

**SOLUTIONS TO END HOMELESSNESS
PROGRAM
(STEHP)**

*REQUEST FOR PROPOSALS
AND
APPLICATION
2011-2014*

**State of New York
Governor Andrew M. Cuomo**



**NEW YORK STATE
OFFICE OF TEMPORARY & DISABILITY ASSISTANCE**

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PART A: SUMMARY INFORMATION

I. INTRODUCTION

The New York State (NYS) Office of Temporary and Disability Assistance (OTDA) announces a funding opportunity for units of local government, local social services districts, and not-for-profit corporations under the Solutions to End Homelessness Program (STEHP) funded through the Emergency Solutions Grants Program (ESGP) available through the U.S. Department of Housing and Urban Development (HUD), Temporary Assistance for Needy Families (TANF) administered by the U.S. Department of Health and Human Services (HHS), and New York State homeless assistance funds appropriated in the State Fiscal Year 2011-12 Aid to Localities budget. STEHP funding is intended to enhance and support the quality and quantity of facilities and services currently available to address the needs of homeless individuals and families, and those households at risk of homelessness in New York State.

Contracts awarded under STEHP may include federal funds from ESGP which has a Catalog of Federal Domestic Assistance (CFDA) number 14.231, and/or TANF which has a CFDA number 93.558. Regulations regarding ESGP are pursuant to the Stewart B. McKinney Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). OTDA will notify contractors of any changes promulgated by HUD. STEHP contractors are required to be in full compliance with any and all federal regulations.

OTDA is anticipating approximately \$8.3 million in STEHP funds to be available for eligible providers in NYS for the first year of operation under this RFP. OTDA will make available statewide STEHP funds subject to appropriations from The U.S. Department of Housing and Urban Development (HUD) and the SFY 2011 New York State budget.

Not-for-profit corporations and charitable organizations, applying directly to OTDA for funds should provide certification that the local social service district approves of the project and is endorsed by the local Continuum of Care body. In addition, to qualify for funding, a private nonprofit organization as defined by program regulations, must be one which is exempt from taxation under subtitle A of the Internal Revenue Code, has an accounting system, a voluntary board, and practices nondiscrimination in the provision of assistance.

Current Emergency Shelter Grants Program (ESGP), Supplemental/Homelessness Intervention Program (HIP-SHIP), and Homelessness Prevention Program (HPP) contractors must submit a proposal in response to this RFP to be considered for future funding. In order to assure that we have the most accurate information on file, current contractors should submit all requested documents with this application; even if there have been no changes since prior submissions. Each organization is responsible for ensuring that all required documents are included with the application and are current and complete.

OTDA will award available funds statewide for STEHP projects on a competitive basis. This funding will be for a three (3) year contract cycle (SFY 2011 – 14) to be funded annually for one (1) year periods depending upon the availability of continued STEHP funding, satisfactory performance, and the discretion of OTDA. Contracts may be continued for two additional one (1) year periods (SFY 2014-15 and SFY 2015-16) at the discretion of OTDA if appropriations are available and performance in each prior year is

satisfactory (as determined by OTDA). Proposals should reflect projections, needs and budgeted items for one year grant periods. 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 New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional budget and program information for the final contract. Successful applicants will be required to submit all final contract documents, narratives and budgets electronically. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

OTDA will conduct a thorough review of each application. Eligible applicants should complete and submit all forms and narratives required by this RFP and all relevant attachments. Faxed materials and materials sent via electronic mail will not be accepted. Required forms are listed on the “Checklist of Required Forms”. Failure to complete and submit all required forms and answers to questions will adversely affect the overall competitive score. Any proposal received after the deadline will be reviewed solely at the discretion of OTDA.

All applications must meet the two following minimum requirements:

- Proposals must be submitted by Eligible Applicants, as defined in Section IV of this RFP.
- Proposals must serve an Eligible Service Population, as defined in Section VI of this RFP.

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

An original and two (2) copies should be sent to:

Mr. John W. Printup
New York State Office of Temporary and Disability Assistance
Bureau of Contract Management
40 North Pearl Street, 13th Floor Section B
Albany, New York 12243
Telephone *for delivery purposes only* (518) 486-6352

THE DEADLINE FOR SUBMISSION OF PROPOSALS IS 2PM ON AUGUST 16, 2011

II. PROCUREMENT SCHEDULE

RFP Released.....July 12, 2011
Questions and Answers Due.....July 26, 2011, 2PM
Proposals Due.....August 16, 2011, 2PM
Notification of Awards.....August 31, 2011 (on or about)
Contract Start Date:.....September 1, 2011 (on or about)

QUESTIONS AND ANSWERS ABOUT THIS RFP

Any questions about this RFP must be submitted in writing by 2pm on July 26, 2011 to the attention of Laura Zavala at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services, 40 North Pearl Street Floor 10B, Albany, New York 12243, or FAX (518) 486-7068 or e-mail to laura.zavala@otda.state.ny.us .

All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number. Questions may be submitted prior to the July 26 deadline.

The written response to all questions will be posted on the OTDA website <http://otda.ny.gov/contracts/procurement-bid.asp>. NYS Office of Temporary and Disability Assistance will not entertain questions via telephone. Any question received after the specified deadline will be answered at the discretion of OTDA and will be published in the Question and Answer document.

III. PROGRAM DESCRIPTION AND DEFINITION OF TERMS

The goal of STEHP is to assist individuals and families to remain in or obtain permanent housing, and assist them with supportive services during their experience of homelessness, the eviction process and housing stabilization. OTDA intends to support comprehensive programs that are designed to help maintain and improve the quality of emergency and transitional shelters and drop-in centers for homeless individuals and families; to help meet the costs of operating such programs; to provide comprehensive supportive services aimed at housing stabilization; to provide rapid re-housing services (obtaining a permanent living situation); and to provide eviction prevention assistance to individuals and families. OTDA will prioritize projects that demonstrate positive housing outcomes.

Drop-in Centers, shelters and/or transitional housing programs should assist individuals and/or families that meet the homeless definition below. Program components should include assessments, engagement services, housing stability plans, and the provision of or referral to support services. Such projects should carefully consider the coordination of community resources to ensure the program participants are linked to any necessary on-going support or assistance.

Rapid Re-housing programs should assist homeless individuals and/or families to move into stable housing. Program components should involve identifying a housing location, financial assistance, and support services. Such projects should carefully consider the coordination of community resources to ensure the program participants are linked to any necessary on-going support or assistance.

Prevention programs should assist individuals and/or families that have a demonstrated housing crisis and face imminent risk of losing their permanent housing. Program components should include targeting eligible households, thorough assessment of the needs of each household, assistance to households in expanding housing options and resources, provision of financial assistance, and provision of support services needed for housing stability.

New York City FEPS Application Assistance programs should target families within NYC limits that are facing court ordered eviction. Programs should include a staffing presence in the NYC Human Resources Administration (HRA) job center sites to provide support services related to eviction prevention and when necessary, the completion and transmittal of fully documented applications to the Family Eviction Prevention Supplement Program (FEPS).

STEHP projects should meet locally defined needs. Proposals should clearly identify targeting efforts, a comprehensive community supported service delivery model, coordination of existing resources, an ability to meet STEHP requirements (rent reasonableness determinations, documentation of eligibility,

HMIS, etc.), and an overall understanding of the needs in the community. Applicants are encouraged to use cost effective strategies and examine ways to streamline services within the community.

The following definitions are provided for terms used in the RFP:

At risk of homelessness – An individual or family that (1) has income below 30 percent of median income for the geographic area; (2) has insufficient resources immediately available to attain housing stability; and (3) (i) has moved frequently because of economic reasons; (ii) is living in the home of another because of economic hardship; (iii) has been notified that the right to occupy the current housing or living situation will be terminated; (iv) lives in a motel or hotel; (v) lives in severely overcrowded housing; (vi) is exiting an institution; or (vii) otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Drop-in center – Place where homeless persons can receive case management services and/or get basic needs met, such as, but not limited to, access to meals, showers, laundry, phone.

Emergency Shelter – Any facility, the primary purpose of which is to provide temporary shelter (day or night) or transitional housing for homeless persons in general, or for specific populations of homeless persons.

Essential Services – Services provided to homeless persons in shelters and drop-in centers , including (but not limited to): assistance in obtaining permanent housing; medical and psychological counseling and supervision; employment counseling; nutritional counseling; substance abuse treatment and counseling; assistance in obtaining other federal, state and local assistance; and other services, such as child care, transportation, job placement and job training, and staff salaries necessary to provide the above services.

Financial Assistance - Payments that assist the individual or household to obtain or maintain permanent housing. Assistance is limited to payment to third parties such as landlords, moving companies, storage facilities or utility companies.

Homeless – (1) An individual or family which lacks a fixed, regular, and adequate nighttime residence and is: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train stations, airport or camping ground; (ii) Staying in a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including motels and hotels funded by government programs or charitable organizations, congregate shelters, and transitional housing); (iii) An individual who is exiting an institution where he or she has resided for 90 days or less and who resided in a shelter or place not meant for human habitation immediately before entering the institution; (2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing; (3) Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who do not otherwise qualify as homeless under this definition and: (i) Have not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 91 days preceding application for homeless assistance, (ii) Have experienced persistent instability as measured by three moves or more during the 90-day period immediately before applying for homeless assistance; and (iii) Can be expected to continue in such status for an extended period of time because of chronic

disabilities, chronic physical health or mental health conditions, substance abuse, the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration, and a history of unstable employment; and (4) Any individual or family who: (i) Is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the person or family that has either taken place within the primary nighttime residence or has made the person or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

Homeless Management Information System (HMIS) – An electronic data collection system that facilitates the gathering of information on persons who are homeless or at-risk of becoming homeless. HMIS directly relates to Continuum of Care (CoC) areas and is used to collect data and report outcomes. Awardees will be required to join an HMIS provider or use a comparable database system. If the awardee’s primary mission is serving victims of domestic violence/sexual assault/date rape/stalking, a comparable system may be used. Awardees will be required to enter program participant information into an HMIS system and report certain data to OTDA on a regular basis. Additional information about HMIS systems can be found at <http://www.hmis.info/>. The expense of HMIS participation is reimbursable under this RFP.

Maintenance and Operations - Those costs associated with physically operating a drop-in center, emergency shelter, or transitional housing facility.

New York City FEPS Application Assistance (NYCFAA) – Only allowable within NYC limits. Funds will be provided for specific activities which support homeless prevention services for families and must be used to support staffing at Human Resources Administration Job Centers and provide assistance with Family Eviction Prevention Supplement (FEPS) applications processing.

Prevention – Activities, supportive services or programs designed to prevent the incidence of homelessness, including (but not limited to): financial assistance to prevent eviction or utility termination; rent payments to permit a person or family who will imminently lose housing to remain in permanent housing; mediation programs for landlord-tenant disputes and legal services programs for the representation of indigent tenants in eviction proceedings.

Rapid Re-housing - Activities, supportive services and programs designed to quickly transition homeless persons or households into permanent housing, including (but not limited to): financial assistance for rental and utility arrearages, security deposits, rent payments, moving or storage fees, hotel/motel vouchers during a waiting period for housing.

Rent Reasonableness - The total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same period for comparable non-luxury unassisted units. Such determinations should consider: (a) location, quality, size, type, and age of unit; and (b) any amenities, housing services, maintenance and utilities to be provided by the owner. Comparable rents may be verified by using a market study, reviewing comparable units advertised for rent, or obtaining written verification from the property owner documenting comparable rents for other units owned.

Supportive Services - Activities directly related to obtaining or maintaining permanent housing and increasing the likelihood of housing stability.

IV. ELIGIBLE APPLICANTS

Units of local government, local social services districts, and not-for-profit corporations are eligible to apply for these funds. To meet the definition of a not-for-profit organization, an organization must be incorporated as a not-for-profit corporation or religious corporation or public agency under the laws of this state, or be a corporation formed under laws of another state and authorized under New York State law to conduct corporate activities in this state, or provide care and services in this state and have been granted federal tax exempt status. Not-for-profits must have an accounting system and a voluntary board. Applicants submitting on behalf of a collaboration should identify the primary applicant and establish the relationship with all partners. The project should be endorsed by the local Continuum of Care body and the local social services district.

