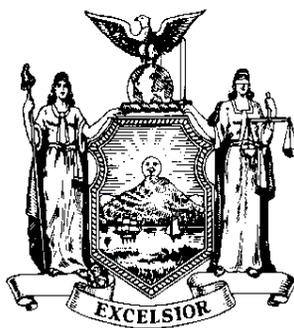


**NEW YORK STATE
SUPPORTIVE HOUSING
PROGRAM
(NYSSHP)**

***REQUEST FOR PROPOSALS
AND
APPLICATION***

***State Fiscal Years
2011 - 2016***

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



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

I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (hereinafter OTDA) announces a funding opportunity from the homeless housing programs fund and the Supported Housing for Families and Young Adult fund appropriation in State Fiscal Year (SFY) 2011-2012 Aid to Localities budget for the New York State Supportive Housing Program (NYSSHP). OTDA will make funds of approximately \$20.4 million available statewide for eligible projects. Proposals will be accepted from local social service districts, units of local government and not-for-profit corporations eligible to do business in the State of New York to provide supportive services to low-income residents of single room occupancy (SRO) and family dwellings (See page 7, section X. Eligible Units). The focus of the program is the provision of services needed to assist residents in remaining stably housed so that they do not enter or re-enter the homeless services system.

If selected, the proposal or parts of it submitted in response to this RFP will 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. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives. Contracts awarded under NYSSHP may include federal TANF funding which has a Catalog of Federal Domestic Assistance (CFDA) number of 93.558.

This RFP, application package, and all necessary documents including contract documents are available via the internet at: <http://otda.ny.gov/contracts/procurement-bid.asp>

II. SUBMISSION PROCESS AND DUE DATE

Applicants interested in applying for NYSSHP funds must follow the directions as contained in this Request for Proposals (RFP) and complete all applicable sections.

Those who currently have a Single Room Occupancy (SRO) Support Services or Supported Housing for Families and Young Adults (SHFYA) contract with OTDA MUST submit a proposal in response to this RFP to be considered for continued funding.

All proposals should be received by 2:00 pm, July 18, 2011 at the address listed below. Faxed applications or applications sent electronically will NOT be accepted.

➤ **Applicants should submit ONE original and TWO copies of the completed application.**

Proposals should be sent to:

New York State Office of Temporary and Disability Assistance
Bureau of Contract Management
40 North Pearl Street, 13th Floor, Sec. B
Albany, New York 12243
Attention: Ms. Theresa Brown

Any proposal received after the deadline will be reviewed solely at the discretion of OTDA.

Applicants are urged to submit proposals that demonstrate a comprehensive program offering supportive services to residents and which result in outcomes designed to promote housing stability, employment, and/or increased independent skills.

III. PROCUREMENT SCHEDULE

RFP Release	June 17, 2011
RFP Questions Due.....	June 30, 2011
RFP Responses Posted on or about ...	July 6, 2011
Proposals Due.....	July 18, 2011
Notification of Awards on or about...	September 2011
Contract Start.....	January 1, 2012

IV. QUESTIONS AND ANSWERS ABOUT THIS RFP

ALL questions regarding this RFP must be typed and submitted, via fax or email. Please include the following along with your question(s): contact name, organization name, e-mail, mailing address and fax number. Questions may be submitted prior to the deadline.

Please submit typed questions, via fax or email, by 2:00 pm on June 30, 2011 to:

NYS Office of Temporary and Disability Assistance
40 North Pearl Street, 10th fl. Sec. B
Albany, New York 12243
Attn: Ms. Karen Pierino
Fax: (518) 486-7068
E-mail: Karen.pierino@otda.state.ny.us

Written responses to all questions will be posted on the OTDA website at:

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

A hard copy of the questions and answers will be provided upon formal request.

OTDA will not entertain questions by phone. Questions submitted after 2:00 pm on the June 30, 2011 deadline will be answered and posted on the internet at the discretion of OTDA.

V. PROGRAM DESCRIPTION

The New York State Supportive Housing Program (NYSSHP) is designed to provide support services to eligible residents of supported housing in order to assist them in achieving as self sufficient a life as possible. The service provision for all populations should be designed to assist residents in achieving housing stability to prevent entry into the homeless services system. Employment services or those that otherwise promote self-sufficiency are a high priority.

Monies will be made available from the homeless housing programs funds and the Supported Housing for Families and Young Adults program appropriation in the SFY 2011-12 Aid to Localities enacted budget. Funds are intended to support direct services to permanent or transitional housing projects managed by eligible applicants (see pages 4-5, Section VI. Eligible Applicants). These funds should support activities designed to promote greater independence and housing stability including, academic attainment, employability and/or mental/physical health stability. Program performance measurement will be based on occupancy rates and other measurements demonstrating increases in self-sufficiency and housing stability.

This RFP consolidates the Single Room Occupancy Support Services Program (SRO) and the Supported Housing for Families and Young Adults Program (SHFYA) into one program which will be named the New York State Supportive Housing Program (NYSSHP). All applicants soliciting funds in support of family and single units should evaluate efficiencies that can be achieved by the consolidation of program funds.

VI. ELIGIBLE APPLICANTS

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

Eligible not-for-profit organizations may also apply in cooperation with one another. A formal agreement establishing the relationship between the two organizations must be presented as part of the proposal. In such circumstances, the primary applicant (the Manager/Owner/Operator) will be required to contract with OTDA and have full legal responsibility to implement the proposed project. The primary applicant will also define an area of the project in which it will receive substantial assistance from the supporting organization. The supporting

organization will subcontract with the primary applicant. Service providers that do not operate, own, or lease transitional or permanent supported housing units may not be the primary applicant for the purposes of this RFP.

For example a not-for-profit organization may own/operate the single room dwelling while another not-for-profit organization provides on-site services. In this example the owner/operator of the housing would be the primary applicant with the service provider being a supporting applicant.

For New York City Applicants Only

New York City applicants must first apply directly through The New York City Department of Homeless Services (DHS) with the following exceptions:

- **New York City applicants whose program reserves 50% or more of their beds for persons with HIV/AIDS may apply directly to the New York State OTDA via this RFP and application.**
- **New York City applicants who serve a population consisting of families, young adults (18-25), the elderly and/or victims of domestic violence may apply directly to the New York State OTDA via this RFP and application (see page 5, Section VII. Eligible Populations).**

Applicants with questions regarding the DHS Support Services Subsidy should contact Mr. David Mittleman of NYC DHS at (212) 361-0955.

VII. ELIGIBLE POPULATIONS

The populations eligible to be served by funding under this request for proposals are described below. Please note that a COMPLETE application package should be submitted for **EACH ELIGIBLE POPULATION** which will be served.

Single Adults

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

If a program participant's income is more than one hundred fifty percent (150%) of the Federal poverty level, the project may charge that participant a service fee. Such a fee may not exceed fifty percent (50%) of the total cost of the services provided by the project, divided by the number of residents housed in the project.

Young Adults (age 18 – 25)

NYSSHP eligible young adults are those age 18 – 25, single without dependents who are eligible for benefits under the State Plan for the Federal Temporary Assistance for Needy Families (TANF) Program whose incomes do not exceed 200 percent (200%) of the federal poverty level and, unless in receipt of public assistance, whose participation in such a program would not constitute “assistance” under the Federal TANF regulations. In addition, young adults must be in need of supported housing and accompanying services which promote housing retention and self-sufficiency. Eligible young adults shall include young adults aging out of the foster care system, runaway and/or homeless youths, and/or other “disconnected” youth. Young adults with child(ren) and teenagers with child(ren) are considered families for the purposes of NYSSHP.

Families

NYSSHP eligible families are those who are eligible for benefits under the State Plan for the Federal Temporary Assistance for Needy Families (TANF) Program whose incomes do not exceed 200 percent (200%) of the federal poverty level and, unless in receipt of public assistance, whose participation in such a program would not constitute “assistance” under the Federal TANF regulations. In addition, households must be in need of supported housing and accompanying services which promote housing retention and self-sufficiency. Eligible families include homeless families, families at risk of exceeding and those that have exceeded their TANF assistance time limit, families with multiple barriers to employment and housing stability, families at risk of foster care placement of their children, and/or those that are reunited after foster care placement.

VIII. ELIGIBLE SERVICES AND COSTS

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

- case management;
- counseling and crisis intervention;
- employment and vocational assistance;
- educational assistance;
- parenting skills development;
- pregnancy prevention, including counseling;
- family reunification and stabilization;
- life skills training; and/or
- building security services.

Other lesser of priority eligible services include but are not limited to:

- information and referral;
- social/recreational services;
- staff travel; and/or
- other like services defined by the applicant.

Successful applicants will be required to maintain a case file that demonstrates service provision achievements, barriers, etc.

Applicants are encouraged to use creative and cost-effective approaches in developing a service plan. In developing the service plan for funding under this program, applicants should be cognizant of the following:

- Emphasis should be placed on increasing residents' existing and potential abilities to achieve long-term housing stability;
- A minimum of 80% of the contract amount must be allocated for costs directly associated with the provision of personal support services to tenants (i.e. personnel, fringe and consultant costs);
- A maximum of 20% of the contract amount may be allocated for direct non-personal services. These are costs that are associated with the provision of support services to tenants. Examples include, but are not limited to:
 - ✓ office supplies/equipment;
 - ✓ security supplies/equipment;
 - ✓ staff travel;
 - ✓ food for resident gatherings and/or meal provisions;
 - ✓ recreational supplies/equipment.
- A maximum of 10% of the contract amount may be allocated for administrative costs. Administrative costs are considered to be non-personal services. Examples include, but are not limited to:
 - ✓ percentage of salaries and fringe of individuals whose positions are administrative in nature that corresponds to the amount of time spent on the NYSSHP program;
 - ✓ percentage of salaries and fringe of individuals who supervise direct service staff;
 - ✓ contractual obligations associated with administering payroll of NYSSHP; and/or
 - ✓ other administrative costs.

