

EMERGENCY NEEDS FOR THE HOMELESS PROGRAM

**REQUEST FOR PROPOSALS
AND
APPLICATION**

2013

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



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

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
BUREAU OF HOUSING AND SUPPORT SERVICES (BHSS)
REQUEST FOR PROPOSALS
EMERGENCY NEEDS FOR THE HOMELESS PROGRAM (ENHP)**

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**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
BUREAU OF HOUSING AND SUPPORT SERVICES (BHSS)
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I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (OTDA) is requesting proposals from not-for-profit corporations to be considered for funding through the **Emergency Needs for the Homeless Program (ENHP)**. ENHP funding is used to enhance the quality and quantity of emergency services currently available to people who are homeless or at risk of becoming homeless.

State financial assistance will be made available, pursuant to the enacted State Fiscal Year 2013-2014 Aid to Localities Budget appropriating funding for this program, to organizations in social services districts with a population in excess of 2,000,000. Funds will be made available to support programs that meet the emergency needs of homeless individuals and families, and those at risk of becoming homeless who are eligible for benefits under the State Plan for the Temporary Assistance for Needy Families (TANF) block grant and whose incomes do not exceed 200 percent of the federal poverty level, provided that such services to eligible persons not in receipt of public assistance shall not constitute “assistance” under applicable federal regulations. Successful applicants shall have demonstrated experience in providing services to meet the emergency needs of homeless individuals and families, and those at risk of becoming homeless. Such experience must include provision of all of the following services: crisis intervention services, eviction prevention services, mobile emergency feeding services, and summer youth services. The applicant should specify which services it will provide under this contract in Sections A and C. Contracts awarded under ENHP are 100% federally funded and ENHP has a catalog of federal assistance (CFDA) number of 93.558.

It is anticipated that such funds will be utilized to augment existing programs that provide services to individuals and families experiencing homelessness, and those at risk of becoming homeless to assist such individuals toward stabilizing their lives and moving toward self-sufficiency. Successful applicants will be required to certify that families and young adults served under ENHP have incomes that are at or below 200 percent of the Federal poverty level.

Applicants interested in applying for the opportunity to provide services under ENHP must follow the directions detailed in this Request for Proposal (RFP). All proposals must be received by **3:00 P.M., August 22, 2013 in the Albany office**. Any proposal received after the deadline will be reviewed at the discretion of OTDA. Telefaxed applications will **not** be accepted.

Please note that proposals will not be accepted in the Office of Temporary and Disability Assistance’s New York City office. Send the original and two (2) copies of the entire application to:

John W. Printup
Emergency Needs for the Homeless Program (ENHP)
NYS Office of Temporary and Disability Assistance
Bureau of Contract Management-10A
40 North Pearl Street
Albany, New York 12243
(518) 486-6352 (to be used for delivery purposes only)

The goal and intent of this solicitation is to cover five (5) funding cycles of anticipated ENHP funding to be provided annually for one (1) year periods depending upon the availability of continued ENHP funding, satisfactory performance, and the discretion of the OTDA. Proposals should reflect projections, needs and budget(s) for all grant cycles. If selected, the proposal and all parts of it submitted in response to this RFP may become part of a contract with OTDA, subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional budget and program information for the final contract. Successful applicants will be required to submit all final contract documents, narratives and budgets electronically. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

II. PROCUREMENT SCHEDULE

RFP Release Date: **July 29, 2013**

RFP Questions Due Date: **August 9, 2013**

Proposal Due Date: **August 22, 2013**

Notification of Award: **September 1, 2013 (on or about)**

Contract Start Date: **September 1, 2013**

QUESTIONS AND ANSWERS ABOUT THIS RFP

Any questions about this RFP must be submitted in writing by **3:00 P.M., August 9, 2013** to the attention of Ms. Linda Camoin at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services, 40 North Pearl Street, Albany, New York 12243, or FAX (518) 486-7068, or e-mail to Linda.camoin@otda.ny.gov.

All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number.

The written response to all questions will be posted on the OTDA website (www.otda.ny.gov). OTDA will not entertain questions via telephone. Any question received after the specified deadline will be answered and published in the Question and Answer document, at the discretion of OTDA.

III. PROGRAM DESCRIPTION

The intent of ENHP is to improve the overall system of providing emergency services to homeless individuals and families, and those at risk of becoming homeless by ensuring that these services are targeted and enhanced in order to assist the homeless toward a stable and secure independent future.