V. ELIGIBLE AND INELIGIBLE ACTIVITIES AND EXPENSES

Funds received under the STEHP may be used for one or more of the five categories listed below, (A-E). Expenses may be subject to Minority/Women-Owned Business Enterprise (MWBE) provisions defined in Section XIV General Terms and Conditions.

- A. ESSENTIAL SERVICES:** Provision of supportive services to homeless persons through drop-in centers, shelters, or transitional housing. Expenses relating to the delivery of the support services are eligible provided that such services have not been provided by the local government during any part of the immediately preceding 12-month period or the use of assistance would complement those services; and the services are new or there is a quantifiable increase in the level of service, unless this request is to maintain expenses currently funded by Emergency Shelters Grants Program (ESGP) and Homeless Intervention Program (HIP).

Eligible Essential Services expenses include (but are not limited to):

- ✓ Activities that will assist in obtaining permanent housing;
- ✓ Medical and psychological counseling and supervision;
- ✓ Employment counseling;
- ✓ Nutritional counseling;
- ✓ Substance abuse treatment and counseling;
- ✓ Assistance in obtaining other Federal, State, and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as Supplemental Security Income benefits, temporary assistance, and Food Stamps;
- ✓ Staff or client travel;
- ✓ Other services such as child care when parent is receiving services, transportation, job placement and job training;
- ✓ Case management, direct service salaries and fringe benefits necessary to provide essential services for homeless persons connected with shelters or drop-in centers; and
- ✓ HMIS reporting requirements.

Ineligible Essential Services expenses include:

- Existing services and staff (services must be new, quantifiably increased or continuing from currently funded programs under ESGP or HIP);
- Salary of case management supervisor when not working directly on client issues;
- Salary of any personnel related to **Rapid Re-housing, Prevention and NYCFAA** activities;
- Organizational advocacy, planning or capacity building;
- Staff recruitment or training;
- On-going regular day care expenses;
- Transportation costs not directly associated with service delivery;
- Service activities that support a program which mandates religious requirements for clients; and
- Administrative expenses.

B. MAINTENANCE AND OPERATIONS: Eligible expenses are: expenses associated with running drop-in centers, emergency shelters or transitional housing facilities on a daily basis. Eligible Maintenance and Operations expenses include (but are not limited to): rent, maintenance, repairs, security, fuel, equipment, insurance, utilities, food , furnishings, staff or client travel, and HMIS reporting requirements.

Staff salaries (including fringe benefits) associated with operational costs related to drop in center, shelter, and/or transitional housing are limited in this category to 10 percent of the grant, except maintenance and security salary costs (which are not subject to the 10 percent limitation).

Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative. The acquisition costs of “general purpose” equipment and “special equipment” is defined in Office of Management and Budget Circular A-122, “Cost Principles for Not for Profit Organizations”. Given the amount of STEHP funds applicants are not encouraged to include expenses related to this category of funding as part of their funding request.

Ineligible Maintenance and Operations expenses include:

- Recruitment of staff;
- Depreciation;
- Costs associated with the organization rather than the shelter project, such as advertisements, surveys, fundraising, public relations;
- Staff training, entertainment, conferences or retreats;
- Bad debts/late fees;
- Mortgage payments;
- Operational costs or services associated with a permanent housing facility;
- Operational costs or service activities that support a program which mandates religious requirements for clients; and
- Administrative expenses.

C. RAPID REHOUSING: Programs focused on placement of homeless individuals and/or families into permanent housing, such as locating a rental unit, habitability inspections, moving into the apartment and subsidies.

Eligible Rapid Re-housing expenses include (but are not limited to):

- ✓ Housing search;
- ✓ Legal services;
- ✓ Habitability inspections;
- ✓ Moving and storage fees;
- ✓ Security and utility deposits;
- ✓ Rental and utility arrears up to a 6 month period;
- ✓ Rental and utility assistance up to any 12 months over an 18 month period;
- ✓ Benefit/entitlement advocacy;
- ✓ Staff or client travel;
- ✓ Provision of, or referral to support services designed to stabilize households in permanent, habitable housing including services related to substance abuse, domestic violence, housekeeping, budgeting, education, employment, parenting, mental health and physical health. Services provided to homeless persons pursuant to this bullet must be provided and documented for a period of at least 6 months from the date permanent housing is obtained;
- ✓ Case management salaries and fringe benefits necessary to provide rapid rehousing services; and
- ✓ HMIS reporting requirements

Eligibility must be recertified every three months for participants receiving continued Rapid Re-housing assistance.

Ineligible Rapid Re-housing expenses include:

- Eviction prevention activities;
- Construction or rehabilitation;
- Credit card bills or other consumer debt;
- Car repair costs;
- Operational costs for housing program;
- Medical or dental care and medicines;
- Pet care;
- Entertainment activities;
- Direct payments to program participants; and
- Administrative expenses.

D. PREVENTION: Programs designed to prevent homelessness by assisting eligible individuals and families in maintaining permanent housing. Programs services may include but are not limited to legal services, mediation programs and subsidies.

Eligible Prevention expenses include (but are not limited to):

- ✓ Utility and rental arrears payments for up to a 6 month period;
- ✓ Rental assistance payments up to 6 months;
- ✓ Legal services, mediation programs with landlords, advocacy on behalf of client;
- ✓ Activities to educate clients regarding tenants rights and responsibilities; to organize tenants to address code violations, landlord abandonment or harassment;
- ✓ Benefit/entitlement advocacy;
- ✓ Case management salaries and fringe benefits necessary to provide prevention services;

- ✓ Provision of, or referral to support services designed to stabilize households in permanent, habitable housing including services related to substance abuse, domestic violence, housekeeping, budgeting, education, employment, parenting, mental health and physical health.
- ✓ Security deposit, moving costs and habitability inspection in the event a move is required to maintain permanent housing;
- ✓ Staff or client travel; and
- ✓ HMIS reporting requirements.

Eligibility must be recertified after three months for participants receiving continued Prevention assistance.

Ineligible Prevention expenses include:

- Housing/services to persons residing on the street, in shelter or transitional housing;
- Direct payments to program participants;
- Mortgage costs (including funds to homeowners with any fees, taxes, or other costs of refinancing a mortgage to make it affordable);
- Construction or rehabilitation;
- Credit card bills or other consumer debt;
- Car repair or other participant transportation costs;
- Medical or dental care and medicines;
- Pet care;
- Entertainment activities; and
- Administrative expenses.

E. NEW YORK CITY FEPS APPLICATION ASSISTANCE (NYCFAA): Only allowable within the five boroughs of New York City, funds will be provided for specific activities which support homeless prevention services for families, including staffing at NYC Human Resources Administration and assistance with rent supplement applications. Families who are receiving, or are eligible to receive assistance under the NYS Family Assistance Program or Safety Net Assistance Program and have a court proceeding against them for an eviction for non-payment of rent are eligible to receive these services. **Mandatory Activities under NYCFAA include staffing of New York City Human Resources Administration Job Center sites and assistance completing Family Eviction Prevention Supplement (FEPS) applications which are submitted to OTDA within 10 business days after the date from which a family contacts the contractor to obtain services.**

Eligible NYCFAA activities include:

- ✓ Staffing of HRA Job Center sites;
- ✓ Case management and staff salaries plus fringe benefits necessary to provide NYCFAA services;
- ✓ Completion of risk assessments to determine nature of housing problem;
- ✓ Provide diversion services to families facing court ordered eviction that successfully keep families out of the FEPS Program, such as but not limited to negotiation with landlords or negotiation regarding sanctions, obtaining other affordable housing, and advocacy in housing court;

- ✓ Assistance with completing and submitting fully documented FEPS applications on behalf of qualified families;
- ✓ Staff or client travel; and
- ✓ HMIS reporting requirements.

Ineligible NYCFAA expenses include:

- Financial assistance to any party;
- Services to individuals;
- Services to families that are not eligible for Temporary Assistance;
- Services to families that do not have a court proceeding against them;
- Mortgage costs (including funds to homeowners with any fees, taxes, or other costs of refinancing a mortgage to make it affordable);
- Construction or rehabilitation;
- Credit card bills or other consumer debt;
- Car repair;
- Medical or dental care and medicines;
- Pet care;
- Entertainment activities; and
- Administrative expenses.

VI. ELIGIBLE SERVICE POPULATION

STEHP will support eligible activities directed at serving homeless individuals and families and those at risk of homelessness who lack the financial resources and support networks needed to obtain immediate housing or remain in existing housing.

Recipients of **Essential Services, Maintenance and Operations** and **Rapid Re-housing** services must be **homeless** at the initiation of services according to the definition in Section III (Program Description and Definition of Terms). Projects requesting funds in support of **Essential Services, Maintenance and Operations** and **Rapid Re-housing** must verify that the household meets the definition of homeless.

Recipients of **Prevention** services must be **at risk of homelessness** at the initiation of services according to the definition in Section III.

Projects requesting funds in support of **Prevention** or **Rapid Re-housing** assistance must verify that household income is below 30% of Area Median Income. Area Median Income is published at www.huduser.org/DATASETS/il.html.

NYCFAA can only serve families within New York City limits, who are eligible for or receiving Temporary Assistance, and are facing a court proceeding for an eviction.

VII. PROJECTED DISTRIBUTION OF STEHP FUNDS

OTDA is soliciting applications in support of Essential Services, Maintenance and Operations, Prevention, Rapid Re-housing and NYCFAA activities. OTDA anticipates awarding approximately 35% of the funds to drop-in center and shelter activities, 55 % of the funds to prevention-type activities, and 10% of the funds to Rapid Re-housing activities. In the event OTDA does not receive sufficient fundable

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proposals for anticipated activities, the percentages of distribution may not be maintained. Furthermore, OTDA anticipates awarding approximately 40% of the total available funds to New York City based projects and 60% of the total available funds to projects outside of New York City. In the event OTDA does not receive sufficient fundable proposals in the anticipated regions, the balance of funds available may then be used for the other region. OTDA reserves the right to change the projected use of funds should additional funding for certain activities become available or should regulations change regarding the use of funds for activities. In that event, OTDA may redistribute funds at its discretion according to the methodologies described in the Selection Process and Award Procedure sections of the Request for Proposals.

No further entries this page.

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ELIGIBILITY and DISTRIBUTION OF FUNDS SUMMARY

CATEGORY	ELIGIBLE ACTIVITIES	POPULATION	PROJECTED DISTRIBUTION OF STEHP FUNDS
Essential Services	Provision of services while clients are utilizing drop-in centers, emergency or transitional shelters such as medical, psychological, employment, nutritional, substance abuse counseling; assistance in obtaining benefits and permanent housing; staff or client travel in relation to obtaining services; case management and direct service staff salaries plus fringe benefits; HMIS reporting requirements.	Homeless individuals and/ or families.	35%
Maintenance and Operations	Expenses related to operating an emergency or transitional shelter, or drop-in center such as rent; maintenance; repairs; security; fuel; equipment; insurance; utilities; food ; furnishings; staff or client travel; 100% of maintenance and security staff salaries plus fringe benefits are eligible; otherwise staff salaries and benefits are limited to 10% of the grant; HMIS reporting requirements.	Homeless individuals and/or families.	
Rapid Re-housing	Financial assistance related to obtaining permanent housing, such as moving or storage fees, rental or utility arrears, security deposits, rental and utility payments; habitability inspections; legal services; benefit/entitlement advocacy; provision of services to assist with client success in permanent housing; staff or client travel in relation to re-housing; staff salaries plus fringe benefits; HMIS reporting requirements.	Homeless individuals and/or families with household income below 30% of Area Median Income.	10%
Prevention	Financial assistance related to maintaining permanent housing, such as moving or storage fees, rental or utility arrears, security deposits, rental and utility payments; habitability inspections; legal services; benefit/entitlement advocacy; provision of services to assist with client success in permanent housing; staff or client travel in relation to prevention; staff salaries plus fringe benefits; HMIS reporting requirements.	At risk of homelessness Individuals and/or families with household income below 30% of Area Median Income.	55%
NYCFAA	For NYC families only, completion of risk assessments; diversion services to keep families housed; assistance with fully documented FEPS applications and submittal to OTDA; staffing NYC HRA Job Center sites; staff or client travel in relation to NYCFAA; staff salaries plus fringe benefits; HMIS reporting requirements.	NYC families only; must be eligible for temporary assistance with a court-ordered eviction proceeding.	