Applicants requesting funds in support of non personal support services are subject to compliance with the overall OTDA goal for Equal Employment Opportunity/Minority and Women Business Enterprise (EEO/MWBE) Participation Requirements of 10.5% (5% Minority Owned Business and 5.5% Women Owned Business participation.) Please refer to Section XVIII, Equal Employment Opportunity/Minority and Women Business Enterprise Participation Requirements which provides guidance regarding contract funds requested in support of other than personnel costs.

Further information regarding eligible services and costs is provided in the budget section of the application.

IX. INELIGIBLE SERVICES AND COSTS

New York State Supportive Housing Program funds may not support:

- The provision of intensive services such as health, mental health, or personal supervision that should be provided either in a State-licensed or certified residential program (e.g. community residences certified by the State Office of Mental Health (OMH), adult homes licensed by the New York State Department of Health, etc.) or by other existing State or local funding streams such as Community Support Services (CSS) funds provided by OMH.
- Costs associated with the maintenance and operation of the physical plant (e.g., utilities, maintenance and repair, property insurance, janitorial services, etc.).
- Costs that would constitute “assistance” under Federal TANF regulations. Assistance under Federal TANF regulations are those services and/or benefits that are intended to provide ongoing basic income support. Assistance includes cash payments, vouchers, and other forms of benefits designed to meet a household’s on-going needs.
- Costs associated with childcare or transportation for program participants.

X. ELIGIBLE UNITS

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

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

In both cases units may be defined as transitional (up to 24 months) or permanent housing.

In no event shall units be located in an operating:

- hotel, motel or other dwelling occupied transiently;
- shelter for families as defined in 18 NYCRR Part 900 or adults, as defined by the Commissioner of OTDA in Section 2(23) of the Social Services Law;
- residential facility or institution which is required to be licensed by any State agency except for OCFS certified young adult projects.
- college or school dormitory;
- clubhouse, fraternity or sorority house;
- house intended for use primarily or exclusively by the employees of a company or institution; or
- convent or monastery.

XI. FUNDING FORMULA

Single/ Young Adults

\$200 per BED per month (\$2,400 annually)

Applications from local social service districts, units of local government and/or not-for-profit corporations must indicate their per **bed** grant request. There should not be more than 2 beds per eligible unit. This includes the young adult (18-25) population.

Families

\$275 per UNIT per month (\$3,300 annually)

Grant requests for family populations should not exceed a rate of \$275 per **unit** per month. A family unit is any portion within a supported housing project that provides sleeping accommodations for multiple persons who have a right to use bathing, toilet and kitchen facilities within the same building. Such portions can include access to common areas in the building; however, common areas are not recognized as units.

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

XII. MATCHING FUNDS

All applicants must provide a dollar-for-dollar match to the NYSSHP funds that are provided under this program. The match can be actual or in-kind expenditures incurred by eligible applicants in the operation of eligible projects, and must be documented.

In-kind expenditures are defined as the cash value of costs that are not reimbursed under NYSSHP. They may include but are not limited to, materials, equipment, space and/or staff or volunteers. The value of time donated by volunteer(s) shall not exceed the value as calculated using the New York State established minimum wage.

In-kind expenditures may be provided by the following sources, or others, subject to the approval of OTDA:

- Program staff funded from other sources which are not part of a match for any other program;
- The value of time donated by volunteers providing support services which are not part of a match for any other program. When calculating the value of the donated time, the hourly rate may not exceed the NYS minimum wage rate;
- Equipment and supplies purchased for use as part of the program;
- The portion of the building's lease or mortgage cost which can be allocated to program space;
- Consultant and/or contractual services purchased to support the program or program staff; and
- Travel costs incurred by tenants or staff as part of the program.

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

- Contract with County Department of Social Services - a letter indicating contract period and amount of per diem reimbursement and purpose of the contract;
- Contract with other State and/or local government agency - a letter from agency indicating contract period and amount of per diem reimbursement and purpose of the contract;
- Private donations/contributions - a copy of bank statements noting the available balance;
- United Way funding - a commitment letter indicating grant amount and performance period;
- Volunteer hours - a listing of volunteers and roster schedule for volunteer activities. When calculating the value of the donated time, the hourly rate may not exceed the NYS minimum wage rate.

XIII. MAINTENANCE OF EFFORT

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

XIV. SELECTION PROCESS

All proposals will be reviewed by OTDA BHS staff, who may be assisted by other State personnel as necessary. All proposals will be reviewed for completeness. Following the review and evaluation 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:

- Completeness and accuracy of the application;
- Thoroughness of the "Community to be Served & Documentation of Need" and "Program Narrative/Program Plan" sections of the application, through the provision of both statistical data and agency specific information regarding the experiences of the applicant in dealing with the eligible population in the geographic area in which the program will operate;
- Clarity of the expected measurable and quantifiable results of the program and the potential for their achievement;
- Applicant's experience with providing services to the target population;

- Evidence that the applicant understands the support services needs of the population to be served, comprehends the services needed to help individuals and/or families obtain their maximum degree of independence, and evidence that the applicant has the ability to successfully provide such services.
- Demonstrated fiscal viability of the agency and fiscal responsibility of the applicant;
- Programmatic and fiscal feasibility of the management and operation of the project site, including the project operating budget and revenue streams;
- Evidence of need in the area;
- Clear and acceptable documentation of applicant's operational readiness at the proposed project site as well as documentation of site control including, where applicable the applicant's tenancy at project site;
- Assurances that duplication of services in the geographic area in which the program will operate will be avoided;
- Cost effectiveness of the proposal in relation to other applications received, the geographic area to be served and OTDA's experience funding the applicant's existing or similar supported housing programs;
- In the case of local social services district applicants, evidence that the local social services district can properly supervise the program;
- Evidence that the applicant will meet the program's matching funds requirement; and,
- Applicants applying for Young Adult (18-25) populations should provide pregnancy prevention services.

Highest priority will be awarded through the scoring in the evaluation instrument for:

- Proposals that include housing projects which have been developed with Homeless Housing and Assistance Program funds (Program Narrative/Program Plan).
- Proposals that indicate at least ninety percent (90%) of the project's direct service costs are dependent on the proposed application (Budget);
- Projects that do not receive any additional or enhanced revenue support other than direct participant rents and rental subsidies, (e.g. Shelter Plus Care subsidies, Veterans Affairs Supportive Housing (VASH) vouchers, Housing for Persons with AIDS (HOPWA) vouchers, NY/NY III projects, project and/or tenant based Section 8 vouchers.) Supportive housing projects that have been constructed and receive an ongoing operating subsidy from the Federal or State Government are of a lesser priority.
- Projects that house tenants who are in receipt of temporary assistance or SSI and/or who are disabled veterans or formerly homeless individuals; or individuals who have exceed TANF time limits.
- Proposals that request support for a target population which has transitioned from foster care or the emergency shelter system. (Program Narrative/Program Plan).
- Applications that include a letter of support from the Local Social Services District at the time of application (Applicant Documentation & Agency Information).
- Proposals that demonstrate an ability to operate the program for the complete term of the contract (applications requesting funds in support of units/beds that are not available by the anticipated contract start date are a lesser priority) (Program Narrative/Program Plan).

All complete proposals will be evaluated based on a comparative analysis among proposals received and assigned an overall competitive score.

OTDA reserves the right to award funds by geographic region to reach underserved areas. The geographic distribution of funds will be considered only in the event that an underserved region is identified by OTDA. An underserved region will be determined and substantiated by OTDA with reference to the Continuum of Care, New York State's Analysis of Impediments to Fair Housing Choice, relevant statistical evidence, and other anecdotal evidence, including the lack of prevention support service monies in a geographical region. Should such a need arise to insure statewide coverage of NYSSHP funds, OTDA will not award funds to the lowest ranked proposal(s) in an area(s) that proportionately have received the greatest amount of NYSSHP funds from OTDA. The OTDA NYSSHP funds will then be directed to the underserved area. The regional awards will be made on a competitive basis and awards will be strictly based on the overall competitive score of all contractors identified as being able to provide supportive services in the identified underserved region. Should OTDA exercise this option, awards will be made sufficient to meet the underserved needs of the region without negatively impacting the overall ability of the NYSSHP 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%
- Community to be Served and Documentation of Need 30%
- Program Narrative/Program Plan 30%
- Budget 30%

Regardless of score, OTDA reserves the right to fund or not fund an application based on other relevant information, such as an agency’s financial viability, compliance with annual filings with the Attorney General’s Office, Vendor Responsibility Determination, and Worker’s Compensation Coverage.

In addition, approximately 2.5% of the total appropriation may be reserved to fund young adult projects and 10% to fund families with the remaining balance for the single adult population. If there are not sufficient young adult and/or family projects, money will be used to fund other eligible projects.