IV. ELIGIBLE COSTS

Eligible costs include payment for:

- personal service costs associated with the provision of homeless services; and
- other than personal services costs related to ENHP activities, **see Instructions for Completion of the Budget, page 44 for detailed explanation.**

V. INELIGIBLE COSTS

Ineligible costs include:

- costs which 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 ongoing needs, including, but not limited to costs associated with child care or transportation for program participants; and
- costs used to replace other existing emergency service needs resources (e.g., existing staff, volunteers, local community agencies), or funding sources or services that can normally be obtained from community-based agencies or covered by fund raising. However, funds may be used for expanded services or continuing a program that has lost funding.

VI. ELIGIBLE CONTRACT APPLICANTS

The legislation authorizing this program limits participation to New York City not for profit corporations with demonstrated experience providing all of the following four services:

1. Crisis intervention;
2. Eviction prevention;
3. Mobile emergency feeding services; and
4. Summer youth services.

Applications which do not demonstrate the bidder’s experience providing all four of these services will not be considered.

VII. ELIGIBLE SERVICE POPULATION

The eligible populations to be served under the provisions of this RFP are vulnerable individuals and families in New York City who are homeless or at risk of becoming homeless, and who are in need of emergency services. All persons served by these programs must be eligible for assistance under the State’s TANF program.

VIII. ELIGIBLE SERVICES

Services funded under this program may not constitute “assistance” as defined in Part V. All proposals must specify which services will be provided. Proposals that fail to specify services or specify services that constitute assistance may not be considered.

Services funded under ENHP may include, but are not limited to the following:

- Crisis intervention;
- Eviction prevention;
- Mobile emergency feeding services; and
- Summer youth services

IX. SELECTION PROCESS

All proposals will be reviewed by OTDA staff assisted by such other State personnel as is deemed appropriate. Following the desk review of applications, several other steps may take place to further evaluate proposals. These steps may include a telephone interview with the designated contact person in

the organization; a request for additional written information or documentation, if necessary; a site visit; and/or a face-to-face meeting with agency representatives; and/or communication with references.

All applications will be reviewed to determine if the following minimum requirements are met:

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

If it is determined that the application fails to meet these minimum requirements the application will be disqualified.

Proposals will be judged on the following general criteria:

- the responsiveness of the proposal to the RFP (All information and documentation required by this RFP is provided in a manner satisfactory to determine project fundability);
- evidence of the applicant's understanding of the needs of the homeless population and those at risk of homelessness;
- the programmatic and fiscal feasibility related to:
 - the completeness of the “Documentation of Need” and “Program Plan” portions of the application, through the provision of both statistical data and agency specific information regarding the experiences of the applicant in dealing with the homeless and those at risk of homelessness;
 - the clarity of the measurable and quantifiable expected results and potential for their achievement;
 - the cost of the proposed project;
 - the applicant’s contractual performance history with OTDA;
 - assurances that duplication of services in the geographic area in which the ENHP program will operate will be avoided;
 - a commitment to make all ENHP-related records available to OTDA or its designee(s) as required by this RFP and any resultant contract;
 - clear and acceptable documentation of the applicant's operational readiness for the proposed project;
 - the urgency of need for ENHP funds. Are no other emergency services available in a particular area? Does the proposal respond to the identified needs as presented in the Continuum of Care Plan?; and
 - the speed with which funds under this program can be expended once a contract has been executed between OTDA and the applicant. The commitment of the grantee to fully expend funds by the end of the contract term will be a critical factor in the rating.

OTDA reserves the right to award funds by geographic community within New York City to reach underserved neighborhoods. The geographic distribution of funds will be considered only in the event that an underserved community is identified by OTDA. An underserved community will be determined and substantiated by OTDA with reference to the Continuum of Care, relevant statistical evidence, and other anecdotal evidence, including the lack of emergency support service monies in a specific community. Community 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 ENHP services in the identified underserved community.

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

Applicant Documentation	5%
Documentation of Need	25%
Program Plan	25%
Agency Information	15%
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 position, vendor responsibility determination, and/or the status of the NYS Office of the Attorney General Charities registration filing.

OTDA will place an emphasis on funding projects that can immediately use the funds to increase the quality and availability of emergency services for homeless individuals and families and those at risk of becoming homeless. Proposals should demonstrate an understanding of the emergency services needs of this population. Accordingly, evidence should be provided as to how this proposal responds to the needs of people who are homeless and those at risk of becoming homeless in a given area, the experience of your organization in providing services to this population and any innovative approaches proposed to intercede before a family or individual is faced with homelessness. In addition, applicants must demonstrate their financial viability during the time required to operate under the ENHP program.