VIII. DOCUMENTATION OF ELIGIBILITY

STEHP projects are required to maintain adequate documentation of homelessness or at risk of homelessness status to determine the eligibility of persons served by the program. The degree of documentation depends on the type of service provided. Projects providing short-term emergency shelter or support services need a lower standard of proof of the person's prior living situation. Financial assistance requires a higher standard of documentation. The documentation is typically obtained from the participant or a third party at the time of referral, entry, intake or orientation to the **STEHP** funded project. A copy of the documentation must be maintained in the client file.

Recipients receiving **Prevention** and **Rapid Re-housing** funding must certify and document that client income is at or below 30% of Area Median Income before receiving assistance. Income eligibility must be recertified and documented every three months for clients receiving continued assistance under Prevention and Rapid Re-housing.

For **Prevention** activities, projects must obtain evidence of and document at risk of homelessness factors, such as an eviction or utility termination notice, frequent moves, institutional or hotel/motel residency, doubled –up or overcrowded housing; evidence that the inability to pay existing housing expenses was sudden; assistance is necessary to prevent homelessness; and the resumption of payment is reasonably expected in the near future.

For **NYCFAA** activities, awardees must obtain written referrals documenting eviction proceedings from HRA or Housing Courts, document that families are eligible for Temporary Assistance and have appropriate supporting documentation to accompany FEPS applications.

IX. PROGRAM REQUIREMENTS

Each STEHP grantee is required to:

- (1) Follow property management standards for equipment costing more than \$5,000 and having a useful life of one year.
- (2) Assist homeless or at risk of homelessness persons in obtaining appropriate supportive services and other available assistance;
- (3) Ensure the confidentiality of records concerning project participants;
- (4) Administer in good faith a policy designed to ensure that the facility is free of illegal use, possession, or distribution of drugs and alcohol by its beneficiaries;
- (5) To the maximum practical extent, involve homeless or formerly homeless individuals in providing services and in program planning, through employment, volunteer services, in maintaining and operating facilities, or otherwise;
- (6) Conform to the Americans with Disabilities Act as of 1990;
- (7) Meet other generally applicable requirements, such as nondiscrimination and equal opportunity;
- (8) Maintain evidence of matching funds;
- (9) Function as part of a Continuum of Care, or similar body, with the Continuum's approval of proposed project;

- (10) Report client level data in the local Continuum of Care Homeless Management Information System Database, or comparable database. (Ideally system will be able to export and/or import data to minimize duplication of reporting effort);
- (11) Maintain documentation of eligibility and services provided in client files;
- (12) Submit performance reports no later than 20 days after the close of the quarter;
- (13) Recertify client eligibility every three months for **Prevention** and **Rapid Re-housing** financial assistance; and
- (14) Conduct or verify **housing habitability standards** for participants receiving financial assistance which requires entering a new housing unit. Habitability standards can be found at www.hudhre.info/hprp under Tools and TA resources, Housing Inspections.

X. MATCHING FUNDS

New York State OTDA has met some of the federal match requirement for ESGP by adding State funds to expand resources available pursuant to this RFP. Currently, applicants must match 25% (25 cents for every dollar) of the request and any resulting award with funds from other sources. Because funds used to match this contract will not be allowed as a match for other OTDA contracts, it is strongly suggested that applicants match only the 25% at this time, and do not overmatch. Matching with other Stewart B. McKinney or HEARTH Act funds is not allowed. Matching with other federal funds is discouraged, although applicants that wish to match with other direct federal awards should demonstrate that the funds may be used as a match to ESGP. Funds used to match a previous ESGP contract may not be used to match an award under this RFP.

Applicants must demonstrate the 25% match in the budget request with one or more of the following:

- Funds from other sources;
- Value of any donated material, building or of any lease calculated using a reasonable method to establish fair market value;
- Salary of staff not included in the request needed to carry out the project; and
- Time contributed by volunteers at a rate of \$5.00 per hour, (or for professional services such as medical or legal services, the value may be calculated at the reasonable and customary rate within the community).

Furthermore, applicants must provide documentation of the matching funds. The following are guidelines for what may be used to document matching funds. This is not intended to be an all-inclusive list:

- Value of any building - if owned with money owed, mortgage commitment; if owned with no money owed, an appraisal indicating value; if rented, copy of lease agreement.
- Contract with County Department of Social Services – copy of contract pages or letter indicating contract period and amount per diem reimbursement.
- Contract with other funder – copy of contract pages or letter from source indicating contract period and amount of award.
- Private donations or contributions – copy of bank statement noting available cash balance, copy of cancelled check, copy of receipt given to donor or letter committing to donation.
- Volunteer hours – list of volunteers with dates and hours “worked” with “rate of pay” calculated.

In the event New York State funds decrease or are unavailable in subsequent years, OTDA reserves the right to request that agencies meet more of the match, up to a dollar for dollar (100%) match.

XI. SELECTION PROCESS

All proposals will be reviewed by OTDA staff assisted by such other State personnel as is deemed appropriate. Following the desk 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.

Proposals will be judged on the following general criteria:

- the responsiveness of the proposal to the RFP (All information and documentation required by this RFP is provided in a satisfactory manner to determine agency viability and project activities, goals and fundability);
- evidence of the applicant's understanding of the needs of the homeless population and those at risk of homelessness;
- the 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, if applicable;
 - * the completeness of the "Documentation of Need" and "Program Plan" portions of the application, through the provision of both statistical data and agency specific information regarding the experiences of the applicant in dealing with the homeless population and those at risk of homelessness;
 - * the clarity of the measurable and quantifiable expected results and potential for their achievement;
 - * 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 contractual performance history with OTDA or other NYS capital funding sources (where applicable);
 - * those applicants which have past experience with similar programs that demonstrate the benefits realized as a result of such funding and provide strong justification for the need for STEHP funding;
 - * the applicant's standing with NYS (such as compliance with the requirements of the Attorney General's Office, Worker's Compensation etc);
 - * assurances that duplication of services in the geographic area in which the STEHP program will operate will be avoided and the urgency of need for STEHP funds;
 - * a commitment to make all STEHP 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 Continuum of Care or other relevant planning committee.

Priority will be given to:

- Those NYC applicants that demonstrate NYCFAA activities;
- Projects that demonstrate the provision of materials in alternative formats for persons with disabilities as required by the ADA (i.e., Braille, audio recording);
- Projects that have been developed with NYS capital funds;
- Projects that demonstrate at least an 85% positive housing outcome rate;
- **and** which are deemed competitive and meet all eligibility criteria.

High priority will be awarded to applicants that serve areas not receiving ESGP funds directly from HUD in FFY 2011, with the exception of activities involving NYCFAA.

Medium priority will be awarded to applicants that serve entitlement areas receiving ESGP funds directly from HUD in an amount less than or equal to \$245,000 dollars in FFY 2011, with the exception of activities involving NYCFAA.

Lower priority will be awarded to applicants that serve entitlement areas receiving ESGP funds directly from HUD in an amount greater than \$245,000 dollars in FFY 2011, with the exception of activities involving NYCFAA.

Proposals will be evaluated on a comparative analysis 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. All things being equal, projects will be awarded STEHP monies 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 for the activities 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 5% of the total funds available for STEHP with the exception of those receiving awards for NYCFAA activities. An agency receiving an award that demonstrates NYCFAA activities may receive no more than 13% of the total funds available.
- ✓ For umbrella applications that include funding in more than one category OTDA reserves the right to fund only higher priority activities.
- ✓ Projects may not be awarded in consecutive descending order if categories of funds are exhausted, in which case the next highest score correlating to available funds would be awarded.
- ✓ Projects may not be awarded in consecutive descending order if regional percentages of funds are exhausted, in which case the next highest score correlating to available funds would be awarded.
- ✓ The lowest 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.
- ✓ Requested amount of funding may be reduced by ineligible expenses.

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. This includes ensuring that there is city-wide representation in relation to NYCFAA activities. An underserved region will be determined and substantiated by OTDA with reference to the Continuum of Care, relevant statistical evidence, and other anecdotal evidence, including the lack of STEHP-type monies in a geographical region. 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 STEHP services in the identified underserved region. Should this situation arise and OTDA is required to exercise this option, awards will be made to meet the underserved needs of the region without negatively impacting the overall ability of the STEHP program to provide statewide services.

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

Applicant Documentation and Agency Information	10%
Documentation of Need	25%
Program Plan	35%
Budget	30%

Regardless of score, OTDA reserves the right to fund or not fund an application based on other relevant information, such as the occurrence of STEHP funds supplanting existing funds, an agency’s financial position, venter responsibility determination, and/or the status of the NYS Office of the Attorney General Charities registration filing.

The availability of STEHP funds fluctuates from year to year, and the demand always far exceeds the supply. For these reasons, applicants are strongly cautioned against viewing these funds as a potential ongoing revenue stream for new projects or those that have been previously funded under this program.

XII. AWARD PROCEDURE

The contracts resulting from this RFP will start on or about September 1, 2011. It is anticipated that successful applicants will receive multi-year contracts for three (3) years with an allowance for termination at any time. Contracts may be continued for two (2) additional one (1) year periods via contract term and/or a contract renewal agreement via execution of Appendix X, if appropriations are available and performance in each prior year is satisfactory, (as determined by OTDA) Contracts submitted to the NYS Office of State Comptroller (OSC) and the NYS Office of the Attorney General (OAG) will include the maximum amount of the award for the entire three (3) year period. Material changes to the total amount of the contract or changes that result in a 10% change to any cost category require formal review and approval by the NYS OSC and NYS OAG. Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to awardees. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets STEHP program objectives. Awardees will be asked to develop and provide electronically a detailed implementation plan that sets forth the program goals.

Should additional funds become available, OTDA reserves the right to allocate additional funds to contractors that have demonstrated positive outcomes and expended 90% of their awarded funds by the end of an annual funding cycle, to make additional awards based on the remaining proposals submitted to OTDA as a result of this RFP, in lieu of releasing a new RFP if deemed in the best interest of the State, and/or to choose to change its Projected Use of Funds up to and including elimination of activities funded.

In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals. OTDA also reserves the right to solicit and accept new proposals, as funding becomes available.

Furthermore, should a contractor not expend at least 75% of the annual award amount by the end of an annual funding cycle, or should a contractor not attain a 75% positive housing outcome rate by the end of an annual funding cycle, OTDA reserves the right to adjust the award amount for future years.

OTDA reserves the right to award all, some, or none of the monies available for the STEHP Program.

XIII. REPORTS AND RECORDKEEPING

Reports will be required on at least a quarterly basis, which describe the progress of STEHP activities and clients served. Contractors must ensure that books, records, documents and other evidence pertaining to cost 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.

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 (6) years following submission of the final expenditure report.

In the event that any claim, audit, litigation or State/federal investigation is started 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 resolved.

OTDA shall have access to any records relevant to the project, including books, documents, photographs, correspondence, and records to make audit, examinations, transcripts, and excerpts. If OTDA determines that such records possess long term or historic value, they must be transferred 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 sub contracts.

XIV. GENERAL TERMS AND CONDITIONS

The terms and conditions for all funded proposals are specified in a detailed contract which must be signed by OTDA and approved by New York State's Attorney General's Office and the Office of the State Comptroller before any work is begun or payments made. Successful applicants will be sent the complete standard contract for execution. Please note that no services may be reimbursed unless and until a fully executed contract is in place. To the extent allowed by Federal law and regulation, OTDA may grant advances up to 25% with sufficient justification. 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 any outstanding advance balance to OTDA immediately.