Awards will be made in order of the highest scoring proposals until all available funds are exhausted, with the following exceptions:

1. The lowest scored awarded proposal may not receive the entire requested amount if there are insufficient funds remaining.
2. The requested amount may be reduced by all ineligible expenses.
3. Awards may be proportionately reduced to ensure the availability of Supportive Housing funds statewide.
4. If there are other viable proposals, OTDA reserves the right to fund projects in excess of 51 units at a lower rate of one hundred eighty dollars (\$180) per bed per month or \$2,160 annually and/or family units at a lower rate of \$250 per unit per month or \$3,000 annually.
5. If there are other viable proposals, no one award may exceed 50% of the total available funds.
6. For umbrella applications (Primary applicant is applying on behalf of multiple agencies), projects of a lesser priority may not be funded.
7. Applicants are encouraged to develop cost effective proposals. For those applicants seeking continued funding, past spending practices and performance may be considered when determining award amounts. In the event that OTDA has determined via competitive score that an existing contractor with a history of unspent contract monies should be awarded new funds, OTDA reserves the right to reduce the award based on the performance history and the reasonableness of the request. In such an instance the reduced award would not exceed 125% of the contractor’s past average annual spending. Existing contractors should thoroughly justify the need for the additional funds if requesting an amount in excess of past awards.
8. OTDA reserves the right to reduce funding amounts for units/beds that will not be operational for the full contract term.

XV. AWARD PROCEDURES

Upon approval of funding recommendations by OTDA, award notices and contract development instructions will be issued to successful applicants. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets NYSSHP program objectives. Those contractors not current in filing with the NYS Attorney General’s Bureau of Charities Registration cannot be awarded a contract.

Awardees will be asked to develop a detailed implementation plan that sets forth the program goals and provides time frames for the performance of those goals. The contracts resulting from this RFP will start on or about January 1, 2012.

This RFP governs the provision of NYSSHP for a five (5) year contract cycle to be funded annually for one (1) year periods depending upon the availability of continued NYSSHP funding, satisfactory performance, and the discretion of OTDA. Entities not selected for funding also will be notified by mail of OTDA's decision and kept in queue in the event that additional resources become available in the future.

OTDA reserves the right to award all, some, or none of the monies available for NYSSHP. OTDA reserves the right to adjust annual funding levels in subsequent contract years should a project not attain an overall 90% occupancy rate, determined by averaging occupancy rates stated in the Quarterly Reports submitted for each 3 month period. Funding levels may be adjusted to the average occupancy rate. OTDA will withhold funding

during the contract term should beds become unavailable for greater than a 90 day period.

XVI. REPORTS AND RECORD KEEPING

Reports will be required on at least a quarterly basis describing the progress of NYSSHP activities, certifying the number and types of services provided, the number of individuals served, the occupancy rate per month, and the number of available beds. A reporting format has been developed and will be distributed to contractors.

Contractors must ensure that books, records, documents, and other evidence associated with the costs and expenses of the contract are maintained. The detail of these records must document all costs of materials, equipment, supplies, services, 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 this contract, including financial audits, budgets, 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.

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

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

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

XVII. GENERAL TERMS AND CONDITIONS

Contracts resulting from this RFP will commence on or about January 1, 2012. This RFP governs the provision of NYSSHP for a five (5) year contract cycle to be funded annually for one (1) year periods. All contract funding will be dependent upon the availability of continued NYSSHP funding, the need for the services, satisfactory performance and at the sole discretion of OTDA.

The terms and conditions for all funded proposals are specified in a detailed contract. The detailed contract must be signed by the grantee and OTDA, approved by the Attorney General's Office, and approved by the Office of the State Comptroller before any work begins or payments are made. Successful applicants will be sent a final negotiated contract for signature. **No services may be reimbursed unless and until a fully executed contract is in place.**

Successful contractors will be requested to submit all contract documents, narratives and budgets electronically. Successful contractors will be required to comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epunit@osc.state.ny.us or by telephone at 518-474-4032.

The following will be incorporated as appendices into any contracts resulting from this Request for Proposals:
State of New York Standard Agreement

APPENDIX A	Standard Clauses for all New York State contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX A-2	Agency Program Specific Clauses
APPENDIX B	Budget and Matching Funds
APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Program Narrative
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 Office of Temporary and Disability Assistance Contracts and Grants
ATTACHMENT Q	Electronic Correspondence

The AGREEMENT section of the Application, page 28, provides a summary of the basic provisions of the contract.

The detailed contract will be available for review at: <http://otda.ny.gov/contracts/procurement-bid.asp> . Applicants are encouraged to review a copy of the contract before submitting an application. Applicants may also request a draft contract package, by submitting a request, in writing to:

New York State Office of Temporary and Disability Assistance
Bureau of Housing Services
40 North Pearl Street, 10th Fl., Section B
Albany, New York 12243
Attn: Karen Pierino

OTDA will conduct a review of all prospective contractors in order to provide reasonable assurances that the vendor is responsible. Vendor responsibility will be determined regarding each applicant’s authority to do business in New York, their business integrity, financial and organizational capacity and performance history.

OTDA reserves the right, if funds become available, 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 (updated information may be requested from awardees as deemed necessary by OTDA). 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 additional funding becomes available. OTDA reserves the right to award all, some, or none of the monies available.

XVIII. 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)

A. 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 (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>.

B. 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	TBD
WOMEN OWNED BUSINESS PARTICIPATION	TBD
EQUAL EMPLOYMENT OPPORTUNITY PARTICIPATION	TBD

C. EEO Requirements

1. Prior to the Award of a State Contract

- a. 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:
 - i. 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.
 - ii. Except for construction contracts, an EEO Staffing Plan of anticipated workforce, which should document:
 - a) The workforce proposed to be utilized on the State Contract; or
 - b) 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.
- b. 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.
- c. 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.

2. 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).

D. M/WBE Requirements

1. 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.
2. 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.

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.

3. 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:
 - 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:
 - a) 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;
 - b) 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
 - c) 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.
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:

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.

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.

- ✓ 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.
 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 the Statute, OTDA is required to post contractor utilization plans, and any applicable waivers on the agency website.

APPLICATION

PACKAGE

I. APPLICATION GUIDELINES

A COMPLETE application package should be submitted for **EACH ELIGIBLE POPULATION** which will be served. **Be sure to answer each question in terms of the population to be served.**

✓ Applications by local social service districts

Local social services districts or a unit of government that applies on behalf of eligible operating NYSSHP projects in their counties must include forms B-1 and B-2 of the application package that accompanies this RFP. Local social services districts or units of government should respond to each section of the RFP and provide sufficient detail on behalf of all of the proposed subgrantees. Local social services districts or units of government are encouraged to identify high, medium, and low priority projects to be considered for funds.

✓ Direct applications by not-for-profit corporations

Direct applications should be made only where the project sponsor has contacted the local social services district and determined that the local social services district will not be submitting an application for that district. Before directly awarding any funding to eligible applicants for NYSSHP services, OTDA reserves the right to consult with the local social services district where the eligible project is located regarding the need for the NYSSHP within the district, the ability of the project to provide NYSSHP and any other factors which are necessary to effectively evaluate direct application by eligible projects.

If a single applicant plans to serve FAMILIES, SINGLES and/or YOUNG ADULTS, a separate application package must be completed for each population. The application package is designed in a question and answer format. Each response should restate the question and then provide a detailed response. Applicants should strictly adhere to the format set forth in this package. Failure to address each question completely will adversely affect the competitiveness of the proposal. Although 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.

Forms B 1-2 To be completed by local social services districts and units of government only. These forms request a summary of the local social services district's or unit of government's overall "Funding Plan," which lists the proposed projects and, discusses the process by which projects were chosen and states the source and amount of the local district match.

Direct applicants need not complete section B.

The application package is designed in a question and answer format. Please label responses as to the section and question; each response should restate the question. Failure to address each question completely will adversely affect the score of the proposal. **Although documents may be attached to the application, only the information provided in direct response to a question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.** For instance, simply submitting excerpts from the local Continuum of Care Plan in response to the Documentation of Need Section will not be favorably reviewed.

Narrative portions of the proposal should be written in a legible, size 12 font with margins of no less than one inch on each side of the document.

II. CONTENTS OF APPLICATION PACKAGE

Section A – APPLICANT DOCUMENTATION

- **Applicant Information Form - Page 23**
Complete all applicable sections and return with the application.
- **Executive Proposal Summary - Page 24**
Provide concise summary of proposal.