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

1. If there are other viable proposals, no one applicant will be awarded more than 55% of the total available funds.
2. The lowest awarded proposal may not receive the entire requested amount if there are insufficient funds remaining.
3. The requested amount may be reduced by all ineligible expenses.
4. Applicants are required to develop cost effective proposals which take into consideration the cost to the State and the ability of the contractor to provide the proposed services. For those applicants seeking continued funding, past spending habits and performance may be considered when determining initial 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 under this new solicitation, OTDA reserves the right to calculate the initial award amount considering the spending history of the contractor, the reasonableness of the request and the capability of the contractor to fulfill its proposed obligations. In such an instance the new contract award amount would not exceed 125% of the contractor's average annual spending during the previous program cycle. Current contractors should thoroughly justify the need for the additional funds if requesting an amount in excess of past awards and expenditures.

OTDA reserves the right not to make any award in response to this RFP. OTDA also reserves the right to award amounts greater/less than the requested amount.

X. AWARD PROCEDURES

Upon approval of funding by OTDA, an award notice and instructions about contract development will be sent to the successful applicant. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets its objectives. The awardee will be required to develop a detailed implementation plan that sets forth the program goals and provides time frames for the performance of those goals. The selected contractor will develop a plan for a contract period of five (5) years (subject to approval by the New York State Attorney General and the Office of the State Comptroller) depending

upon the availability of continued ENHP funding, the need for the services, satisfactory performance, and at the sole discretion of the OTDA. Entities not selected for funding also will be notified by mail of OTDA's decision.

Should additional funds become available, OTDA reserves the right to allocate additional funds to contractors that have attained their program goals and have expended 90% of their awarded funds by the end of an annual funding cycle, and/or 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. In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals. OTDA also reserves the right to solicit and accept new proposals, as funding becomes available.

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

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

XI. REPORTS AND RECORD KEEPING

Reports will be required quarterly during the program period identifying the total TANF eligible recipients served by ENHP, describing the success of ENHP activities, and the continuing needs for services.

Selected contractors must ensure that books, records, documents and other evidence associated with costs and expenses of the grant 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 grant. All expenditures shall be reported on an accrual basis. Selected contractors will be required to make all ENHP-related records available to OTDA or its designee.

All records pertaining to this grant including financial audits, budget, plans/drafts, supporting documents, statistical records, etc., must be retained for a period of at least six (6) years following submission of the final expenditure report.

In the event that any claim, audit, litigation or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the selected 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 to make audit, examinations, transcripts, and excerpts. If OTDA determines that such records possess long term or historic value, they must be transferred as requested to OTDA.

XII. GENERAL TERMS AND CONDITIONS

Contract Execution

The contract resulting from this RFP will start on or about **September 1, 2013**. It is anticipated that the successful applicant will receive a contract for up to five (5) years.

OTDA reserves the right to consider proposals in response to this RFP, but not funded at this time, for any additional funding that may become available in the future. Updated information will be requested as deemed necessary by OTDA. OTDA also reserves the right to solicit and accept new proposals, as funding becomes available.

The Contractor shall provide OTDA or its designee access to program sites and records during the course of the project. Failure to do so may result in prompt termination of the contract.

Successful contractors may be required to be prequalified through New York State's Grant Reform initiative, inclusive of the establishment of a data vault. For more information on Grants Reform please visit www.grantsreform.ny.gov. Additional information and instruction will be sent to successful contractors.

The terms and conditions for the funded project are specified in a detailed contract which must be signed by OTDA and approved by the Office of the State Comptroller and the New York State Office of the Attorney General before any work is begun or payments are made. Successful applicants will be sent the complete standard NYS OTDA contract for execution. Any applicant not familiar with this set of conditions, or those who would like to review the contract language before award notifications are made, can find the language on the OTDA website at www.otda.ny.gov. Applicants are encouraged to review a copy of the contract before submitting an application. The AGREEMENT section of the application pages provides a summary of the basic provisions of the contract.

It is the policy of OTDA to encourage the employment of qualified applicants/recipients of public assistance by both public organizations and private enterprises that are under contractual agreement to OTDA for the provision of goods and services. OTDA may require the Contractor to demonstrate how the Contractor has complied or will comply with the aforesaid policy.

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

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

Face Page	
Signature Page	
New York State Standard Terms and Conditions	
Attachment A-1	Program Specific Terms and Conditions
Attachment A-2	Federally Funded Grants
Attachment B-1	Expenditure Budget (and related Budget Amendment Attachments)
Attachment C	Work Plan
Attachment D	Payment and Reporting Schedule

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

Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, contract funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget. OTDA's policy with regard to Executive compensation may be located at <http://otda.ny.gov/legal/>.