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

OTDA Standard Modified Multi-year Agreement	
APPENDIX A	Standard Clauses for all New York State contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Program Specific Clauses
APPENDIX B	Budget and Matching Funds
APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Program Work Plan
APPENDIX X	Modification of Agreement Form
APPENDIX Z	Minority And Women-Owned Business Enterprise (M/WBE) and Equal Employment Opportunity (EEO) Participation Requirements for all NYS OTDA contracts and grants
ATTACHMENT Q	Electronic Communication

The AGENCY AGREEMENT in section D of the Application provides a summary of the basic provisions of the contract. The draft contract package will be made available electronically at <http://otda.ny.gov/contracts/procurement-bid.asp>.

In addition, 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.

APPENDIX Z

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) AND EQUAL EMPLOYMENT OPPORTUNITY (EEO) PARTICIPATION REQUIREMENTS FOR ALL NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE CONTRACTS AND GRANTS

(Authority: Federal and State statutes specifically Article 15-A of the Executive Law, 5 NYCRR parts 140-144, and Appendix A: Standard Clauses for All New York State Contracts)

I. Introduction

1. New York State Executive Law §§ 310–318, (Article 15-A: Participation by Minority Group Members and Women with Respect To State Contracts -- hereinafter “the Statute”), was enacted to promote equality of employment and economic opportunities for minority group members and women in State contracting activities. The New York State Office of Temporary and Disability Assistance (OTDA) fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.
2. OTDA has developed compliance requirements, forms and procedures to ensure that (i) all contractors as defined under § 310 (3) (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, as defined in § 310 (13) [hereinafter “Contractors”], as well as proposed or actual “Subcontractors”, as defined in § 310 (14) shall comply with requirements to ensure Equal Employment Opportunities for Minority Group Members and Women, and, (ii) there are meaningful participation opportunities for certified minority or women-owned business enterprises

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(M/WBEs) in the OTDA procurement process. Contractors participating in and/or selected for procurement opportunities with OTDA shall fulfill their obligations to comply with applicable Federal, State and Local requirements concerning Equal Employment Opportunity and opportunities for M/WBEs, including but not limited to the Statute and its implementing regulations as promulgated by the Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144).

3. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA's Internet site at <http://www.otda.state.ny.us/main/>. These forms are to be submitted without change to goals specified in the RFP or contract.
4. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women's Business Enterprises Program is available on the New York State Division of Minority and Women-Owned Business Development Internet site at <http://www.nylovesmwbe.ny.gov>.

II. M/WBE Utilization Goal Requirements For NYS OTDA Contracts

Pursuant to Article 15-A of the New York State Executive Law and Regulations adopted pursuant thereto, NYS OTDA has established separate goals for participation of New York State Certified minority and women-owned business enterprises for all State Contracts. NYS OTDA is required to implement the provisions of Article 15-A and 5 NYCRR Part 143 for all State contracts (1) in excess of \$25,000 for labor, services, supplies, equipment, materials, or any combination of the foregoing; (2) in excess of \$100,000 for the acquisition, construction, demolition, replacement, major repair of real property renovations and construction; and (3) in excess of \$100,000 whereby the owner of a state assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project. As a condition of the State contract, the Contractor and NYS OTDA agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement. Successful Contractors must document "good faith efforts" to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers in the performance of this contract. For guidance on how NYS OTDA will determine a Contractor's "good faith effort," refer to 5 NYCRR §143.8.

ESTABLISHED OTDA GOALS FOR CONTRACTS ARE AS FOLLOWS:

MINORITY OWNED BUSINESS PARTICIPATION	5%
WOMEN OWNED BUSINESS PARTICIPATION	5.50%
EQUAL EMPLOYMENT OPPORTUNITY PARTICIPATION	7 to 10%

ESTABLISHED GOALS FOR THIS PROCUREMENT/CONTRACT ARE AS FOLLOWS:

MINORITY OWNED BUSINESS PARTICIPATION	
WOMEN OWNED BUSINESS PARTICIPATION	
EQUAL EMPLOYMENT OPPORTUNITY PARTICIPATION	

III. EEO Requirements

A. Prior to the Award of a State Contract

1. In addition to the requirements stated in Appendix A, Clause 12 (Equal Employment Opportunities for Minorities and Women), as a precondition to being selected for contract award and entering into a State Contract, the Contractor shall provide the following with its procurement submission:

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- a. An EEO Policy Statement, as described in Appendix A, Clause 12. The OTDA EEO Policy Statement form (OTDA Form 4970) can be used to satisfy this requirement.
- b. Except for construction contracts, an EEO Staffing Plan of anticipated workforce, which should document:
 - i. The workforce proposed to be utilized on the State Contract; or
 - ii. Where the work force to be utilized in the performance of this State Contract cannot be separated out from the Contractor's and/or proposed Subcontractor's total work force (for example, certain commodities contracts), the Contractor's and/or proposed Subcontractor's total workforce including apprentices, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by OTDA.
2. Failure to submit an EEO Policy Statement and EEO Staffing Plan of anticipated workforce may result in the rejection of the Contractor's procurement submission, unless the Contractor provides OTDA with a reasonable justification in writing for such failure (e.g., the failure to submit a staffing plan where a Contractor has a work force of 10 or fewer employees), or makes a commitment to submit an EEO Policy Statement and an EEO Staffing Plan of anticipated workforce within the time frame specified in writing by OTDA.
3. If, after scoring, a Contractor is selected for award, before that award is completed (e.g., during contract negotiations), OTDA will conduct a review of the substance of the EEO Policy Statement and EEO Staffing Plan of anticipated workforce to determine whether the Contractor appears to be in compliance with Appendix A, Clause 12 and Executive Law Article 15-A, i.e., whether such documents demonstrate that the Contractor is committed to EEO. If, upon review, OTDA comes to the conclusion that such commitment to EEO principles is lacking, OTDA shall contact the Contractor and make every effort to resolve the deficiencies identified in the policy statement and staffing plan and to bring the substance of the policy statement and staffing plan into compliance with such requirements. Failure to correct such deficiency within a timeframe specified by OTDA shall result in noncompliance.

B. After the Award of the State Contract

1. The Contractor will designate a Minority/Women Business Enterprise Liaison/Contact person to coordinate implementation of the M/WBE-EEO program between the Contractor and the OTDA M/WBE Program Management Unit, pursuant to Article 15-A, and requirements in furtherance of the Statute that may be established by OTDA.
2. After approval of the award of a State Contract, and during the performance of the State Contract, the Contractor shall periodically submit to OTDA EEO Workforce Employment Utilization/Compliance Reports (OTDA Form 4971) which must document: The workforce actually utilized, on the State Contract, broken down by specified ethnic background, gender, and Federal occupational categories or other appropriate categories specified by OTDA. All forms and reports will be submitted to the OTDA program manager for this contract award and forwarded for review to: Ms. Wilma BrownPhillips, M/WBE Director, NYS OTDA, M/WBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8222; mail to: Wilma.BrownPhillips@OTDA.State.NY.US.
3. In addition to general compliance monitoring of State Contracts, including a contractor's compliance with the requirements of 5 NYCRR Part 142, OTDA shall conduct in-depth compliance reviews on selected State Contracts during the course of the year, in accord with 5 NYCRR § 142.3.
4. The EEO Workforce Employment Utilization/Compliance Reports shall be reviewed as part of OTDA's general compliance monitoring. If discrepancies exist between the EEO Staffing Plan of anticipated workforce submitted, where applicable, with procurement submission and the Contractor's EEO Workforce Employment Utilization/Compliance Reports, the Contractor/ Subcontractor may be subject to an in-depth EEO compliance review.

5. If deficiencies are identified with the Contractor during OTDA's general contract compliance monitoring or during in-depth compliance reviews, the Contractor and OTDA M/WBE Program Management Unit, and other OTDA staff, as appropriate, shall make every effort to resolve the deficiencies identified to bring the Contractor/Subcontractor into compliance with such requirements.
6. If the Contractor and the OTDA M/WBE Program Management Unit, and other OTDA staff, as may be appropriate, are unsuccessful in their efforts, and, upon review, the OTDA Commissioner or his/her designee agrees that the Contractor/Subcontractor is non-compliant, such Commissioner or his/her designee shall submit a written complaint to: New York State Empire State Development (ESD), Division of Minority and Women's Business Development ("DMWBD"), regarding the Contractor's or Subcontractor's noncompliance and shall recommend to DMWBD that it review and attempt to resolve the noncompliance matter. Such Commissioner or his/her designee shall serve a copy of the complaint upon the Contractor or Subcontractor by personal service or certified mail, return receipt requested.
7. DMWBD shall attempt to resolve a noncompliance dispute. If a resolution of the noncompliance dispute is satisfactory to the parties, the parties shall so indicate by signing a document indicating that the matter has been resolved and stating the terms of the resolution. If a resolution is not possible, DMWBD shall refer the matter, within thirty days of the receipt of the complaint, to the American Arbitration Association for proceeding thereon, pursuant to statute (Executive Law § 316) and regulation (5 NYCRR § 142.5).

IV. M/WBE Requirements

- A. The Contractor acknowledges that it is the policy of the State of New York and of OTDA that M/WBEs shall be given the opportunity for meaningful participation in the performance of State Contracts. Therefore, Contractors agree to make good faith efforts to solicit active participation to meet established goals under this procurement by M/WBEs identified in the New York State Empire State Development ("ESD") directory of certified businesses¹, which can be viewed at: http://www.empire.state.ny.us/Small_and_Growing_Businesses/mwbe.asp.
 - B. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established goals under this procurement by M/WBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 143.8.
 - C. The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of M/WBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority- and Women-owned Business Program work.
- A. Prior to the Award of a State Contract**
1. Contractors shall document and/or demonstrate in their procurement submissions every good faith effort to solicit active M/WBE participation, at least equal to the goals established by OTDA. The M/WBE utilization should be measured by comparing (in detail) the dollar value of the component services/deliverable/materials provided/supplied by M/WBEs to the total dollar value of the services/deliverables/materials available under the State Contract.
 2. The Contractor shall provide with its procurement submission:

¹ All M/WBE firms are required to be certified by Empire State Development (ESD) or must be in the process of obtaining certification from ESD. Should the Contractor identify a minority-owned or woman-owned firm that is not currently certified as an M/WBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the OTDA M/WBE Program Management Unit. OTDA's M/WBE Program Management Unit will work with ESD to expedite the application; however, it is the responsibility of the Contractor to ensure that a sufficient number of certified M/WBE firms have been identified in response to this procurement, in order to facilitate full M/WBE participation.

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- a. A Certification of Good Faith Efforts, to achieve the overall prescribed M/WBE participation percentage (%) goals set forth in the procurement.
 - b. A M/WBE Subcontractor Utilization Plan, which should document actions taken and/or to be taken to meet established goals and the time frames needed to achieve results which could reasonably be expected by putting forth every good faith effort to achieve the overall prescribed M/WBE participation percentage (%) goals set forth in the procurement.
 - c. A M/WBE Subcontractor's and/or Suppliers' Letter of Intent to Participate, which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as Subcontractors if the Contractor is awarded the State Contract.
3. When M/WBE goals higher than 0% (zero percent) are included in OTDA's procurement document, a Contractor's failure to submit a M/WBE Subcontractor Utilization Plan and a M/WBE Subcontractor's and/or Suppliers' Letter of Intent to Participate, where applicable, may result in noncompliance with submission requirements, unless the Contractor provides OTDA with a completed M/WBE Subcontractor Request for Waiver, within the timeframe specified in writing by OTDA.
 4. If, after scoring, a Contractor is selected for award, before that award is completed (e.g., during contract negotiations), OTDA will review the substance of the Subcontractor Utilization Plan submitted by a Contractor and within twenty (20) days from the receipt thereof by the OTDA MWBE Unit, issue a written notice of acceptance or deficiency.
 5. If a notice of deficiency is warranted, the notice shall include:
 - i. The name of any M/WBE which is not acceptable for the purpose of complying with the M/WBE participation goals and the reasons why it is not acceptable;
 - ii. Elements of the contract scope of work which OTDA has determined can be reasonably structured by the Contractor to increase the likelihood of participation in the contract by M/WBEs; and
 - iii. Other information which OTDA determines to be relevant to the M/WBE Subcontractor Utilization Plan.
 6. A Contractor must provide OTDA with a written remedy in response to a written notice of deficiency within seven (7) business days of receipt or within a time frame as specified by OTDA to correct the specific deficiency. Failure to correct a deficiency and/or demonstrate compliance shall result in the necessity of the Contractor to submit to OTDA a M/WBE Subcontractor Request for a partial or total waiver of M/WBE participation goals on forms provided by the OTDA. Failure to submit the waiver form in a timely manner may be grounds for noncompliance.