Section B – LOCAL SOCIAL SERVICES DISTRICT/ UNIT OF GOVERNMENT

- **B1- Local Social Services District/Unit of Government Information Form - Page 25**
Complete all sections and return with the application. (*Local Social Services Districts/Unit of Government only*)
- **B2- Local Social Services District/Unit of Government Funding Plan Summary – Page 26**
Complete all sections and return with the application. (*Local Social Services District/Units of Government only*)

Section C – AGENCY INFORMATION

- **Funding Agency Contact Information Form - Page 27**
Complete all applicable sections and return with the application.
- **Agreement Form - Page 28**
Complete, sign, and return with the application.
- **Notification to LDSS of Intent to Apply and Request for Letter of Support- Page 29**
Complete and submit copy with application package.
- **Letter of Support Sample Format- Page 30**
To be submitted to LDSS with notification letter on page 29.
- **Organizational Status - Page 31**
Must be completed by all applicants and any subcontractors included in the proposed program and submitted with the application.
- **M/WBE and EEO Policy Statement – Pages 32-33**
Must be completed by the applicant and submitted with the application.
- **Equal Employment Opportunity Work Force Employment Utilization/Compliance Report– Pages 34-35**
Must be completed by the applicant and submitted with the application
- **M/WBE Goal Requirements and Certification of Good Faith Efforts – Pages 36-37**
Must be completed by the applicant and submitted with the application form.
- **Subcontracting Utilization Form- Page 38**
Must be completed by the applicant and submitted with the application form if utilizing subcontractors.
- **Contractor/Subcontractor Background Questionnaire - Pages 39-41**
All applicants are required to complete this form and submit as part of their application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.
- **Sectarian Organization Compliance Form – Page 42**
Respond to eight questions.
- **Letter of Intent to Participate – Pages 43-44**
Must be completed by the applicant and submitted with the application.
- **Request for Waiver Form – Pages 45-46**
Must be completed by the applicant and submitted with the application.
- **Minority Business Enterprises and Women-Owned Business Enterprises Participation Narrative. – Page 47**

- **Attach Copies of: - Page 47**
 - ✓ Most recent Audited Financial Report (Should have been completed within the past 12 months; if not provide an explanation)
 - ✓ Board Profile
 - ✓ Certificate of Incorporation
 - ✓ Verification of current Workers Compensation Coverage
 - ✓ Verification that Annual Charities Registration is current
 - ✓ Local District Letter of Support
 - ✓ Employment Opportunity (EEO) Policy Statement; OTDA's policy statement may be used here. (See pages 32-33)

Section D – COMMUNITY TO BE SERVED AND DOCUMENTATION OF NEED

- **Coordination With Local Homeless Service Delivery System – Page 48**
Describe the community to be served, the coordination of the existing homeless service delivery, existing resources, and provide evidence of the need.
- **Eligible Population Information – Page 49**
Respond to seven questions that ask you to describe the population to be served.
- **Housing Needs – Page 49**
Describe the housing needs of the target population.
- **Supportive Services Needs – Pages 49-50**
Describe the supportive services needs of the target population.
- **Avoiding Duplication of Effort – Page 50**
Provide a narrative describing the agency's effort to avoid duplication of services.

Section E – PROGRAM NARRATIVE/ PROGRAM PLAN

- **Program Description – Pages 50-51**
Respond to ten questions that ask you to describe your proposed program.
- **Organization Background – Pages 51**
Describe your agency and resources to be committed to the NYSSHP project.
- **Program Evaluation – Pages 52**
Describe an existing program and related outcomes.
- **Support Services Plan – Page 53**
Complete all applicable sections and return with the application.
- **Site Control/Site Information Form – Page 54**
Complete all applicable sections and return with the application.
- **Project Information Summary Form – Page 55**
Complete all applicable sections and return with the application.

Section F – BUDGET

- **Building Operating Budget – Pages 56-57**
Complete all applicable sections and return with the application.
- **Instructions for Completion of Budget- Pages 58-60**
- **5 Year Budget Statement – Page 61**
- **Annual Budget Summary Page 62**
- **Personal Services Budget Statement- Pages 63-64**
- **Non-Personal Services Budget Statement- Pages 65-68**
- **Documentation of Matching Funds – Pages 69-70**
A dollar for dollar match is required of all applicants. Applicants must identify the source of matching funds and provide documentation of availability of funds. Additionally, a letter signed by an authorized representative of the applicant agency must accompany the application. Further guidance for matching funds requirements can be found on page 8.
- **Attach Copies of:**
 - ✓ Match Certification Letter
 - ✓ Documentation of Matching Funds

III. APPLICATION PACKAGE

Section A. APPLICANT DOCUMENTATION

APPLICANT INFORMATION FORM

Applicant: _____

Type of Organization: _____ Social Services District _____ Unit of Government _____ Not-for-Profit

Street Address/P.O. Box: _____

County: _____ City: _____ Zip Code: _____

Agency Contact: _____ Title: _____

Telephone # (With Area Code): _____ Fax Number: _____

E-mail Address: _____

Is this a NY/NY agreement project? Yes _____ No _____

*if Yes please circle; NY/NY I NY/NY II NY/NY III

Please indicate which population you are applying for: Single Adults _____ Young Adults _____ Families _____

Funding Formula: _____ Beds/Units X \$ _____ Rate X 12 months = _____

Amount of NYSSHP Grant Requested: \$ _____

Amount of Matching Funds: \$ _____

TOTAL: \$ _____

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): _____

What is your organization's Federal Employer Identification Number? _____

What is your organization's **six digit** State Registered Charitable Organization number? _____

Is your organization current with the NYS Office of the Attorney General Charities Registration filing requirements?

YES _____ NO _____

If not, why? _____

Does your agency have Worker's Compensation Coverage? please circle Yes / No

Are any of these units/beds developed, rehabilitated, or are currently in development with Homeless Housing and Assistance Program (HHAP) funds?

Yes _____ (Contract # _____) No _____

If yes, how many units/beds in this proposal are funded with HHAP funds? _____

Are any of these units/beds developed, rehabilitated, or currently in development with other NY Capital program funds?

Yes _____ (State Agency _____ Contract # _____) No _____

Section A. APPLICANT DOCUMENTATION

EXECUTIVE PROPOSAL SUMMARY

Provide a one-paragraph summary of your Organization’s NYSSHP proposal. Include the following information:

- Amount of grant requested;
- Number and type of units (permanent or transitional);
- Geographic area where services will be provided;
- The target population;
- What the funds will support (i.e. personnel, fringe);
- Services that will be offered; and,
- The anticipated measurable outcomes. These are noted improvements in the population served. At least 2 of the listed outcomes measures should be addressed, you may also add other measures. List your anticipated outcomes in percentage (%) format;

Outcome Measures: Education, Employment, Employment Income, Life Skills, Housing Stability, Physical Well-being, Mental Well-Being.

Suggested format:

(Organization Name) is requesting **(annual amount of request)** in support of **(# of Units/Beds)** in **(permanent / transitional housing)** to serve **(# of (single adults/young adults/families))** in **(borough/county/city)** with history of **(characteristics)** residing in our housing units. Funds will pay for the **(e.g. - partial salary)** of the **(e.g. - Program Director)**, and **(e.g. - full salaries)** of **(e.g. - two Case Managers)**. Services to be provided include **(e.g. - case management, education and employment skills enhancement)**. Services offered will assist **(e.g. - 50% to obtain f/t employment, 10% to obtain GEDs, and 25% to maintain stable housing for at least 365 days.)**

***Please be brief. There will be an opportunity to provide detailed information later in the application process.**

No further entries on this page.

Section B. LOCAL SOCIAL SERVICES DISTRICT /UNIT OF GOVERNMENT
INFORMATION FORM

FORM B-1

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

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

_____ Yes _____ No

If partial, what percent _____%

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

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

No further entries on this page.

Section B. LOCAL SOCIAL SERVICES DISTRICT/UNIT OF GOVERNMENT FUNDING PLAN SUMMARY
FORM B-2

New York State Supportive Housing Program (NYSSHP)
(For Participating Local Social Services Districts and Units of Government Only)

1. Funding Plan Summary

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

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

TOTAL

In addition to this summary and the preceding page, please complete application sections C - F.

(Use additional sheets if necessary)

Prepared By: _____

Title: _____

Phone: _____

Date: _____

Section C. AGENCY INFORMATION

AGREEMENT

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

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

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

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

(Signature of official authorized to sign for applicant) (Date)

(Typed Name and Title) (Date)

Section C. AGENCY INFORMATION

Notification to LDSS of Intent to Apply and Request for Letter of Support

NOTE: This is an example of the format, which should be followed.

AGENCY LETTERHEAD

Date

Name of Local Department of Social Services
Street
City, State
Zip Code

To Whom It May Concern:

This letter serves as notice that **Your Agency Name** will be applying for funding from the New York State Supportive Housing Program (NYSSHP), which is offered through the NYS Office of Temporary and Disability Assistance (OTDA).

It is our understanding that **Name of LDSS** will not be submitting an application for the above mentioned procurement opportunity. In order to assist us with the application process, we are requesting a letter of support from you on behalf of our organization. A sample format for this letter is enclosed. We greatly appreciate your cooperation in this matter.

Sincerely,

Signature of Authorized Agency Representative

Section C. AGENCY INFORMATION

LDSS Letter of Support Sample Format

NOTE: This is an example of the format and need not be limited to the below outline.

DEPARTMENT LETTERHEAD

Date

Name and Title of Authorized Agency Representative

Agency Name

Street

City, State

Zip Code

Dear _____:

I, Name, serving as Title of County DSS or similar body, am in support of the project proposed by Agency Name for funding from the New York State Supportive Housing Program (NYSSHP). County DSS or similar body approves of Agency Name plan to undertake eligible activities under the NYSSHP program.

Sincerely,

Signature

Section C. AGENCY INFORMATION

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/UNIT OF GOVERNMENT**

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.

Section C. AGENCY INFORMATION

M/WBE and EEO Policy Statement

OTDA – 4970 ELW (Rev. 4/10)

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

- 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.