In addition, OTDA will conduct a review of all prospective contractors to provide reasonable assurances that the vendor is responsible. Vendor Responsibility will be determined regarding each bidder or offeror's authority to do business in New York, their business integrity, as well as financial and organizational capacity, and performance history. Successful applicants are encouraged to register with the NYS Office of the State Comptroller's Vendor Responsibility Program which can be found at the following address: www.osc.state.ny.us/venrep/login_vendors.htm.

No Further Entries on this Page

**Minority and Women-Owned Business Enterprise (MWBE) and
Equal Employment Opportunity (EEO) Participation Requirements**
**For All NYS Office of Temporary and Disability Assistance
Contracts and Grants**

Authority: Article 15-A of the Executive Law, 5 NYCRR parts 140-144, Appendix A: Standard Clauses for All New York State Contracts and requirements of any federal law concerning opportunities for minority and women-owned business enterprises which effectuate the purposes of Article 15-A.

I. General Provisions

- A.** 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. In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprise program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that the New York State Office of Temporary and Disability Assistance (OTDA) establish goals for maximum feasible participation of New York State Certified minority and women – owned business enterprises (“MWBE”) and the employment of minority group members and women in the performance of New York State contracts. 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.
- B.** OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction. Where deemed appropriate, OTDA will implement the provisions of New York State Executive Law Article 15-A and the MWBE Regulations for all other OTDA contracts. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR § 142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws. 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 MWBEs, including but not limited to the Statute and its implementing regulations as promulgated by New York State’s Empire State Development (ESD) Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144).
- C.** Copies of the required OTDA Forms are identified in this Appendix and available on OTDA’s Internet site at <http://www.otda.ny.gov>. The Contractor agrees to complete and submit these forms without change in response to goals specified in the RFP or contract. An electronic link to the current list of certified minority- and women-owned business enterprises also is available on OTDA’s Internet site.
- D.** Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings allowed by the Contract.

- E. Further information regarding Article 15-A of the New York State Executive Law and the New York State Minority and Women’s Business Enterprise Program is available on the DMWBD Internet site at <http://www.esd.ny.gov/ContactUs.asp>

II. Contract Goals

- A. For purposes of this procurement, the OTDA hereby establishes an overall goal of **20%** for Minority and Women-Owned Business Enterprises (“MWBE”) participation, **10%** for Minority-Owned Business Enterprises (“MBE”) participation and **10%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs). Additionally, an overall goal of **10-20%** is established for Equal Employment Opportunity (“EEO”) participation.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address: <http://www.esd.ny.gov/ContactUs.asp>

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the OTDA for liquidated or other appropriate damages, as set forth herein.
- D. As a condition of the Contract, the Contractor and OTDA agree to be bound by the provisions of §316 of Article 15-A of the New York State Executive Law regarding enforcement.
- E. OTDA reserves the right to establish separate and different goals on any State Contract, as identified in the specified procurement. For guidance on what factors OTDA will consider in determining what goals are appropriate in relation to a specific State Contract, refer to 5 NYCRR § 142.2(a)(1) - (6).

III. EEO Requirements

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the DMWBD. If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.
- B. Contractor shall comply with the following provisions of Article 15-A:
 - 1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 - 2. The Contractor shall submit an EEO policy statement to the OTDA within seventy two (72) hours after the date of the notice by OTDA to award the Contract to the Contractor.
 - 3. If Contractor or Subcontractor does not have an existing EEO policy statement, the OTDA may provide the Contractor or Subcontractor a model statement (see OTDA 4970 – Minority/Women Business Enterprise (MWBE)/Equal Employment Opportunity (EEO) Policy Statement).
 - 4. The Contractor’s EEO policy statement shall include the following language:

- a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women 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.
- b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 which provides for relevant provisions of the Human Rights Law, 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 Contract.

C. OTDA Form 4934.1 Equal Employment Opportunity (EEO) Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

D. OTDA Form 4971 Equal Employment Opportunity (EEO) Workforce Employment Utilization/Compliance Report ("Workforce Report")

- 1. Once a contract has been awarded and during the term of the Contract, Contractor is responsible for updating and providing notice to the OTDA of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
- 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
- 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the Workforce Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.
- 4. In the case where the Contractor's and/or subcontractor's work force does not change within the quarterly period, the Contractor shall so notify OTDA in writing.
- 5. All forms and reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.