B. After the Award of the State Contract

1. In accordance with regulations under 5 NYCRR Part 140, after the awarding of the Contract, and during the performance of the State Contract, except where OTDA has granted the Contractor a total waiver², the Contractor shall, as required by OTDA, periodically submit to OTDA: M/WBE Subcontractor Quarterly Compliance Reports.
2. Failure to timely submit a Contractor's M/WBE Subcontractor Quarterly Compliance Report and/or other reports or information as requested by OTDA may result in payments under the contract being delayed until such reports or other information have been received by OTDA.³ OTDA may also deem other noncompliance with requirements under the Statute as a breach of contract and commence any other means of enforcement permitted under the contract and/or by law.

² If OTDA has granted a partial waiver to the Successful Contractor, prior to award OTDA must have approved a Contractor's M/WBE Utilization Plan and a completed Contractor's M/WBE Subcontractor's Notice of Intent to Participate. Please note that after award the Contractor must still submit Contractor's M/WBE Compliance Reports.

³ Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to M/WBEs, (ii) to verify M/WBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

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3. OTDA shall review the substance of the Contractor's M/WBE Subcontractor Quarterly Compliance Report and shall be responsible for evaluating and determining whether the Contractor has demonstrated compliance with its previously approved Contractor's M/WBE Subcontractor Utilization Plan. In making such determination, OTDA may review and investigate whether the goals are being achieved with certified minority- and women-owned business enterprises and whether information made available to OTDA through monitoring, on-site inspections, progress meetings regarding work required by the State Contract, review of payrolls or other OTDA action provides acceptable evidence of compliance.
4. Where it appears that a Contractor cannot, after a good faith effort, comply with the goals established in the contract, such Contractor may submit a completed M/WBE Subcontractor Request for Waiver, setting forth the reasons for such Contractor's inability to meet any or all of the participation goal requirements, together with an explanation and supporting documentation demonstrating the good faith efforts undertaken by such Contractor to obtain the required M/WBE subcontractor participation goal requirements.⁴
5. If OTDA determines that the Contractor has not demonstrated compliance with the goals established in the contract and has made no good faith effort to do so, OTDA and the Contractor shall make every effort to resolve the deficiencies identified and to bring the Contractor into compliance with such requirements.
6. OTDA will determine whether the Contractor is in non-compliance. The Contractor will be found to be not in compliance when it is non-responsive, in whole or in part, to the EEO and/or M/WBE program requirements or requests.
7. OTDA reserves the right to impose sanctions following a determination of non-compliance by a Contractor. Sanctions may be imposed upon the Contractor whenever EEO and/or M/WBE program requirements have not been met in a timely and effective manner. Any/all of the following sanctions may be imposed:
 - Disallowance of costs associated with such non-compliance;
 - Initiation of procedures to suspend or terminate the grant or contract;
 - Withholding of progress payments until such time as corrective actions have been undertaken by the Contractor to the satisfaction of OTDA;
 - Deleting Contractor's name from bid lists for a specified period of time to be determined in the sole discretion of OTDA;
 - Report Contractor as non-responsible to NYS OSC Vendor Responsibility System; and
 - Other sanctions of which a Contractor has notice in writing prior to or during the performance of a contract.
8. If OTDA is unsuccessful in its efforts, and, upon review, the OTDA Commissioner or his/her designee agrees that the Contractor is non-compliant, the Commissioner or his/her designee shall submit a written complaint to: The New York State Department of Economic Development, Division of Minority and Women's Business Development ("DMWBD"), regarding the Contractor's noncompliance and shall recommend to DMWBD that it review and attempt to resolve the noncompliance matter. The Commissioner or his/her designee shall serve a copy of the complaint upon the Contractor by personal service or certified mail, return receipt requested.
9. DMWBD shall attempt to resolve a noncompliance dispute. If a resolution of the noncompliance dispute is satisfactory to the parties, the parties shall so indicate by signing a document indicating that the matter has been resolved and stating the terms of the resolution. If a resolution is not possible, DMWBD shall refer the matter, within thirty days of the receipt of the complaint, to the American Arbitration Association for proceeding thereon, pursuant to statute (Executive Law § 316) and regulation (5 NYCRR § 142.5).
10. Nothing herein shall diminish or supersede OTDA's authority and responsibility to enforce the requirements of its contracts.

⁴ Requests for a partial or total waiver made subsequent to award of a State Contract may be made at any time during the term of the State Contract but prior to the submission of a request for final payment on that State Contract.

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11. The Contractor agrees (i) to provide OTDA access to all documentation, records, reports, facilities, etc, which OTDA may deem necessary to determine Contractor compliance, and (ii) to be bound by the provisions of the Statute (Section 316) regarding possible fines, sanctions and penalties for violations of the Statute.

NOTE: Pursuant to Chapter 429 of the Laws of 2009, which amends section 313 of Article 15-A of the Executive Law, OTDA is required to post contractor utilization plans, and any applicable waivers on the agency website.

No further entries this page

PART B: APPLICATION

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE



**SOLUTIONS TO END HOMELESSNESS
PROGRAM
2011**

PART B APPLICATION PACKET

Please read pages in Part A of the Request for Proposals carefully before completing this Application Packet

Completing the Application

The application must include the following required components:

Section A – APPLICANT DOCUMENTATION

- **Executive Proposal Summary**
Provide concise summary of proposal. Complete General Information, Accessibility Determination and Federal Reporting Information.
- **Applicant Documentation Attachments:**
 - ✓ **Attach your agency’s most recent Audited Financial Report** There should be proof that it was completed with-in the past 12 months or you must provide an explanation of the delay.
 - ✓ **Attach your agency’s Board of Directors Profile**
 - ✓ **Attach your agency’s Certificate of Incorporation**
 - ✓ **Attach documentation of the annual NYS charities registration filing.** It should be dated with-in the past 12 months or you must provide an explanation of the delay.
 - ✓ **Attach your agency’s Fair Housing policy.** It should ensure services are available to all on a nondiscriminatory basis, and publicize this fact. The procedures should reach persons with handicaps or persons of any particular race, color, religion, sex, age, familial status or national origin within their service area who may qualify for them.
 - ✓ **Attach verification that your agency has Worker’s Compensation Coverage**

Section B – DOCUMENTATION OF NEED

- **Community Description.** Describe the community where services would be provided.
- **Coordination with Local Homeless Service Delivery System.** Describe the means by which the homeless service delivery system is coordinated.
- **Gaps Analysis.** Describe existing resources in the community and provide evidence of the need for services.

Section C – PROGRAM PLAN

- **Target Population.** Describe the targeted population and prior living situation.
- **Outreach and Referral.** Describe how clients will find out about the project.
- **Project Description.** Describe in detail your proposed project, including eligibility determination, supportive services, day-to-day activities, staffing chart which describes which responsibilities for management and operation plan of the proposed project.
- **Program Outcomes**
Describe your proposed program outcomes in quantifiable and measurable terms.

Section D – AGENCY INFORMATION

- **Organization Background Information**
- Describe the organizational structure of your agency.
 - ✓ **Attach Copy of: Current Organizational Chart.**
- **Program Evaluation**
To be completed by all current ESGP/HIP/SHIP/HPP/HPRP contractors. If any State ESGP/HIP/SHIP/HPP/HPRP funds have been received during the last two years, describe the use of such funds and the benefits realized by the individuals receiving services. If no State

ESGP/HIP/SHIP/HPP/HPRP funds were received during the last two years, label the form “Not Applicable” and include it with your application.

- **Funding Agency Contact Information Form**
Complete all applicable sections, and return with the application.
- **Agency Agreement Form**
Sign, complete and return with the application.
- **Certifications and Assurances:** The certifications are required. Sign, complete and return with the application.
 - **Applicant Certification**
 - **Local Social Service District Certification of Approval**
 - **Good Faith Drug and Alcohol-Free Facility**
 - **Continuum of Care Approval**
 - **HMIS Participation**
- **Organizational Status**
Completed for the applicant and any subcontractors included in the proposed program.
- **Minority And Women-Owned Business Enterprise (M/WBE) And Equal Employment Opportunity (EEO) Participation Requirements** For All NYS Office Of Temporary And Disability Assistance Contracts And Grants - To be completed by the applicant and any subcontractors included in the proposed program and returned with the application.
 - ✓ M/WBE and EEO Policy Statement – Complete and return with application.
 - ✓ EEO Staffing Plan – Complete and return with application
 - ✓ Subcontractor Utilization Plan - Complete and return with application if applicable.
 - ✓ M/WBE Goal Requirements Certification Of Good Faith Efforts - Complete and return with application if applicable.
- ✓ Letter of Intent to Participate - Complete and return with application if applicable.
- ✓ Request for Waiver Form – Complete and return with application if applicable.
- **Contractor/Subcontractor Background Questionnaire**
Complete this form and submit it as part of the application packet. *Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.*

Section E – BUDGET (Budget forms are available in excel at www.otda.state.ny.us)

- **Budget Instructions**
All applicants should include a fully developed Budget Statement, Personnel Services Costs Budget and Non-Personnel Services Budget.
- **Budget Summary of Proposed Eligible Activities**
All category totals from individual budget pages should transfer to the Budget Statement and Summary sheets.
- **Budget Statement**
All category totals from individual budget pages should transfer to the budget statement and Summary sheets. See “Non-Personnel Services Budget Categories” below.
- **Personnel Services Budget**
The Explanation/Justification following the Personnel Service budget should explain the personnel and job duties for which STEHP funds are requested. (For example: Case Mgr. Responsible for developing and implementing case plans to assist residents in securing permanent housing, entering school/ training programs etc. Enrichment Counselor- facilitates educational, recreational and cultural activities for residents).

- **Non-Personnel Services Budget Categories**

If the applicant is requesting funds in support of more than one eligible activity, each individual expense should be listed on the Non-Personnel Services Budget. The entire amount for the categories should be reflected in the budget statement and Summary sheets. The Explanation/Justification following each component of the budget must explain the basis for the dollar amount. (For example: Client Emergency Needs are being used to subsidize client needs at the shelter, such as prescriptions, co-pays, clothing, and toiletry items).

Section F – APPLICATION CHECKLIST

Complete the check list at the end of the application to verify all required forms have been submitted. Packets that do not include required forms and documents will lose points.

Applicants should submit an original and two (2) copies of the completed application and all attachments to:

New York State Office of Temporary and Disability Assistance
40 North Pearl Street 13th floor Section B
Albany, NY 12243

Attention: Mr. John Printup

Telephone *for delivery purposes only* (518) 486-6352

Applications must be received at the address listed above no later than 2:00 p.m. on August 16, 2011. Faxed applications or applications sent electronically over the Internet will NOT be accepted. OTDA reserves the right to accept applications received after the deadline, if it is determined to be in the best interests of OTDA. Please complete the final checklist prior to submitting application.

No further entries this page.