(a) This organization will not discriminate against any employee or applicant for employment because of race,

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

EQUAL EMPLOYMENT OPPORTUNITY WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT

Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Reporting Period: <input type="checkbox"/> January 1, 20__ - March 31, 20__ <input type="checkbox"/> April 1, 20__ - June 30, 20__ <input type="checkbox"/> July 1, 20__ - September 30, 20__ <input type="checkbox"/> October 1, 20__ - December 31, 20__
Offeror's Name:		Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Address:		

Enter the total number of employees in 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			
		Male (M)	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.: EMAIL ADDRESS:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):	Submit completed form to:	

General Instructions: The work force utilization/compliance report (**EEO Workforce Utilization report04-10**) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 10 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

Instructions for completing:

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading 'Work force by Gender'
7. Break down the total work force by race/ethnic background and enter under the heading 'Work force by Race/Ethnic Identification'.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. 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**

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

Section C. AGENCY INFORMATION

SUBCONTRACTING UTILIZATION FORM

Agency Contract: _____ Telephone: _____
 Contract Number: _____ Dollar Value: _____
 Date Bid: _____ Date Let: _____ Completion Date: _____

Contract Awardee/Recipient: _____
 Name _____
 Address _____
 Telephone _____

Description of Contract/Project Location: _____

Subcontractors Purchase with Majority Vendors:

Participation Goals Anticipated: _____ % MBE _____ % WBE
 Participation Goals Achieved: _____ % MBE _____ % WBE

Subcontractors/Suppliers:

Firm Name and City	Description of Work	Dollar Value	Date of Subcontract	Identify if MBE or WBE or NYS Certified

Contractor's Agreement: My firm proposes to use the MBEs listed on this form

Prepared By: (Signature of Contractor)	Print Contractor's Name:	Telephone #:	Date:
Grant Recipient Affirmative Action Officer Signature (If applicable):			

FOR OFFICE USE ONLY

Reviewed: By:	Date:
M/WBE Firms Certified: _____	Not Certified: _____
CBO: _____	MCBO: _____

Section C. AGENCY INFORMATION

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? 1b. If you are a corporation, are you a New York State corporation? 1c. Are you registered with the New York State Department of State (DOS) to do business in New York State? 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 _____ NO _____ YES _____ NO _____ YES _____ 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)? 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 _____ 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: * Within New York State? * Outside of New York State? * Outside of United States?</p>	<p>_____ _____ _____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>_____ NO _____ YES (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>

<p>8. Within the past five years has the bidder, any affiliate, any predecessor company or entity, any owner of 5.0% or more of the bidder's equity, or any director, officer, partner, or employee, or other agent of the bidder who either routinely or frequently acts for the bidder, or has acted for the bidder at any time in conjunction with the pending contract, or any similar contract with New York State, been the subject of:</p> <p>a) A judgment of conviction for any business-related conducts constituting a crime under state or federal law?</p> <p>b) A currently pending indictment for any business-related conducts constituting a crime under state or federal law?</p> <p>c) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?</p> <p>d) A federal suspension or debarment, New York rejection of any bid or disapproval of any proposed subcontract for lack of responsibility, denial or revocation of pre-qualification in any state, or a voluntary exclusion agreement?</p> <p>e) A civil or criminal investigation of the New York State Ethics Commission involving a violation(s) of Section 73 and/or Section 74 of the Public Officer's Law?</p> <p>f) Any bankruptcy proceeding?</p> <p>g) Any suspension or revocation of any business or professional license?</p> <p>h) Anyone whose license to provide health care services under investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by any State licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity?</p> <p>i) Any failure to notify the OTDA of any investigation, citation, suspension (including suspension stayed on compliance with compulsory terms) and/or conviction by a State agency of a matter within its jurisdiction?</p> <p>j) Any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations for violations of:</p> <ul style="list-style-type: none"> * federal, state or local health laws, rules or regulations; * unemployment insurance or workers compensation coverage or claim requirements; * ERISA (Employee Retirement Income Security ACT); * federal, state or local human rights laws; or, * federal, state security laws? <p>k) A grant of immunity for any business-related conducts constituting a crime under a state or federal law?</p> <p>l) Any federal determination of a violation of any labor law or regulation, or any OSHA serious violation? Was violation willful?</p> <p>m) Any state determination of a violation of any labor law or regulation?</p> <p>n) Any state determination of a Public work violation? Was violation deemed willful?</p> <p>o) A revocation of MBE or WBE certification?</p> <p>p) A rejection of a low bid on a state contract for failure to meet statutory affirmative action or MWBE requirements?</p> <p>q) A consent order with the NYS Department of Environmental Conservation, or a federal or state enforcement determination involving a construction-related violation of federal or state environmental laws?</p>	<p>Check any that apply. If "yes", describe using additional pages if necessary)</p> <p>_____ NO _____ YES</p>
<p>9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?</p>	<p>_____ NO _____ YES</p>

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

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
2011-2016 Request for Proposals and Application**

Section C. AGENCY INFORMATION

SECTARIAN ORGANIZATION COMPLIANCE FORM

	YES	NO
1. Is the contractor a sectarian organization? (For example, a corporation organized under the religious corporation law or a corporation which has as a corporate purpose the provision of services to a particular religious group or promoting the doctrine of a particular religion or religion in general.)	_____	_____
2. Are any of the proposed services sectarian in nature?	_____	_____
3. Does the agency have as a goal the furthering of any sectarian purpose?	_____	_____
4. Are services to be provided by sectarian staff?	_____	_____
5. Are services being delivered in a building owned by a sectarian organization?	_____	_____
If no, proceed to question number six. If yes, are services educational in nature?	_____	_____
6. Will the proposed services be provided on the basis of race, religion, color or national origin?	_____	_____
7. If the contract is with a sectarian organization, is the amount and comprehensiveness of the surveillance necessary to insure the contract does not foster or inhibit religion greater than the contact necessary to administer a similar contract with a non-sectarian agency?	_____	_____
8. If any of the above answers are yes, please justify the recommendation for funding below:		

Contractor Name: _____
 County: _____
 Address: _____

Federal ID #: _____ Funding Source: NYSSHP
 Charities Registration Number: _____
 OTDA Project Officer Karen Pierino Phone: (518) 473-6440

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
 NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
 SFY 2011-2016 Request for Proposals and Application**

Section C. AGENCY INFORMATION

Letter of Intent to Participate

**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:

- MBE - Subcontractor
- WBE - Subcontractor
- MBE - Supplier
- WBE - Supplier

Joint venture with:

Name: _____

Address: _____

Fed ID Number: _____

MBE

WBE

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
SFY 2011-2016 Request for Proposals and Application**

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

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
SFY 2011-2016 Request for Proposals and Application**

Section C. AGENCY INFORMATION

Request for Waiver Form

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:			
<p>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</p> <p>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</p> <p>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: _____</p>			
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:	
<p>Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit:</p> <p style="text-align: center;">NYS OTDA ATTN: Ms. Wilma BrownPhillips, MWBE</p> <p>Director M/WBE Program Management Unit Harlem Center 317 Lenox Avenue New York, New York 10027</p> <p>Email to: Wilma.BrownPhillips@OTDA.State.NY.US</p>	***** FOR AGENCY USE ONLY *****		
	REVIEWED BY:	DATE:	
	Waiver Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO	MBE: <input type="checkbox"/>	
	WBE: <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:			

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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.

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Section C. AGENCY INFORMATION

1) MINORITY BUSINESS ENTERPRISES AND WOMEN-OWNED BUSINESS ENTERPRISES PARTICIPATION NARRATIVE

Describe what affirmative steps will be taken to foster and promote participation by Minority Business Enterprises and Women-Owned Business Enterprises in the procurement of goods and services as subcontracts and vendors/suppliers, and by minorities and women in the development and operation of the proposed project.

- 2) Is your agency required to have an A-133 audit? Yes____ No____ Amount of Federal \$ _____
- 3) Is your attached audited financial statement dated within the last 12 months?
Yes_____ No_____ If no, why? _____
- 4) Have there been any findings in your financial audits? Yes____ No____
If yes, describe_____
- 5) Current Ratio:
Current Assets_____
- Current Liabilities_____
- Current Ratio (Assets divided by Liabilities) _____

Following this narrative, attach copies of the following:

- ✓ Most recent Audited Financial Report (Should have been completed within the past 12 months; if not provide an explanation)
- ✓ Board Profile
- ✓ Certificate of Incorporation
- ✓ Verification of current Workers Compensation Coverage
- ✓ Verification that Annual Charities Registration is current
- ✓ Local District Letter of Support
- ✓ M/WBE and Equal Employment Opportunity (EEO) Policy Statement; OTDA's policy statement may be used here. (See pages 32-33)

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Section D. COMMUNITY TO BE SERVED AND 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 the proposal. 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) COORDINATION WITH LOCAL HOMELESS SERVICE DELIVERY SYSTEM

NYSSHP funding is intended to complement existing homeless services within local communities. In order to maximize the use of this funding, applicants should demonstrate that they are part of a coordinated homeless services delivery system. Please describe the existing homeless service system within your community by addressing the following questions:

- A. Identify the geographic area to be served (community, borough, city, etc.).
- B. Describe the means by which homeless service delivery is currently coordinated within this geographic area:
- i. Is there an existing Continuum of Care planning process and/or a Ten Year Plan to End Homelessness? If so, please describe, in no more than one page, how the planning process(es) operate.
 - ✓ 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.
 - ✓ Does your agency participate with the Homeless Management Information System (HMIS)?
 - ii. If there **is not** an existing Continuum of Care or Ten Year Plan to End Homelessness process in the area, please describe in no more than one page how homeless services in the geographic area are currently coordinated.
 - ✓ Include information about the role of the local Department of Social Services in this process.
 - ✓ Explain the role that your agency plays in this coordination process.
 - ✓ Explain how the program(s) funded through this RFP will be coordinating with existing homeless services programs in your community.