E. Contractor shall comply with the provisions of the Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation,

military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

IV. MWBE Requirements

- A.** The Contractor acknowledges that it is the policy of the State of New York and of OTDA that MWBEs 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 MWBEs identified in the ESD directory of certified businesses¹, which can be viewed at:
<https://ny.newycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>.
- 1.** 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 MWBEs 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 § 142.8.
 - 2.** The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of MWBEs 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.
- B.** The Contractor represents and warrants that Contractor has submitted the following OTDA forms either prior to, or at the time of, the execution of the contract:
- 1.** **MWBE Utilization Plan (OTDA Form 4937)**
 - a.** Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
 - b.** If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify OTDA in writing of such change and obtain approval from OTDA.
 - c.** Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.
 - 2.** Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (0%) goals set forth in the procurement.
 - 3.** A MWBE Subcontractor’s and/or Suppliers’ Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

V. Waivers

¹ All MWBE 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 MWBE, the Contractor should request that the firm submit a certification application to ESD for an eligibility determination, with a copy to the OTDA MWBE Program Management Unit. OTDA’s MWBE 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 MWBE firms have been identified in response to this procurement, in order to facilitate full MWBE participation.

- A. For Waiver Requests Contractor should use OTDA Form 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver Form.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a request for waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports, determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

VI. Quarterly MWBE Contractor Compliance Reports

- A. Contractor is required to submit the Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report (OTDA Form 4968) to the OTDA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.
- B. All reports will be submitted to the OTDA program manager for this contract and forwarded to NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, NYC, NY, 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.
- C. Failure to timely submit a Contractor's MWBE 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.² 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.

VII. Liquidated Damages – MWBE Participation

- A. Where OTDA determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the OTDA liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between: (a) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (b) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.
- C. Determinations of compliance or non-compliance with the Contract's MWBE participation requirements shall be based upon the Contractor's Utilization Plan, MWBE Sub-Contractor Quarterly Reports, and any relevant documentation related thereto. The determination of what constitutes the willful and intentional failure to comply with the MWBE participation requirements will be based upon the evaluation of the same criteria considered in evaluating an MWBE subcontractor waiver request.
- D. Upon a determination that a willful and intentional failure to comply with the MWBE participation requirements has occurred, the OTDA shall withhold the amount established in paragraph B from any future payments otherwise required by this Contract. All funds being withheld pursuant to this provision shall be offset as liquidated damages upon the expiration or termination of the contract, unless the Contractor comes into compliance with the MWBE requirements at any time during the term of the Contract but prior to the submission of a request for final payment on the contract. All payments withheld pursuant to this provision shall be released upon OTDA's determination that the Contractor has come into compliance.

² Contractors may be requested to provide additional Compliance Reports and information (i) to verify payments made to MWBEs, (ii) to verify MWBE utilization and/or, (iii) as needed to evaluate any other aspect of Contractor compliance with the requirements set forth herein.

- E. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the OTDA, Contractor shall pay such liquidated damages to the OTDA within sixty (60) days after they are assessed by the OTDA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the OTDA.

VIII. Sanctions

- A. 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 MWBE program requirements have not been met in a timely and effective manner. Any/all of the following sanctions may be imposed:
- Disallowance of costs associated with such noncompliance;
 - 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.

M/WBE SUBCONTRACTOR UTILIZATION EXAMPLES

- A. It is important to note that in addition to direct sub-contracting on State contracts, contractors can also utilize a number of other vendors in support of their overall operations. Using NYS Certified MWBEs (link to Directory of NYS Certified MWBEs, <http://www.nylovesmwbe.ny.gov>) as providers of these second tier services can be counted in satisfaction of the goals. The following are examples of indirect services that you may want to consider for compliance with MWBE subcontracting participation requirements: Accounting Services, Advertising, Building Maintenance, Car Rental, Cleaning Supplies, Copying, Electrical Services, Furniture, Heating and Cooling, Janitorial Services, Office Supplies, Pest Control, Printing Services, Publishing, Rubbish Removal, Security, Shredding Services, Tax Preparation, Technical Writing, Training, Travel Services, etc.

No Further Entries on this Page

XIII. APPLICATION GUIDELINES

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 may be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.**

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. Response limits have not been established for each question.

Section A – APPLICANT DOCUMENTATION

- **Executive Proposal Summary**
Provide a concise executive summary of proposal, including a proposal narrative and completed General Information (ENHP Applicant Project Information).
- **Applicant Documentation Attachments:**
 - ✓ **Attach your agency’s most recent Audited Financial Report** (should not be older than one year from date of RFP application submission)
 - ✓ **Attach your agency’s Board of Directors Profile**
 - ✓ **Attach your agency’s Certificate of Incorporation**
 - ✓ **Attach documentation of the annual NYS charities registration filing.** It should have been filed within the past 12 months or provide an explanation of the delay.
 - ✓ **Attach documentation of Worker’s Compensation**
 - ✓ **Attach documentation of Disability Benefits Coverage**

Section B – DOCUMENTATION OF NEED

- **Community Description**
Describe the community to be served.
- **Gap Analysis**
Provide documentation of the need for emergency services in the proposed community to be served, and describe how your proposal will fill that gap.

