as well as building security.

35. Please describe your agency's policies and procedures regarding wellness checks for residents. How frequently are they conducted and by who?

36. Please state and explain your anticipated recidivism rate (% of clients who return to homelessness).

37. Explain your eviction policy and procedures for handling evictions. Discuss your procedures for handling other types of client incidents or behavioral issues. Are there any current problems in the management and/or operation of the project and if so, how are you addressing these problems?

Priorities

38. What percentage (%) of the housing units identified in this application have been (or will be) developed with Homeless Housing and Assistance Program (HHAP) funds? Please list all relevant HHAP contract #s.

39. What percent (%) of clients will be in receipt of or eligible for Medicaid upon entry to your program? Discuss how you determined this number. What is your plan for enrolling those who are eligible but not yet in receipt of Medicaid at time of intake?

40. What percentage (%) of clients will be considered chronically homeless (according to the HUD definition of homelessness)?

41. Does your agency use a Housing First Approach to serving people? If yes, describe how. If no, why not.

42. Please list all sources of funding (including foundation funds, tenant contributions, donations, other subsidies, etc.) that help support the program being applied for in this RFP. Indicate what services, staff positions, and program operations are covered by each source. If NYSSHP funding is not received, what resources would be available to retain the staff positions listed in your NYSSHP budget?

43. For current NYSSHP contractors, please fill out and upload the Previous Expenditures Chart in the Pre-Submission Upload section. If there were unspent funds in prior years and your agency is applying for the same amount (or an increased amount) of funding through this RFP, please indicate how you will ensure funds are not left unspent in future contract years.

44. Discuss/explain your ability to operate the program for the full contract term. If all units/staff will not be available on the contract start date, discuss when the program will be fully operational. Be sure to verify how many units will be operational for 100% of the contract term. For those that will become operational at a later date, include the # of units and projected date

of operation.

45. Document the fiscal viability and health of your agency, including the history of successfully managing public grant funding. Please upload your most recent audited financial statements.

46. In the past three years, has your agency been audited or reviewed by a government agency. If so, what was the result? Describe any negative findings and how they were resolved.

For NYC Applicants Only

47. FOR NYC APPLICANTS ONLY: all others may respond with NOT APPLICABLE- Discuss/verify how the supportive housing units identified in this application will not also be funded with New York City Department of Homeless Services (DHS)/ Human Resources Administration (HRA) supportive housing funds. Verification may be satisfied by uploading a letter from DHS/HRA that states the applicant will not receive supportive housing funds for the specified units or by clearly demonstrating that the units are ineligible for DHS/HRA funding. Simply stating the units are ineligible is not a sufficient response.

For Units of Local Government/Social Service Districts Only

48. Please upload a matching funds letter on your agency's letterhead indicating the source of matching funds to be used. Use template found in the Pre-submission Upload section of Grants Gateway.