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Section D. COMMUNITY TO BE SERVED AND DOCUMENTATION OF NEED

2.) ELIGIBLE POPULATION INFORMATION

- A. Provide the number of beds/units in the project and estimate the number of individuals to be served based on projected turnover rates. **(Reminder: a separate application is required for each target population that will be served, single/young adult vs. family.)**
- B. Provide the demographics and characteristics of the target population to be served by the proposed program. The narrative should include: Gender, average age, economic status, household composition, veterans, mentally disabled, ex-offenders, adults with history of alcohol and or substance abuse, persons living with HIV/AIDS, victims of domestic violence, mentally ill other [please describe].
- C. Describe the special needs of the target population to be served.
- D. Describe the typical living situations for the majority of tenants prior to being referred to the project. Please include the percentage of individuals served that are homeless at time of entry, or were at risk of becoming homeless without being housed by the proposed program.
- E. Tenant Incomes - list the percentage of tenants proposed for funding under this program who receive income from the following sources: Public Assistance, SSI, Social Security/Disability, Salary, TANF, Other (explain).
- F. Please explain your recidivism rate (the % of residents who return to homelessness after leaving your program).
- G. Discuss the relationship between the proposed target population and the previously described community in Section D.

3.) HOUSING NEEDS

Please describe the housing needs of the homeless single adults, young adults or families that the proposed program intends to serve by answering the following questions:

- A. What is the Fair Market Rent structure for 0, 1, and 2 bedroom units in your service area?
- B. What is the vacancy rate for rental apartments?
- C. What other transitional and permanent supportive housing units currently exist for this population?
- D. How does your project address the gap in transitional and permanent supportive housing units for the target population?
- E. What impact would there be on the local homeless housing system if this project were not to receive NYSSHP funding?

4.) SUPPORTIVE SERVICES NEEDS

Please describe the supportive services needs of the population to be served.

- A. What are the employment needs of the target population? What are the area conditions of the employment market (e.g. unemployment rate, major employers, etc.) What resources currently exist to assist the target population with the employment needs?

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- B. What are the mental health/supportive counseling needs of the target population? How are they currently being met?
- C. What are the substance abuse treatment needs of the target population? What resources exist in the community to meet these needs?
- D. What is the range of life skills, including parenting skills, with which the target population may need assistance? What resources currently exist in the community?
- E. What other services may be needed by the target population in order to assist them in remaining housed and moving toward self-sufficiency? Which of these services are available within the community?

5.) AVOIDING DUPLICATION OF EFFORT

- ✓ Please describe how duplication of services will be avoided?

Section E. PROGRAM NARRATIVE / PROGRAM PLAN

PROGRAM DESCRIPTION

1. Explain in detail the proposed activities and how they provide comprehensive support services designed to stabilize, enhance employability, and/or enhance self-sufficiency for those residents who are formerly homeless and/or at-risk of homelessness.

Please be sure to include:

- ✓ A detailed description of the day-to-day operations of your program (describe the process for participants from referral to discharge and follow-up).
 - ✓ Explain how your agency will perform outreach for the proposed program.
 - ✓ Describe the main source of resident referrals.
 - ✓ Describe the intake process including eligibility determination.
 - ✓ Explain how instruction in independent living skills and other supportive services will be implemented.
 - ✓ Describe procedures for handling evictions and other resident related problems; also include any current problems in management and operation of the project and how you are addressing these problems.
 - ✓ Explain the requirements for program participants.
2. Explain who will perform the activities outlined above.
 - ✓ Include the staffing pattern.
 - ✓ Include staff qualifications and experience.
 - ✓ Summarize each job description (attach job descriptions).
 - ✓ Include any special provisions, e.g. bilingual services.
 - ✓ Include availability of services during nontraditional working hours.
 - ✓ Include any consultants' role.
 3. Explain whether the program will provide these services directly or through referral and/or subcontracting to other organizations.
 - ✓ If by referral, attach copies of linkage agreements with those organizations and discuss how the linkages will enhance the proposed project. Agreements should include a synopsis of the services

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- to be provided and the mechanisms your agency will put in place to follow up on the provision of these services.
- ✓ If by subcontracting, provide a description of the subcontracting agency's experience with provision of services to the target population. Also, please attach copies of any draft contracts expected to be entered into as a result of this proposal being funded.
4. Provide detailed time frames for program implementation including whether or not all units/beds will be operational for the full contract term.
 5. Please explain your agency's relationship with the local Department of Social Services. Did the LDSS provide a letter of support?
 6. Provide a narrative describing the facility. Include but do not limit the narrative to:
 - ✓ Type of units (transitional/permanent) (Transitional- length of stay does not exceed 2 years; Long Term- length of stay can be permanent; or both- program allows for transitional and long-term stay).
 - ✓ Is there a waiting list?
 - ✓ Average occupancy rate
 - ✓ Average time for turnover of apartments (how long it takes for a vacated apartment to be reused)
 - ✓ Support service space
 - ✓ Common areas
 - ✓ Other non-residential space, etc.
 7. Provide a brief narrative describing the average length of stay for residents.
 8. Discuss the measurable and quantifiable anticipated outcomes that the proposed program will provide to participants. Include but do not limit the discussion to:
 - ✓ Percent of participants who will demonstrate improvement in life skills.
 - ✓ Percent of participants who will demonstrate improvement in employment skills, educational achievement, family stability, increased earnings, physical and/or mental health etc.
 - ✓ Percent of participants who will maintain stabilized permanent housing.
 - ✓ Percent of participants who will achieve self sufficiency (no longer dependent on public assistance, etc.)
 9. Discuss how the agency will monitor the success of the program and the process the agency will use to implement programmatic changes in the event the above anticipated outcomes are not being realized.

ORGANIZATION BACKGROUND

10. Briefly describe the history of your agency and provide a general description of the agency structure. (Please include an organizational chart.)
11. Describe resources and skills your organization specifically will commit to carry out the proposed NYSSHP funded activities.
12. Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative.

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13. Provide evidence of your agency's experience in providing services to this or similar populations.

PROGRAM EVALUATION

14. Please provide a summary of a current program that would best demonstrate your agency's ability to administer the proposed NYSSHP project. Responses should include funding source, overall summary of the project and outcomes achieved by the program.

No further entries on this page.

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Section E. PROGRAM NARRATIVE / PROGRAM PLAN

SUPPORT SERVICES PLAN

15. Check all support services that are currently provided and identify those that would be supported through this program:

Service	Currently Provide			Services to be Provided by Proposed NYSSHP project		
	By Applicant	By Other Agencies	On-site	By Applicant	By Other Agencies	On-site
Housekeeping						
Front Desk Service						
Security						
Information/Referral						
Advocacy Assistance						
Recreational Services						
Counseling						
Services Coordination						
Breakfast						
Lunch						
Dinner						
Employment Services						
Health/Mental Health						
Substance Abuse						
Educational Services						
Pregnancy Prevention						
Independent Living Skills Development						
Other--Specify						

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Section E. PROGRAM NARRATIVE / PROGRAM PLAN

SITE CONTROL/SITE INFORMATION

To be completed by all applicants. Attach a separate page for each additional proposed project site.

16. Check the category indicating not-for-profit applicant's relationship to project site:

Owner _____ Lessee _____ Service Provider _____

17. Attach appropriate documentation of relationship to site:

- for **owners**, copy of deed;
- for **lessees**, copy of lease or proposed lease;
- for **operators who are not owners or lessees**, copy of contract, managing agreement, or other documents.

18. Identify the category of current Certificate of Occupancy for project site and occupancy date:

19. Attach current Certificate of Occupancy. If unable to provide, explain below:

20. Does the project site have any uncorrected violations of State or local building or fire codes?

Yes _____ No _____

If yes, describe plans to correct these violations.

No further entries on this page.

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Section E. PROGRAM NARRATIVE / PROGRAM PLAN

PROJECT INFORMATION SUMMARY
Attach a separate page for each proposed project site

1. Name of project (if any)

2. Project Site Address:

Site 1: _____
(Number) (Street) (City/Town)

(Zip) (County)

3. Total Number of:

_____ Units at Project Site _____ Beds at Project Site

*(Note: "Total Number" = both units /beds that are eligible for funding and those that are not;
see Section X of RFP for definition of eligibility)*

4. Number of:

_____ Eligible Units _____ Eligible Beds

5. Please identify the number of eligible beds as follows:

Shared Bath & Kitchen _____ # Private Bath Only _____
Private Kitchen Only _____ # Private Bath & Kitchen _____

6. Please identify the number of units as follows:

Private Unit _____ Shared Unit _____

7. A) Does applicant request program funds that support beds developed, rehabilitated, or currently in development with the Homeless Housing Assistance Program (HHAP)?

Yes _____ No _____

B) If yes, how many beds will be funded? _____

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Section F. BUDGET

BUILDING OPERATING BUDGET

1) Current Operating Budget

Please provide operating cost figures for the project site for the most recently completed operating year. If the project has been operating less than one year, provide estimated costs. Include only actual cash expenditures and only those items for which residents are not charged individually (e.g., if residents pay their own electric bills, include utility charges for non-residential space only).