Section C – PROGRAM PLAN

Describe your proposed program, including the target population, the process for program participants from referral to discharge, the support services plan, the management and operating plan and specific outcomes in quantifiable and measurable terms.

Section D – AGENCY INFORMATION

- **Organization Background Information**
 - Describe the organizational structure of your agency.
 - ✓ **Attach Copy of:** Current Organizational Chart.
- **Program Evaluation**
To be completed by all current ENHP contractors. If any ENHP funds have been received during the last three years, describe the use of such funds and the benefits realized by the individuals receiving services. If no ENHP funds were received during the last three years, label the form “Not Applicable” and include it with your application.
- **Funding Agency Contact Information Form**
Complete all applicable sections, and return with the application.

- **Agency Agreement Form**
Sign, complete, and return with the application.
- **Organizational Status**
To be completed by the applicant and any subcontractors included in the proposed program.
- **Minority and Women-Owned Business Enterprise (MWBE) and Equal Employment Opportunity (EEO) Participation Requirements For All NYS Office Of Temporary And Disability Assistance Contracts And Grants**
To be completed by the applicant and any subcontractors included in the proposed program and returned with the application.
 - M/WBE and EEO Policy Statement
Complete and return with application.
 - EEO Staffing Plan
Complete and return with application
 - Subcontractor Utilization Plan
Complete and return with application if applicable.
 - M/WBE Goal Requirements Certification Of Good Faith Efforts
Complete and return with application if applicable.
 - Letter of Intent to Participate
Complete and return with application if applicable.
 - Request for Waiver Form
Complete and return with application if applicable.
- **Contractor/Subcontractor Background Questionnaire**
Complete this form and submit it as part of the application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.

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

- **Budget Instructions**
All applicants should include a fully developed Budget Statement, Personal Services Costs Budget and Non-Personal Services Budget.
- **Five Year Budget Summary**
All category totals from individual budget pages should transfer to the Budget Summary.
- **Annual Budget Statement**
The Explanation/Justification following the Personal Services budget should explain the personnel and job duties for which ENHP funds are requested. If the applicant is requesting funds in support of more than one eligible activity, each individual expense should be listed in the Annual Budget Detail. The entire amount for the categories should be reflected in the budget summary and Statement sheets. The Explanation/Justification following each component of the budget must explain the basis for the dollar amount. (For example: Client Emergency Needs are being used to subsidize client needs at the shelter, such as prescriptions, co-pays, clothing, and toiletry items. Travel Funds are being used for client transportation estimated at 100 miles @ \$0.565 per mile.)

APPLICATION CHECK LIST

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

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

New York State Office of Temporary and Disability Assistance
Bureau of Contract Management
40 North Pearl Street, 10th floor
Albany, NY 12243
Attention: John W. Printup
(518) 486-6352 (to be used for delivery purposes only)

Applications must be received at the address listed above no later than 3:00 p.m. on August 22, 2013. Tele-faxed applications or applications sent electronically over the internet will NOT be accepted.

OTDA reserves the right to accept applications received after the deadline, if it is determined to be in the best interests of the OTDA. Please complete the final checklist prior to submitting application.

No Further Entries on this Page

A. APPLICANT DOCUMENTATION

EXECUTIVE PROPOSAL SUMMARY

<i>APPLICANT NAME</i>					
<i>BOROUGH</i>					
	9/1/13- 8/31/14	9/1/14 - 8/31/15	9/1/15/ - 8/31/16	9/1/16- 8/31/17	9/1/17- 8/31/18
<u>ANTICIPATED # OF INDIVIDUALS TO BE SERVED</u> (ANNUAL UNDUPLICATED COUNT)					
	AMOUNT REQUESTED				
CRISIS INTERVENTION	\$				
EVICTION PREVENTION	\$				
MOBILE EMERGENCY FEEDING	\$				
SUMMER YOUTH SERVICES	\$				
OTHER SERVICES (not constituting assistance)	\$				
PROGRAM TOTAL	\$				

EXECUTIVE PROPOSAL NARRATIVE:

Provide a one-paragraph summary of your organization's ENHP proposal.

(Suggested format):

Organization is requesting **amount of request** to serve **# of individuals** who are homeless or at risk of homelessness in **borough(s)**. Funds will be used to provide/enhance **which emergency services**. Funds will pay for partial salary of **what positions**. Experience in providing emergency services includes **what activities for how many years**.