A) APPLICANT DOCUMENTATION

EXECUTIVE SUMMARY

ORGANIZATION	
COUNTY/BOROUGH	
	ANNUAL FUNDS REQUESTED
MAINTENANCE AND OPERATIONS	\$
ESSENTIAL SERVICES	\$
RAPID RE-HOUSING	\$
PREVENTION	\$
NYCFAA	\$
TOTAL	\$

COMPLETE THE FOLLOWING CHART RELATED TO ANNUAL NUMBER SERVED FOR EACH CATEGORY AND ENTIRE FUNDING REQUEST. You may be serving the same person in more than one category, but s/he should be counted only once in the Entire Request row. While the eligible service population can encompass both individuals and families, for the purpose of continuity of statistical data for reporting requirements, please use number of individuals. For example, if you are providing services to all members of a family of four you would enter four as the estimated number to be served. If you are providing services to only one member of a family of four you would enter one as the estimated number to be served.

FUNDS	ESTIMATED ANNUAL # OF PERSONS SERVED	ESTIMATED ANNUAL # OF PERSONS TO REMAIN IN OR MOVE TO PERMANENT HOUSING	ESTIMATED ANNUAL # OF PERSONS TO REMAIN IN PERMANENT HOUSING SIX MONTHS AFTER COMPLETION OF PROGRAM
ESSENTIAL SERVICES			
MAINTENANCE AND OPERATIONS			
RAPID RE-HOUSING			
PREVENTION			
NYCFAA			
ENTIRE REQUEST			

EXECUTIVE PROPOSAL NARRATIVE

Provide a one-paragraph summary of your organization’s STEHP proposal.
(Include at least the following):

Organization is requesting \$ _____ to serve **# of individuals** who are homeless or at risk of homelessness in **borough/county/city**. Funds will pay for _____ within _____ categories . Services to be provided include _____. **These are new or expanded services or continuing services currently funded by ESGP/ HIP/SHIP/ HPP/ HPRP** that will assist **# of individuals** in securing and maintaining permanent housing for **length of time**.

GENERAL INFORMATION

STEHP APPLICANT PROJECT INFORMATION

APPLICANT TYPE:

INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:

LOCAL GOVERNMENT UNIT **NOT FOR PROFIT** **SOCIAL SERVICES DISTRICT**

APPLICANT NAME (Entity): _____

CHIEF ELECTED OFFICIAL or EXECUTIVE DIRECTOR _____

BUSINESS ADDRESS:

Street Address _____ P.O. Box _____

(required)

City _____, State _____ Zip Code _____

COUNTY/ COUNTIES (WHERE SERVICES ARE TO BE PROVIDED) _____

PROJECT ADDRESS (if other than business address):

DAYTIME PHONE: (____) _____ **SITE PHONE NUMBER:**

(____) _____

Email Address: _____

What is your organization’s Federal Employer Identification number? _____

Applicant Fiscal Year:(Example: July 1 - June 30)? _____

NYS Capital funded site: _____ YES _____ NO What funds if yes? _____

Please provide the following identifying information regarding the project:

Community District(s) NYC only: _____ Federal Congressional District(s): _____
State Assembly District(s): _____ State Senate District(s): _____

Organization's six digit State Registered Charitable Organization number? _____

Is your organization current (with-in the last 12 months) on the NYS Office of the Attorney General Charities registration filing requirements? _____ YES _____ No

ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible? Yes No

Does your agency conform with Title III ADA requirements? Yes No

If facilities are not accessible to persons with disabilities, state what physical changes will be made to conform to the Americans with Disabilities Act of 1990 and the regulations promulgated thereunder, and the expected completion date for any such physical changes

Are materials available in alternative formats for persons with disabilities? (i.e. Braille, Audio Recording etc.) Yes No

✓ ATTACH: Audited Financial Statements, Board of Director's Profile, Certificate of Incorporation, NYS Charities Registration filing, Fair Housing Policy, Worker's Compensation Coverage, any explanations about why a document is not current.

B.) DOCUMENTATION OF NEED

This portion of the application package is designed in a question and answer format. Each response should restate the question and then provide a detailed response. Please adhere to the format set forth in the package. Failure to address each question completely will adversely affect the competitiveness of your proposal. If you are requesting funds from more than one category and propose a diverse program, please be clear about all program components and answer questions from the perspective of each component. All information provided should be verifiable. Source documentation including date should be identified. Although source documents may be attached to the application, only the information provided in direct response to the question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.

1.) COMMUNITY DESCRIPTION

a) Describe the community to be served by discussing bullets below:

- Identify the geographic area to be served (city, county, region, etc.) and provide a description of the community.
 - Include your community's estimated number and percentage/population of homeless families and individuals.
 - Describe the characteristics of the homeless population within your community (household size, educational achievement, economic status, special needs, etc.).
 - Describe the housing market; what is the fair market rent, vacancy rate, availability of affordable housing, quality of the housing stock including the number of substandard units.
 - Describe the job market; what is the unemployment rate, median income, employment opportunities/major employers.
 - Provide any other significant factors (crime rate, teenage pregnancy rate, high school drop-out rate, etc.)
 - Describe the at-risk of homelessness indicators within the proposed service area (such as but not limited to number of court eviction proceedings, instance of domestic violence, length of wait for section 8 housing vouchers, etc.)
 - What is your agency's experience regarding the statistics above? Provide your insight into the community. According to your agency's experience and in regards to the population you intend to serve, how accessible are employment opportunities? What is the availability of quality of affordable housing? What other significant factors exist for the population you intend to serve?

b) Describe the means by which homeless service delivery is currently coordinated within this geographic area, your agency's and the proposed program's roles in the service delivery by discussing **either i) or ii)** below:

i) If there is one, describe the existing Continuum of Care planning process and/or a Ten Year Plan to End Homelessness by answering the bullets below:

- Include information about which organizations/individuals are represented, the entity charged with coordinating the planning, how often meetings occur, and how decisions are reached.
 - Summarize the types of activities that are undertaken as part of the planning process.
 - Explain how the planning process has had an impact on the delivery of homeless services. Identify any meaningful outcomes (such as new projects or improved coordination) that have resulted from local collaboration.
 - Explain the role that the local Department of Social Services plays in the planning process.
 - Explain your agency's current role in the planning process.
 - Explain how the program(s) funded through this RFP will be coordinated with the existing programs that are part of the local planning process.
- ii) If there is not an existing Continuum of Care or Ten Year Plan to End Homelessness, please describe how homeless services in your area are currently coordinated by answering the bullets below:
- Explain how homeless services are coordinated in the area?
 - Explain the role your agency has in coordinating homeless services.
 - Include the role of the local Department of Social Services in serving the homeless.
 - Include the role of other agencies in serving the homeless.
 - Explain how the program(s) funded through this RFP will be integrated with the existing efforts.
 - Address your agency's willingness to participate in a greater Continuum of Care effort.

2.) GAPS ANALYSIS

Describe how your proposed project will meet an identified local need. (Considerable emphasis should be placed on this section, "Gaps Analysis", as STEHP funds are intended to support areas of need in localities. Please be sure to relate the gaps analysis to sections 1a and 1b above.)

- a) Summarize current inventory of emergency shelter beds, transitional housing beds, hotel/motel vouchers, the targeted populations for these services and current capacity on a nightly basis.
- b) Summarize current homelessness prevention and supportive services in the community. Identify the names of programs/agencies that provide these services and the targeted populations for these services.
- c) Describe any critical gaps in temporary beds, prevention and support services in the area.
- d) What services (programming) are you proposing that will respond to the gaps identified?
- e) Discuss how duplication of effort will be avoided if you are successful in your bid for STEHP funds.
- f) Are you proposing services in a HUD ESGP direct entitlement area?

C.) PROGRAM PLAN

In this section, provide a detailed description of the how your program will operate. If you propose a program with diverse components, please answer questions from the perspective of all components. Describe the target population, the process for program participants from referral to discharge, the support services plan, the management and operating plan and specific outcomes in quantifiable and measurable terms. Be sure to include the following:

- 1) Provide a detailed description of the target population you intend to serve, identifying that the target population is presently homeless or at risk of homelessness according to the definition in this RFP. Provide demographics of the population such as age, gender, income, household size, frequency of homelessness, veteran status and risk factors, (i.e. mental illness, substance abuse, domestic violence, educational background, physical health etc). Information should be based on statistical data as well as your agency's experience.
- 2) Describe the typical living situation or lack thereof for the majority of proposed program participants when they are referred to your agency leading to need for services.
- 3) Explain how and where your agency will perform outreach for the proposed program, and describe the main sources of participant referrals. Also, describe your agency's system of communication with those referral sources.
- 4) Provide a detailed description of the proposed project. Because of the variety of activities that can be funded under this RFP, describe the project thoroughly. Include a comprehensive narrative description of the day-to-day operations of the proposed program (describe the proposed project in its entirety and all support services for participants from **referral to destination and follow-up**).

Be sure to include:

- a) How it will be determined that a potential client qualifies for the program, the intake and assessment process, your plan to document homelessness.
- b) Explain requirements for program participants after being accepted into the program.
- c) Discuss how your agency will ensure stable program participation levels.
- d) Discuss any supportive services that will be available and how they will assist participants to stabilize their housing and increase their ability to live independently. If providing Rapid Re-housing supportive services, explain how long participants will receive services and how your agency will track the provision of services for at least six months. **Include a supportive services chart identifying if services are provided by your agency or another. Include linkage agreements at the end of this section.**
- e) Describe how program participants (or formerly homeless individuals) will be included in policy making and operations of the project.
- f) Describe procedures for handling emergencies.
- g) Briefly describe the average length of engagement for project participants.
- h) Describe procedures for handling terminations from the project.
- i) Discuss any follow-up services that may be offered.

- j) **Provide a detailed chart of all program staff** (by position) that will perform duties to administer the program as a whole, whether funding for them is requested under this RFP or not. The chart includes title, how many positions exist or will exist, general responsibilities as they pertain to the program, qualifications for the position, and supervisor. **See Example below:**

PROGRAM STAFF CHART EXAMPLE

TITLE	NUMBER OF POSITIONS	RESPONSIBILITIES as they pertain to the program and the funding request.	QUALIFICATIONS	SUPERVISOR
Executive Director	1	Oversight of programming and claiming.	Master's Degree	Board of Directors
Director of Housing	1	Oversight of residential facilities and staffing.	Master's Degree	Executive Director
Case Planner	5	Assist residents with independent living plan, life skills	Bachelor's Degree	Director of Housing

- k) **Below the chart**, indicate which positions you are requesting funding for, whether they are currently filled and by whom, percentage of time spent on program, percentage of FTE this funding would cover. You may make this into a chart.
- l) **Include entire job descriptions for positions you are requesting funding for at the end of this section.**

No further entries this page.

5) Discuss outcomes by completing the living destinations chart and answering questions below.

a)How many unduplicated individuals will you serve annually? _____ (this number should match the lower right-hand box in the chart below and the total annual number served in your executive summary chart on page 30)

Directions for completing the chart: You may be serving the same person in more than one category, but s/he should be counted only once in the Total Unduplicated Column. While the eligible service population can encompass both individuals and families, for the purpose of continuity of statistical data for reporting requirements, please use number of individuals. For example, if you are providing services to all members of a family of four you would enter four as the estimated number to be served. If you are providing services to only one member of a family of four you would enter one as the estimated number to be served.

Living destinations upon completion of program	Essential Services Persons	Maintenance and Operations Persons	Rapid Re-housing Persons	Prevention Persons	NYCFAA Persons	Total Unduplicated Persons <u>may or may not be the sum of each row;</u> count a person once even if served in more than one category
Permanent Destinations: Permanent Supportive Housing, rental with or without subsidy, homeownership, living with family or friends permanently						
Temporary Destinations: Emergency Shelter, Transitional Housing, safe haven, staying with family or friends temporarily, streets						
Institutional Destinations: Hospital, psychiatric facility, substance abuse treatment center, foster care/group home, jail, juvenile detention facility						
Miscellaneous: other, refused, don't know						
Total for each category: <u>must be the sum of each column</u>						

- b) Describe the rationale for the expected living destination figures in the chart. Explain positive and negative housing outcomes.
- c) Based on the chart, what is your positive housing outcome rate? (Those exiting to a positive housing outcome divided by the total number served)
- d) Describe the plan for achieving these living destination outcomes and how the plan addresses the factors that have affected the population's ability to maintain permanent housing.
- e) Describe what form of tracking or verification you will use to show the extent to which you have achieved the anticipated results.
- f) Discuss how your program will perform follow-up contact with program participants once they have exited the program to verify housing status six months after program exit as reported in the executive summary section.
- g) Provide at least three other expected outcomes for participants in the program. Include total number of participants, number to achieve results, and how it will be known that results were achieved if this proposed program is funded. Examples: Of the 50 unemployed participants, 45 will increase employment preparedness skills as shown by increased scores when comparing before and after questionnaire. Of the 25 participants with drug or alcohol addictions, 17 will remain sober for three months according to self-report. Of the 40 youth without a certified birth certificate, 38 will obtain one as evidenced by a copy in client file. Of the 100 eligible participants, 85 will obtain and retain benefits or entitlements as evidenced by report from appropriate agency while in the program.