PROJECTED OPERATING BUDGET							
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	% Change
A.	OPERATING BUDGET						
	1. Real Estate Tax						
	2. Water & Sewer Tax						
	3. Fire/Liability/Other Insurance						
	4. Fuel						
	5. Utilities						
	6. Exterminating						
	7. Carting						
	8. Repairs and Maintenance						
	9. Legal and Accounting						
	10. Miscellaneous						
	11. Subtotal 1 - 10						
	12. Replacement Reserve						
	13. Operating Reserve						
	14. Management Fee						
	15. Maintenance Payroll						
Total Line 11+ Lines 12 -15							
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
B.	PROGRAM BUDGET						
	1. Support Services Payroll						
	2. Laundry						
	3. Food						
	4. Program Admin Costs						
	5. Other Program Costs						
Total Lines 1 - 5							
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
C.	ANNUAL DEBT SERVICE						
	1. Debt Service						
		YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
TOTAL A +B + C							

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Section F. BUDGET

BUILDING OPERATING BUDGET

<i>OPERATING BUDGET</i>								
REVENUES								
		#Units		Rent		# Mon(s) or Days		
1	HHAP Units - Initial Rents (per month x 12 or per day x 365)							Revenue
	SRO Units		@		per		=	
	Studio Units		@		per		=	
	1 Bedroom Units		@		per		=	
	2 Bedroom Units		@		per		=	
	3 Bedroom Units		@		per		=	
		Total HHAP Unit Rents						
		Less Vacancy/Uncollectable					%	
		Net HHAP Rents						
2	Non HHAP Units - Initial Rents (per month x 12 or per day x 365)							
	SRO Units		@		per		=	
	Studio Units		@		per		=	
	1 Bedroom Units		@		per		=	
		Total Non-HHAP Unit Rents						
		Less Vacancy/Uncollectable					%	
		Net Non-HHAP Rents						
3	Commercial Units - Initial Rents	sq. ft.		\$ per sq. ft.		(month/day/year)		
	Commercial Rent		@		per		=	
			@		per		=	
			@		per			
		Less Vacancy/Uncollectable					%	
		Net Commercial Rents						
4	Other Income - Specify							
	Resident Service Fees							
		Total Other Income						
TOTAL REVENUES								

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Section F. BUDGET

Instructions for Completion of the Budget

This section is available in electronic excel format (with and without formulas) at the OTDA website: <http://otda.ny.gov/contracts/procurement-bid.asp>.

Agencies requesting contract 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 contract 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 for-profit firms only);
- supplies;
- equipment; and,
- administration (for non-agency personnel costs only)

Applicants who intend to request funds in categories such as those above in which MWBE participation is possible are required to complete all forms included 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.

Non-personal services costs may not exceed 20% of the contract amount request. A brief narrative explanation/justification is required for all budgeted costs. Before completing the Budget Summary by Object of Expense, please refer to the definitions and budget limitations set forth below.

B-1 Personnel Expense Detail

Employees who should be included on this form are those who will be paid (in full or in part) from the contract and who provide both direct and eligible program support services. There is a separate section for salaried employees and hourly employees.

Salaried Personnel:

List the titles and names of the appropriate salaried personnel who provide both direct and eligible program support services. "Salary to this Contract" column requires that the salary is prorated for the contract term. For example, if the contract term is 9 months and the Case Manager's annual salary is \$20,000, you would multiply the \$20,000 by 9/12 (75%). The correct amount to enter in this column would be \$15,000. Next determine and enter the "Percentage of Time on Contract" this individual will spend.

Hourly Personnel:

List the "Titles and Names" of the appropriate hourly personnel who provide both direct and eligible program support services. For each employee enter the "Hourly Wage" and the number of "Hours on Contract" the employee is expected to spend. Then calculate the amount of salary cost that is allowable and enter it in the "Total

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Wages” column.

B-2 Fringe Benefits Expense Detail

For all employees, both salaried and hourly, it is required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers’ Compensation. Additional fringe benefits such as pension, health, life and/or dental insurance may be provided. The total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller’s rate. This rate is currently a maximum of **43.88%**. The percentage of fringe benefits allocated for each position cannot be greater than the percentage of Salaries/Hourly Wages charged to the project, lower percentage may be allocated. For example if the project director spends 50% of her time on the project, only 50% of her total fringe benefits for the number of months in the term of the contract may be allocated to the project.

B-3 Consultant Expense Detail

Consultants may be institutions or organizations, as well as individuals who are self-employed, and are not supervised by your organization. They perform jobs as they determine appropriate, according to general descriptions provided in written agreements. Since they are not employees, they are responsible for their own mandatory fringe benefits, i.e., employer share of Social Security, Workers’ Compensation and SUI, and are responsible for remitting their own State and Federal Income Taxes.

In the Explanation/Justification section, explain why a consultant is needed. Attach a copy of the Consultant Agreement(s) with the application. If the consultant has not been selected and/or no Agreement is attached, indicate how the consultant costs were estimated and include a statement that the Agreement will be submitted prior to vouchering and will be subject to prior approval by the OTDA. ***Paid consultants may not be members of the Board of Directors.*** Indicate how each consultant will be paid, e.g. \$20 per hour x 80 hours or 6 days at \$75/day.

B-4 Travel Expense Detail

Travel may be used for program staff for the purposes of outreach, home visits, and advocacy. Program participants travel costs are not eligible; please refer to page 7 of this RFP.

NYS has travel rates established for its employees. The rates charged may not exceed the current approved NYS rates. The mileage rate is currently **\$0.51** per mile for personal car. Hotel and per diem rates vary based on the destination. If more than the established NYS rates is spent, reimbursement will only be up to the NYS rates. A guide is available upon request for both in-state and out-of-state travel. Out of state travel is discouraged and expenses must be approved prior to claiming.

In the Explanation/Justification section, describe who is traveling, to where they are traveling, and how it is necessary to the project. ***Consultant travel should not be included here but should be included in the consultant rate.*** For each item of travel, show the calculation used to determine the “Travel Expense”, i.e. $\$0.51 \times 100 \text{ miles} = \51.00 .

B-5 Equipment Expense Detail

Equipment is any non-consumable, tangible property having a useful life of more than one year. Three written bids in response to written specifications are required for any item costing \$5,000 and over. Three telephone bids are required for items costing between \$501 and \$5,000. These bids must be attached to the contract. The amount of the selected bid should be in the budget. If bids have not yet been sought or if it has not been decided which bid to select, include a statement that bids will be provided prior to vouchering. The acquisition cost of general purpose and special equipment which exceed \$5,000 will be evaluated to determine if leasing is a practical and cost effective alternative. Substantial equipment purchases with contract dollars should be avoided. Equipment rental should be listed under “Contractual Services.” Additionally, items costing \$500 or less per item are considered supplies.

If other than the low bidder is selected, provide a statement indicating why that vendor was selected. Factors that

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may influence selection are free delivery and installation, special features, better warranty or maintenance agreement, etc. In the Explanation / Justification section, describe the equipment and how it relates to service delivery.

B-6 Supplies Expense Detail

Supplies are those items that will be consumed during the life of the project. They may include office supplies, program supplies, janitorial supplies, etc.

In the Explanation/Justification describe how the purchase of supplies relates to service delivery. Provide costs for each type of item. If purchasing large ticket items that do not qualify as equipment (less than \$500 per item, for example, a copier or office furniture) please provide per item prices. If purchasing consumable supplies less detail may be provided (for example, file folders, copy paper, pens, etc. may be grouped together and listed as consumable office supplies, without the need for a per item cost).

B-7 Contractual Services Expense Detail

This section should include any costs that have a formal (written) or informal (oral) contract. Examples include rental/lease of equipment, printing, photocopying, etc.

If contractual services are to be paid for by the contract, documentation must be included. Leases exceeding \$5000 will require three competitive bids for review by OTDA. If documentation is not available, include a reasonable estimate along with the basis for the calculation used to determine the cost.

In the Explanation/Justification, describe why the contractual services are needed for service delivery. If the costs to be paid for by the contract are estimated (there is no contractual agreement as of yet), include a statement that documentation will be submitted prior to vouchering and will be subject to prior approval. All things being equal, the sponsor must lease with the lowest bidder.

B-8 Other Expense Detail

This section should include any costs incurred as a result of providing direct service that do not fit into the other expense categories. In the Explanation/Justification section, describe how Other Expenses relate to direct service delivery. Show all calculations.

B-9 Administrative Costs

Allowable administrative costs are those costs charged to each pertinent budget item for administering the program, and which are directly related to the service provided in the program.

Any cost, which is budgeted completely or partially in an itemized direct cost category, may not be part of the budgeted administrative costs. For example a portion of the Bookkeeper, Executive Director, and Program Director's salary may be considered administrative charges, however those associated salaries then cannot be charged in the personnel services budget. Please itemize all administrative costs that are directly charged to the contract. The itemized administrative total must not exceed 10% of the budget total.

In no case can the administrative charges include costs for maintenance and operation of the physical plant.

Section F. BUDGET

5 Year Budget Statement

	OBJECT OF EXPENSE	First Year Budget	Second Year Budget	Third Year Budget	Fourth Year Budget	Fifth Year Budget	Total
B-1	PERSONNEL						
B-2	FRINGE						
	TOTAL PERSONAL SERVICES						
B-3	CONSULTANTS						
B-4	TRAVEL						
B-5	EQUIPMENT						
B-6	SUPPLIES						
B-7	CONTRACTUAL SERVICES						
B-8	OTHER						
B-9	*ADMINISTRATIVE COSTS						
	TOTAL NON-PERSONAL SERVICES						
	PROJECT TOTAL						

*YEARS 1-5 Funding Request: Fill in with anticipated amounts, detail will be requested annually. Project Total should be the same every year.