GENERAL INFORMATION

ENHP APPLICANT PROJECT INFORMATION

APPLICANT NAME (Entity): _____

EXECUTIVE DIRECTOR _____

BUSINESS ADDRESS:

Street Address _____ P.O. Box _____

(required)

City _____, State _____ Zip Code _____

BOROUGH(S) (WHERE SERVICES ARE TO BE PROVIDED) _____

PROJECT ADDRESS (if other than business address):

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

Email Address: _____

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

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

Please provide the following identifying information regarding the project:

Community District(s):

Federal Congressional District(s):

State Assembly District(s):

State Senate District(s):

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? _____

- **Applicant Documentation Attachments:**
 - ✓ **Attach your agency’s most recent Audited Financial Report Attach your agency’s Board of Directors Profile**
 - ✓ **Attach your agency’s Certificate of Incorporation**
 - ✓ **Attach documentation of the annual NYS charities registration filing. Attach documentation of Worker’s Compensation**
 - ✓ **Attach documentation of Disability Benefits Coverage**

B. DOCUMENTATION OF NEED

This portion of the application package is designed in a question and answer format. Each response should restate the question and then provide a detailed response. Please adhere to the format set forth in the package. Failure to address each question completely will adversely affect the competitiveness of your proposal. All information provided should be verifiable. Source documentation should be identified. Although source documents may be attached to the application, only the information provided in direct response to the question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.

1.) COMMUNITY DESCRIPTION

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

i) Identify the geographic area to be served (borough(s), community district(s)) and provide a description of the community.

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

b) Describe the means by which homeless service delivery is currently coordinated within this geographic area, your agency's and the proposed program's roles in the service delivery

i) Describe the existing Continuum of Care planning process and/or a Ten Year Plan to End Homelessness by answering the bullets below:

- Include information about which organizations/individuals are represented, the entity charged with coordinating the planning, how often meetings occur, and how decisions are reached.
- Summarize the types of activities that are undertaken as part of the planning process.

- Explain how the planning process has had an impact on the delivery of homeless services. Identify any meaningful outcomes (such as new projects or improved coordination) that have resulted from local collaboration.
- Explain the role that the local Department of Social Services plays in the planning process.
- Explain your agency's current role in the planning process.
- Explain how the program(s) funded through this RFP will be coordinated with the existing programs that are part of the local planning process.

2.) GAPS ANALYSIS

- a) Describe how your proposed project will meet an identified local need. (Considerable emphasis should be placed on this section, "Gaps Analysis". Please be sure to relate the gaps analysis to sections 1a and 1b above.)
 - i) Summarize current inventory of emergency shelter beds, transitional housing beds, hotel/motel vouchers, the targeted populations for these services and current capacity on a nightly basis.
 - ii) Summarize current crisis intervention, eviction prevention, emergency mobile feeding, and summer youth services in the community. Identify the names of programs/agencies that provide these services and the targeted populations for these services.
 - iii) Describe any critical gaps in crisis intervention, eviction prevention, emergency mobile feeding, summer youth and other support services in the area.
 - iv) What services (programming) are you proposing that will respond to the gaps identified?
 - v) Discuss how duplication of effort will be avoided if you are successful in your bid for ENHP funds.

C. PROGRAM PLAN

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

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

- How it will be determined that a potential client qualifies for the program, the intake and assessment process, and your plan to document TANF eligibility.
- Explain requirements for program participants after being accepted into the program.
- Discuss how your agency will ensure stable program participation levels.
- Discuss any supportive services that will be available and how they will assist participants to stabilize their housing and increase their ability to live independently.
- Describe procedures for handling emergencies.
- Briefly describe the average length of engagement for project participants.
- Describe procedures for handling terminations from the project.
- Discuss any follow-up services that may be offered.
- Provide a detailed chart of all program staff (by position) that will perform duties to administer the program as a whole, whether funding for them is requested under this RFP or not. The chart includes title, how many positions exist or will exist, general responsibilities as they pertain to the program, qualifications for the position, and supervisor. See Example below:

PROGRAM STAFF CHART EXAMPLE

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

- Below the chart, indicate which positions you are requesting funding for, whether they are currently filled and by whom, percentage of time spent on program, percentage of FTE this funding would cover. You may make this into a chart.
 - Include entire job descriptions for positions you are requesting funding for at the end of this section.
- e) Please provide expected results, for each proposed service, in quantifiable and measurable terms. Be sure to include:
- i) Number of households expected to serve for each service provided, and describe the expected outcome. The potential for achievement of these results.
 - ii) What form of follow-up verification you will use to show the extent to which you have achieved the anticipated results.
 - iii) How your agency will monitor the success of program participants.