✓ ATTACH linkage agreements, supportive services chart, staffing chart and job descriptions for positions which you are requesting funding.

D.) AGENCY INFORMATION

1.) ORGANIZATION BACKGROUND INFORMATION

- a) Briefly describe the history of your agency and provide a general description of the agency's structure. (Please include an organizational chart.)
- b) Describe the resources and skills your organization will commit to carry out the proposed STEHP funded program.
- c) Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative.
- d) Provide evidence of your agency's experience in providing services to this or similar populations.
- e) Related to your agency's financial statements, please answer the following:

- Is your agency required to have an A-133 audit? Yes____ No____
Amount of Federal \$ _____

- Is your attached audited financial statement dated within the last 12 months?
o Yes____ No____ If no, why?

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- Have there been any findings in your financial audits? Yes____ No____
 - If yes, describe_____

- What is the current ratio as stated in your most recent financial audit?
 - Current Assets_____
 - Current Liabilities_____
 - Current Ratio (Assets divided by Liabilities) _____

✓ ATTACH COPY OF: YOUR AGENCY’S ORGANIZATIONAL CHART

2.) PROGRAM EVALUATION

(a)To be completed by those applicants that are currently receiving NYS ESGP/HIP/SHIP/HPP/HPRP funds: If any funds have been received during the last two years, describe the use of such funds and the benefits realized by the individuals of the funded projects.

If no NYS ESGP/HIP/SHIP/HPP/HPRP funds were received during the last two years, label this section “Not Applicable” and include it with your application.

PROGRAM EVALUATION CHART

Year(s)	Funds	Amount	Projected Number Served	Actual Number Served

(b)Provide justification for the continued need for these types of funds. Please elaborate with specific successes or problems.

4.) AGENCY 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 offer 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 agency. (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 granted 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 grant 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 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 XIV, 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. In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals.

This RFP governs the provision of STEHP services for a three (3) year contract cycle to be funded annually for two (2) additional one (1) year periods depending upon the availability of continued STEHP funding, satisfactory performance, and the discretion of the OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at an increased or decreased level depending on funds available.

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)

D.) AGENCY INFORMATION CONT.

5.) CERTIFICATIONS AND ASSURANCES (ATTACHED)

- a. Applicant Certifications
- b. Social Services District Certification of Approval
- c. Applicant Certification to Operate in Good Faith in Drug and Alcohol-Free Facilities
- d. Continuum of Care Approval
- e. HMIS Participation Certification

a.) APPLICANT CERTIFICATIONS

**(Name of applicant agency, hereinafter referred to as
"Applicant")**

If funded, I, _____, _____ of
(Official authorized to sign for applicant agency) (Title)

_____, certify that I will ensure compliance with

program requirements, as outlined in this RFP or subsequent additional regulations issued by OTDA

under the Solutions To End Homelessness Program (STEHP), or by HUD under the

Emergency Solutions Grants Program (ESGP).

(Signature)

(Date)

b.) LOCAL SOCIAL SERVICES DISTRICT CERTIFICATION OF APPROVAL

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

_____,
(County DSS or similar body)

have reviewed the application submitted by

(agency)

for funds under the Solutions to End Homelessness Program, and approve
of the project as required under federal and state regulations governing this program.

(signature) (date)

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c.) CONTINUUM OF CARE APPROVAL

I, _____, as the representative of _____ Continuum Of Care, acknowledge that the aforementioned body fully supports the _____ (program/project) administered by _____ (Agency) and that this agency is a regular member of our COC coordinating body.

Signature

Date

Printed Name

d.) PARTICIPATION IN HMIS

I, _____, as an authorized official of _____

(Agency) fully understand that data for STEHP must be entered into the Homeless Management Information System (or a comparable database in the case of serving the domestic violence population).

Expenses for this system must be incurred by my agency.

Partial or full expenses may be reimbursable under STEHP funding.

Authorized Signature

Date

Printed Name

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e.) APPLICANT CERTIFICATION TO OPERATE IN GOOD FAITH DRUG AND ALCOHOL-FREE FACILITIES

I, _____, certify that _____ administers in good
(Project Sponsor)
faith a policy designed to ensure that the homeless facility operated by the project sponsor is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries. This does not preclude, however, the project sponsor from providing shelter and services to persons suspected of having a chemical dependency, should the project sponsor so choose.

(Official authorized to sign for applicant agency)

(Date)

6.) ORGANIZATIONAL STATUS

Please identify all of the items below that apply to your organization. Definitions are as follows:

YES **NO** **LOCAL DEPARTMENT OF SOCIAL SERVICES**

YES **NO** **NOT-FOR-PROFIT ORGANIZATION**

To meet the definition of a Not-for-Profit Organization, an organization must be incorporated as a not-for-profit corporation or religious corporation or public agency under the laws of this state or provide care and services in this state and have been granted federal tax exempt status.

YES **NO** **MINORITY ORGANIZATION**

A Minority Organization is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision-making regarding management, service delivery and staffing reflective of the catchment area it serves. Identify type as appropriate:

YES **NO** **WOMAN-OWNED ORGANIZATION**

If Minority Organization, please check one of the following:

- Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race;
- Black persons having origins in any of the black African racial groups not of Hispanic origin;
- Asian and Pacific islander persons having origins in any of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands; and
- American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation of community identification.

OTDA – 4970 ELW (Rev. 4/10)

**MINORITY/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 _____

This organization will require its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participation goals and provide Equal Employment Opportunities set by NYS OTDA for the State-funded project by taking the following steps:

M/WBE

- (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 NYS-OTDA 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 increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.
- (7) This organization will include the provisions of sections (1) through (6) 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.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, 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, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) 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.

STEHP REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

Agreed to this _____ day of _____, 2_____

By _____

Print: _____ Title: _____

Minority/ Women Business Enterprise Liaison

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

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

(Authorized Representative)

Title: _____

Date: _____

Contact:

NYS OTDA
ATTN: Ms. Wilma BrownPhillips, MWBE Director
M/WBE Program Management Unit
Harlem Center
317 Lenox Avenue
New York, NY 10027
Wilma.BrownPhillips@otda.state.ny.us

STEHP REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

EEO Staffing Plan

OTDA – 4934.1 ELW (Rev. 4/10)
 EQUAL EMPLOYMENT OPPORTUNITY
 STAFFING PLAN
 Submit with Bid or Proposal – Instructions on page 2

Solicitation No.:	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address:	

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

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran		
		Total Male (M)	Total Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)	(M) (F)	(M) (F)						
Officials/Administrators																
Professionals																
Technicians																
Service Maintenance Workers																
Office/Clerical																
Skilled Craft Workers																
Paraprofessionals																
Protective Service Workers																
Totals																

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

STEPH REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

NAME AND TITLE OF PREPARER (Print or Type):

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 (04-10) 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 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 or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number or RFP number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the 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 report, 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**

STEHP REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

Subcontractor Utilization Plan

OTDA - 4937 ELW (Rev. 4/10)

M/WBE SUBCONTRACTOR 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) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

M/WBE Goals in the Contract: MBE % WBE %

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.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type):			<i>FOR AGENCY USE ONLY</i>	
			REVIEWED BY:	DATE:

STEPH REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

Signature: _____
Authorized Signature

DATE:

TELEPHONE NO:

EMAIL ADDRESS:

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.
M/WBE 100 (Revised 1

UTILIZATION PLAN APPROVED: YES NO Date:

Contract No:

Contract Award Date:

Estimated Date of Completion:

Amount Obligated Under the Contract:

NOTICE OF DEFICIENCY ISSUED: YES NO
Date: _____

NOTICE OF ACCEPTANCE ISSUED: YES NO
Date: _____

OTDA-4976 ELW (Rev. 11/10)

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;

STEHP REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

- (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

Letter of Intent to Participate

OTDA – 4938 ELW (Rev. 4/10)

MINORITY/WOMEN OWNED BUSINESS ENTERPRISE

(M/WBE)

MWBE SUBCONTRACTORS AND /or

SUPPLIERS LETTER OF INTENT TO

PARTICIPATE

To: _____ Federal ID Number: _____
 (Name of Contractor)

Proposal / Contract number: _____

Contract Scope of Work: _____

The undersigned intends to perform services or provide material, supplies or equipment as follows:

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Designation:

<input type="checkbox"/> MBE - Subcontractor <input type="checkbox"/> WBE – Subcontractor <input type="checkbox"/> MBE – Supplier	Joint venture with:
	Name:
	Address

STEHP REQUEST FOR PROPOSALS AND APPLICATION PACKET 2011-2014

<input type="checkbox"/> WBE - Supplier	Fed ID Number: MBE <input type="checkbox"/> WBE <input type="checkbox"/>
Are you a New York State Certified M/WBE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTDA – 4938 (Rev. 4/10)

The contractor proposes, and the undersigned agrees to, the following beginning and completion dates for such work.

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

The above work will not be further subcontracted without the express written permission of the contractor and notification of the Office. The undersigned will enter into a formal agreement for the above work with the contractor ONLY upon the Contractor's execution of a contract with the Office.

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

This form is to be submitted with bid attached to the Subcontractor's Information Form in a sealed envelope for each certified Minority or Women-Owned Business enterprise the Bidder/Awardee/Contractor proposes to utilize as subcontractors, service providers or suppliers.

If the MBE or WBE proposed for portion of this proposal/contract is part of a joint or other temporarily-formed business entity of independent business entities, the name and address of the joint venture or temporarily- formed business should be indicated.

Contact: Wilma Brown Phillips, M/WBE Director
Wilma.BrownPhillips@otda.state.ny.us

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OTDA - 4969 ELW (Rev. 4/10)

MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM

INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.		
Offeror/Contractor Name:	Federal Identification No.:	
Address:	Solicitation/Contract No.:	
City, State, Zip Code:	M/WBE Goals: MBE % WBE %	
By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.		
Contractor is requesting a:		
1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial		
3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: _____		
PREPARED BY (Signature):	Date:	
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.		
Name and Title of Preparer (Printed or Typed):	Telephone Number: Email Address:	
Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit: Director NYS OTDA ATTN: Ms. Wilma BrownPhillips, MWBE M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, New York 10027 Email to: <u>Wilma.BrownPhillips@OTDA.State.NY.US.</u>	***** FOR AGENCY USE ONLY *****	
	REVIEWED BY:	DATE:
	Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/>	
	<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver	
<input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional		
<input type="checkbox"/> Notice of Deficiency Issued		
	*Comments: _____	

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of offeror/contractor's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

Note:

Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the contracting entity, to determine M/WBE compliance.

CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

Name of Agency: _____ **Federal Identification #** _____

Mailing Address: _____

Actual Location: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone Number: () _____ **Fax Number:** () _____

Background Questionnaire

The following section must be fully completed by the Bidder or bid will be deemed non-responsive. Where appropriate, provide additional details using space provided or by inserting additional sheets following this part. Any proposed subcontractor must also complete this form if the value of that subcontract will be in excess of \$10,000.