Section F. BUDGET

ANNUAL BUDGET SUMMARY

Organization Name _____

In the space below, please indicate the funding formula that corresponds to your agency’s proposed NYSSHP annual budget. The total annual amount should be detailed and justified in the subsequent budget pages. Please refer to Section XI – Funding Formula of the RFP for additional information.

Choose only one and complete.

FUNDING FORMULA:	Enter Rate <i>(i.e.-\$200)</i> <input style="width: 100px; height: 30px;" type="text"/>	X 12 MONTHS X	Enter # Beds/ Units	Annual Funding Request
			<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

Annual Budget Summary

	OBJECT OF EXPENSE	Annual Funding Request	Matching Funds	Total
B-1	PERSONNEL			
B-2	FRINGE			
	TOTAL PERSONAL SERVICES			
B-3	CONSULTANTS			
B-4	TRAVEL			
B-5	EQUIPMENT			
B-6	SUPPLIES			
B-7	CONTRACTUAL SERVICES			
B-8	OTHER			
B-9	*ADMINISTRATIVE COSTS			
	TOTAL NON-PERSONAL SERVICES			
	PROJECT TOTAL			

***Administrative costs are limited to no more than 10 percent of the grant award and are considered non-personal services. All costs that are administrative in nature must be detailed in the Administrative Costs section of the budget.**

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
SFY 2011-2016 Request for Proposals and Application**

Section F. Budget

PERSONAL SERVICES BUDGET STATEMENT

Personal Service Costs

A minimum of 80% of contract funds must support personal services costs that are directly associated with the provision of support services to residents. Contract funds for agency administrative costs will be limited to 10%. The contract amounts requested here that are administrative in nature will be added to the charges listed under administrative costs and tested against the limits.

B-1 PERSONNEL EXPENSE DETAIL					
Salaried Employees' Title (do not provide individuals names)	Total Annual Salary	% Time on Project	Grant Funds	Match Funds	Total
Subtotal Salaried Personnel					
Hourly Employees' Title (do not provide individuals names)	Hourly Wage	# Hours per Year spent on SRO			
Subtotal Hourly Personnel					
TOTAL					

Explanation/Justification: (Please provide title and a brief job description for positions funded by this budget. Attach additional pages if necessary.)

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 NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
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B-2 FRINGE BENEFIT EXPENSE DETAIL				
Employee Title	Fringe %	Grant Funds	Match Funds	Total
TOTAL				

Explanation/Justification: (The total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller’s rate of 43.88%.)

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
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Section F. BUDGET

NON-PERSONAL SERVICES BUDGET STATEMENT

Total Non-personal services costs (B3 through B10) are limited to 20% of the grant total. Consultant expenses that are direct service in nature may be included in the 80% direct service calculation.

B-3 CONSULTANT EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: Please provide a description of the program consultant services. Include a breakdown on the cost per hour and explanation/justification. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32.)

B-4 TRAVEL EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: (Please breakdown the cost by per mile for the number of miles traveled. The rates charged may not exceed the current approved NYS rate. The mileage rate is currently \$0.51)

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B-5 EQUIPMENT EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: Please provide a list of equipment and justification for inclusion in the budget. The statement: "**Three (3) Bids will be submitted prior to Vouchering**", must be included on this page if requesting funds for equipment. It is highly recommended you contact your Program Manager prior to the purchase of any Equipment listed here. Any single item costing less than \$501 should be listed under Supplies. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32.)

B-6 SUPPLIES EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: Please provide a list of supplies and justification for inclusion in the budget. Multiple large cost items (i.e. printers) should include the per item cost. Consumable office supplies such as folders, copy paper, pens, etc. may be grouped together and do not require a per item cost. Any single item costing more than \$500 should be listed under Equipment. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32).

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B-7 CONTRACTUAL EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: Please provide a list and justification of program contractual service costs. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32.)

B-8 OTHER EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
TOTAL			

Explanation/Justification: Please provide an explanation/justification for Other program costs. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32.)

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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B-9 ADMINISTRATIVE EXPENSE DETAIL			
ITEM	Grant Funds	Match Funds	Total
Total			

Explanation/Justification: Administrative costs are limited to no more than 10% of the award - all costs must be itemized. (Requests in support of this grant category, if not with another not for profit or unit of local government, are **required** to demonstrate how they will use these purchases to meet MWBE goals. The required forms are located in the Agency Information section and begin on page 32.)

Please refer to Section F. Budget – Building Operating Budget B-1 to respond to question.

What percentage does the overall project’s **Building Operating Budget** for support services depend on the proposed NYSSHP application?

- A. = Total Amount of NYSSHP Grant Request for Personnel
- B. = Total Amount of NYSSHP Grant Request for Fringe
- C. = Total Amount of NYSSHP Grant Request for Consultants (Direct Services)

- D. = Total (add A through C)

- E. = Support Services Payroll Total from Building Operating Budget
(Transfer figure from Section F. from Building Operating Budget – B-1)

- F. = Percentage of project’s overall Support Services Payroll that is dependent on NYSSHP funds (divide D by E)

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
SFY 2011-2016 Request for Proposals and Application**

Section F. BUDGET

Refer to Section XII. Matching Funds, on page 8 for information on completing this section

Please list the sources and amount of matching funds to be used to match the 1st Year NYSSHP Budget request. Prior to the start of the contract term for years 2, 3, 4 and 5, you will be asked to again verify matching funds.

Sources must be current and documentation must provide dates and amounts. In addition, please provide documentation of the availability of matching funds for the proposed project, and a certification letter on agency letterhead. A sample letter is attached for your convenience.

**SUMMARY AND DOCUMENTATION OF MATCHING FUNDS
for NYSSHP FUNDING**

Source of Matching Funds	Amount of Matching Funds	Documentation Provided
Total Matching Funds		

In the event that the referenced matching funds change, it is the responsibility of the contractor to immediately notify OTDA. The contractor will be required to provide alternative sources of matching funds and supporting documentation. Please note that all Matching Funds materials will be maintained by OTDA and are considered part of the project contract file.

- **Attach the Match Certification Letter**
- **Attach Documentation of Matching Funds**

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NEW YORK STATE SUPPORTIVE HOUSING PROGRAM (NYSSHP)
SFY 2011-2016 Request for Proposals and Application**

Section F. BUDGET

MATCHING FUNDS DOCUMENTATION (continued)

NOTE: This is an example of the format, which should be followed regarding certification of Matching Funds.

AGENCY LETTERHEAD

Date

New York State Office of Temporary and Disability Assistance
[New York State Supportive Housing Program](#)
40 North Pearl Street, 10th Floor Suite B
Albany, NY 12243

Attention: Karen Pierino

To Whom It May Concern:

Your Agency Name will be matching the New York State Supportive Housing Program Contract with \$_____ 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,

Signature of Authorized Agency Representative

IV. Final Application Checklist

APPLICANT NAME:

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Section	Included	Exempt	If Not Included then Explain
A – APPLICANT DOCUMENTATION			
Applicant Information Form			
Executive Proposal Summary			
C – AGENCY INFORMATION			
Funding Agency Contact Form			
Agreement Form			
Notification to LDSS of Intent to Apply			
Organizational Status			
M/WBE and EEO Policy Statement			
Equal Employment Opportunity Work Force Employment Utilization/Compliance Report			
Subcontractor Utilization Plan			
Contractor/Subcontractor Background Questionnaire			
Sectarian Organization Compliance Form			
Letter of Intent to Participate			
Request for Waiver Form			
MWBE Participation Narrative			
Audited Financial Report			
Board Profile			
Certificate of Incorporation			
Verification of Workers Compensation Coverage			
Verification of Annual Charities Registration			
Local District Letter of Support			
D – COMMUNITY TO BE SERVED & DOCUMENTATION OF NEED			
Community Information and Documentation of Need			
E – PROGRAM PLAN / PROGRAM NARRATIVE			
Program Description			
Organization Background			
Program Evaluation			
Support Services Plan			
Site Control/Site Information			
Project Information Summary Form			
F – BUDGET			
Building Operating Budgets			
5 Year Budget Statement			
Annual Budget Summary			
Personal Services Budget			
Non-Personal Services Budget			
Documentation of Matching Funds			

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
BUREAU OF HOUSING SERVICES (BHS)
SINGLE ROOM OCCUPANCY SUPPORT SERVICES PROGRAM

V. HOW TO SUBMIT COMPLETED APPLICATION

Please complete Final Application Checklist (pg 71) to ensure you have included all necessary documents. Assemble application package by placing documents/responses in the order as listed on the checklist. Use checklist (pg 71) as the cover page of your application.

Applicants should submit 1 original and 2 copies of a completed application.

Send to:

**New York State Office of Temporary and Disability Assistance
Bureau of Contract Management
40 North Pearl Street, 13B
Albany, NY 12243
Attention: Theresa Brown
(518)486-6352
Applications due by: 2:00 PM, July 18, 2011**

**Any proposal received after the deadline will be accepted solely at the discretion of OTDA.
Faxed applications or applications sent electronically will NOT be accepted.**

**END OF
2011
NYSSHP APPLICATION**