<p>1a. If you, the bidder, are a natural person, are you a New York State resident?</p> <p>1b. If you are a corporation, are you a New York State corporation?</p> <p>1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?</p> <p>If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>2. How many years has the bidder been in business?</p>	<p>_____ # of Years</p>
<p>3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?</p> <p>3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)</p>	<p>_____ NO _____ YES</p> <p>_____ NO _____ YES</p>
<p>4. How many people are employed by the bidder?</p>	<p>_____ Employees</p>
<p>5. Total number of people employed by the bidder:</p> <ul style="list-style-type: none"> * Within New York State? _____ * Outside of New York State? _____ * Outside of United States? _____ 	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>_____ NO _____ YES</p> <p>(If no, provide details)</p>
<p>7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the bidder and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.</p>	<p>_____ NO _____ YES _____ N/A</p>

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10. Does the bidder hold any current contracts with the State of New York, its departments or political subdivisions, valued in excess of \$100,000?	_____ NO _____ YES (If yes, provide details)
11. Does the bidder hold any current contracts with governmental entities outside of New York State, valued in excess of \$100,000:	_____ NO _____ YES (If yes, provide details)
12. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
13. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
14. Does your firm employ any non-U.S. citizens or resident legal aliens?	_____ NO _____ YES
15. If yes, are the forms on file and available for inspection?	_____ NO _____ YES

CERTIFICATION

The undersigned: 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete; and, 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer.

Authorized Signature: _____

Name: _____

_____ Title

_____ Date

E. BUDGET

INSTRUCTIONS FOR COMPLETION OF THE BUDGET SECTION

This section is available in electronic excel format at the OTDA website:

<http://otda.ny.gov/contracts/procurement-bid.asp>

Agencies requesting grant funds in categories where it is possible to purchase goods and/or services from MWBEs are required to demonstrate how they will use these purchases to meet OTDA's MWBE goal of 10.5%, 5% Minority Owned Business and 5.5% Women Owned Business participation. The MWBE participation goal of 10.5% is only applied to the amount of grant funds requested in support of activities that provide MWBE opportunities. The possible categories in which there could be MWBE participation include:

- contractual services (with for-profit firms only; this excludes subcontracts with other NFPs and units of local government)
- consultant services (with not-for-profit firms only)
- supplies
- equipment

Applicants who intend to request funds in categories such as those above in which MWBE participation is possible are required to complete all forms set forth in this RFP including the MWBE and EOD sections. Applicants that request funds in support of MWBE opportunities that have not yet identified specific certified businesses to achieve the desired goals should indicate "TBD" on the MWBE Utilization Plan and include with the Plan a narrative that details what steps will be taken to foster and promote participation by MWBEs.

Applicants who do not request funds in areas that offer MWBE opportunities, (i.e. those in which all contract funds will support direct personnel or contractual relationships with other NFPs/units of local government) will have a 0% participation goal. These applicants should label MWBE forms "Not Applicable, as all contract funds will support personnel or contracts with other NFPS/units of local government". Please note that all applicants are required to complete the EOD section of the application.

Personnel Service Expense Detail - Employees who should be included on this form are those who will be paid in full or in part from contract funds. Any key personnel listed in narrative must be included here. To complete this section list the titles and the appropriate personnel. Next determine and enter the "Percentage of Time" this individual will spend on the project and "Percentage of Salary" these funds are paying. Accurately reflect the salaries for each category. These amounts should carry to the "Budget Statement" under Personnel.

Fringe Benefit Detail - For all employees listed in the Personnel Service Expense Detail, you are required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. You may also provide additional fringe benefits such as pension, health, life and/or dental insurance. If STEHP funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller's rate, currently the rate is up to 44.09%. You may allocate a lower percentage. These amounts should carry to the "Budget Statement" under Fringe

Benefits. You must explain all costs associated with this budget line in the Justification/Explanation section of this worksheet.

Consultant Costs - This category 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. ALL SUCH AGREEMENTS ARE TO BE BONA FIDE WRITTEN CONTRACT. NYS OTDA reserves the right to request these documents at any time in the future.

Travel Costs - These costs may be reimbursed up to the NY State rate (currently the maximum rate is \$.555 per mile). Only travel costs for personnel listed under Personnel Services Costs and client travel costs are acceptable. Explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel. Out-of-state travel is discouraged, although a contractor may pursue such travel with justification and pre-approval from OTDA. Consultant travel expenses should be included under consultant costs.

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. If the only alternative is to purchase such equipment using contract funds, a contractor is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, contractor must purchase equipment from the lowest bidder. Equipment rental should be listed in contractual services. The acquisition costs of “general purpose” equipment and “special equipment” are defined in Office of Management and Budget Circular A-122, “Cost Principles for Not for profit Organizations”. Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative.

Supplies - List major supply items (e.g.: office supplies, program supplies, janitorial, etc.) and provide additional explanation of what items will be included. Justify these costs in relation to number of staff and their programmatic functions.

Contractual Services - List costs for services of other than a personnel nature rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real estate rental. Only the pro-rated portion of the entire expenditure that is related to the STEHP program is allowed. SHOW JUSTIFICATION IN EXPLANATION (e.g. the full cost of rent (\$1,000) x the % of space related to the program (25%) x number of months (12) = \$3,000).

Contractual Services - List costs for services of other than a personnel nature rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real estate rental. Only the pro-rated portion of the entire expenditure that is related to the STEHP Program is allowed. SHOW JUSTIFICATION IN EXPLANATION (ie: the full cost of rent (\$1000) x the % of space related to STEHP (25%) x number of months (12) = \$3000)

Financial Assistance –

- ✓ **Rental assistance and arrears:** funds are available for up to 12 months of assistance under RRH and 6 months under prevention for eligible households. Please estimate the total number of households and average level of assistance to be provided. Identify the size of the unit (e.g. 1-bedroom, 2-bedroom) and its location. Rents must adhere to the fair market rents applicable to the location identified.

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- ✓ **Utilities assistance and arrears:** funds are available to pay up to 12 months of assistance under RRH and 6 months under prevention for eligible households. Please **estimate** the **total** number of households and average level of assistance to be provided. Identify the size of the unit (e.g. 1-bedroom, 2-bedroom) and its location.
- ✓ **Short-term assistance:** funds are available to pay security deposits, moving costs, hotel-motel vouchers while waiting for identified permanent housing lease to begin, storage fees, furniture, basic necessities, etc. Specific cost detail must be provided.

Example: Hotel-motel voucher: \$50 per night, for total of 50 nights (10 people each need a room for 5 nights of assistance) = \$2,500

Example: Prevention rental assistance: \$350 for 6 months for 20 individuals = \$42,000

All expenses must be calculated and justified. Other expenses not applicable to the formats above must be fully explained and justified.

Other Expenses - Include items not applicable under any other category. Only the pro-rated portion of the entire expenditure that is specifically related to STEHP is allowed.

Matching Funds – Agency must provide a 25% match from allowable sources as described in the RFP Section X. Describe where match will be applied on budget pages, plus complete the Matching Funds Summary page. Agency must also attach Matching Funds Letter (see example on match letter format page) and documentation of the matching funds.

YOU MUST SHOW JUSTIFICATION OF THESE COSTS.

No further entries this page.

STEHP BUDGET SUMMARY
Summary of Proposed Eligible Activities

<i>ELIGIBLE ACTIVITY</i>	<i>STEHP</i>			
	<i>Year One</i>	<i>Year Two</i>	<i>Year Three</i>	<i>Three Year Total</i>
1. Essential Services	\$0.00	\$0.00	\$0.00	\$0.00
2. Maintenance and Operations	\$0.00	\$0.00	\$0.00	\$0.00
3. Rapid Re-housing	\$0.00	\$0.00	\$0.00	\$0.00
4. Prevention Services	\$0.00	\$0.00	\$0.00	\$0.00
5. NYCFAA	\$0.00	\$0.00	\$0.00	\$0.00
SUBTOTAL	\$0.00	\$0.00	\$0.00	\$0.00
Matching Funds equal to 25% of Contract Total	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00

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STEHP BUDGET STATEMENT

On the budget form below, indicate the amount of annual funds being requested to support the proposed project for both Personnel Services and Non-Personnel Services.

PERSONNEL COSTS

Item (as contained in the contract)	Annual Essential Services	Annual Maintenance & Operations	Annual Rapid Re-housing	Annual Prevention	Annual NYCFAA	Annual Match	Annual Total
B-1. Personnel							
B-2. Fringe Benefits							
Personnel Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NON-PERSONNEL SERVICES

Item (as contained in the contract)	Annual Essential Services	Annual Maintenance & Operations	Annual Rapid Re-housing	Annual Prevention	Annual NYCFAA	Annual Match	Annual Total
B-3. Consultants							\$0.00
B-4. Travel							\$0.00
B-5. Equipment							\$0.00
B-6. Supplies							\$0.00
B-7. Contractual							\$0.00
B-8. Financial Assistance							\$0.00
B-10 Other							\$0.00
Non-Personnel Services Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Personnel explanation/Justification:

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Consultant Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Consultant Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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Travel Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Travel Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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Equipment Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Equipment Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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Supply Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Supply Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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Contractual Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Contractual Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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Financial Assistance - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Prevention Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Financial Assistance Costs			\$0.00	\$0.00		\$0.00	\$0.00
Explanation/ Description:							

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Other Costs - Annual							
Item	Essential Services	Maintenance & Operations	Rapid Re-housing	Preventive Services	NYCFAA	Match	Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation/ Description:							

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SOURCE OF MATCHING FUNDS	DESCRIBE MATCH SOURCE (i.e. LOCAL, STATE, FEDERAL or PRIVATE)	ANNUAL MATCH AMOUNT	FORM OF DOCUMENTATION PROVIDED
TOTAL OF MATCH		\$0.00	
<p>Please indicate above the source(s) and amount of funds to be used to match the STEHP request. The amount should be equal to 25% of the amount of annual funds requested.</p>			
<p>In the event that the referenced matching funds change, it is the responsibility of the contractor to immediately notify the OTDA. The contractor will be required to provide alternative sources of matching funds and supporting documentation of matching funds. Please note that all Matching Funds materials will be maintained by the OTDA and are considered part of the project contract file.</p>			

- ✓ **Attach your match certification letter – see next page for example.**
- ✓ **Attach Documentation of your Matching Funds.**

Annual Matching Funds Letter Example

Date

New York State Office of Temporary and Disability
Assistance
Solutions to End Homelessness
Program
40 North Pearl Street
Floor 10B
Albany, NY
12243

Attention: Laura Zavala

Dear Ms. Zavala:

Name of your agency will be matching the Solutions to End Homelessness Program funds with a 25% 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. I understand that we will be required to provide alternative sources of matching funds and supporting documentation of matching funds. 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

***For subsequent funding years, a matching funds certification letter and documentation must be submitted to the STEHP Program Manager.**

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F) **APPLICATION CHECKLIST** to be submitted with application. This is meant to be helpful in compiling necessary forms and attachments. It does not imply that any section can be skipped or omitted.

Agency Name _____

CHECKLIST OF REQUIRED ITEMS	INCLUDED	NOT INCLUDED – EXPLAIN WHY
Executive Summary, Narrative and General Information		
Audited Financial Report – it should be completed within the last 12 months of the prior fiscal year end. If not, explain.		
Board of Directors Profile		
Certificate of Incorporation		
NYS Charities Filing – it should be within the last 12 months. If not, explain.		
Fair Housing Policy		
Current Worker’s Compensation Coverage		
Supportive Services Chart		
Linkage Agreements		
Program Staffing Chart		
Program Staff Job Descriptions		
Living Destinations Chart		
Organizational Chart		
Current Program Evaluation Chart – Mark N/A if not applicable		
Agency Funding Chart		
Agency Agreement Form		
Applicant Certification Form		
Social Service District Approval		
COC Approval		
Drug and Alcohol Free Certification		
HMIS Participation Certification		
Subcontracting Utilization Form		
M/WBE and EEO Policy		
EEO Staffing Plan		
Good Faith Efforts and Letter of Intent to Participate in M/WBE		
Request for Waiver – if applicable		
Matching Funds Letter		
Matching Funds Documentation		

END OF APPLICATION