D. AGENCY INFORMATION

1.) ORGANIZATION BACKGROUND INFORMATION

- a) Briefly describe the history of your agency and provide a general description of the agency's structure. (Please include an organizational chart.)
- b) Describe the resources and skills your organization will commit to carry out the proposed ENHP funded program.
- c) Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative.
- d) Describe your agency's experience in providing services to meet emergency needs of homeless individuals and families, and those at risk of becoming homeless. Demonstrate that such experience includes the provision of crisis intervention services, eviction prevention services, mobile emergency feeding services, and summer youth services.
- e) Related to your agency's financial statements, please answer the following:
 - Is your agency required to have an A-133 audit?
 - Yes_____ No_____
 - If yes, amount of Federal \$ _____
 - Is your attached audited financial statement dated within the last 12 months?
 - Yes_____ No_____
 - If no, why? _____
 - Have there been any findings in your financial audits?
 - Yes_____ No_____
 - If yes, describe _____
 - What is the current ratio as stated in your most recent financial audit?
 - Current Assets _____
 - Current Liabilities _____
 - Current Ratio (Assets divided by Liabilities) _____

✓ ATTACH COPY OF: YOUR AGENCY'S ORGANIZATIONAL CHART

2.) PROGRAM EVALUATION

To be completed by those applicants in receipt of ENHP funds. If any ENHP funds have been received during the last three years, describe the use of such funds and the benefits realized by the individuals served by the funded projects.

If no ENHP funds were received during the last three years, label the forms **“Not Applicable”** and include it with your application.

- a) Provide a listing of ENHP funds received from NYS OTDA during the past three years.

Year/ Award Amount	Emergency Service Provided	Use of Funds
<i>Example: 2010-11 / \$100,000</i>	<i>Mobile Emergency Feeding Eviction Prevention</i>	<i>2 Part-time staff; mobile van maintenance Case manager; arrears payment</i>
2010-11		
2011-12		
2012-13		

- b) Provide the number of households served by ENHP funds during the past three years.

Year	Service Provided	Projected Number of Individuals to be Served	Actual Number of Individuals Served	Comment
2010-11				
2011-12				
012-13				

- c) Provide justification for the continued need for ENHP funds (please elaborate with specific success or problems).

4.) AGENCY AGREEMENT

It is understood and agreed to by the applicant that (1) This RFP does not commit the New York State Office of Temporary and Disability Assistance (OTDA) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) OTDA reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any offer or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the agency. (3) OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the instructions given in the RFP, including time frames for submission thereof. (4) Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA of third parties with regard to the applicant's experience or other matters deemed by OTDA relevant to the proposal. (5) Funds granted for this project will be used only for the conduct of the project as approved. (6) The contract may be terminated in whole, or in part, by OTDA. Such termination shall not affect obligations incurred under the 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 in writing by the contractor prior to enactment of the change. (9) Progress reports must be submitted quarterly and annually. The final program and financial reports must be submitted within 30 days 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 XII, General Terms and Conditions of this RFP.

OTDA reserves the right, if funds become available, to make additional awards based on the remaining proposals submitted to this RFP, in lieu of releasing a new RFP, if deemed to be in the best interest of the State. In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals.

This RFP governs the provision of ENHP services for a five (5) year contract cycle to be funded annually for one (1) year periods depending upon the availability of continued ENHP funding, satisfactory performance, and the discretion of the OTDA. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased or increased level.

Should the contract amount be increased within the five year contract cycle, the agreement must be formally modified and approved by the New York State Office of State Comptroller and the New York State Office of the Attorney General.

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 grant is received.

(Signature of official authorized to sign for applicant)

(Date)

(Typed name and title)

D. AGENCY INFORMATION (CONT.)

5.) ORGANIZATIONAL STATUS

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

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.

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

M/WBE AND EEO POLICY STATEMENT

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

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

M/WBE

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
- (6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.
- (7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

EEO

- (a) This organization will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.
- (b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,
- (c) At the request of the contracting agency, this organization shall request that each employment agency, labor union, or authorized representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status, and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.
- (d) This organization will include the provisions of sections (a) through (c) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

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

EEO Staffing Plan
 OTDA – 4934.1 ELW (Rev. 4/10)
 EQUAL EMPLOYMENT OPPORTUNITY
 STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

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

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

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

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):	SUBMIT COMPLETED WITH BID OR PROPOSAL	

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (04-10) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's or subcontractor's total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force.

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**

Subcontractor Utilization Plan

OTDA - 4937 ELW (Rev. 4/10)

M/WBE SUBCONTRACTOR UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) subcontractor under the contract. Attach additional sheets if necessary.

Offeror's Name:

Federal Identification Number:

Address:

Solicitation Number:

City, State, Zip Code:

Telephone Number:

Region/Location of Work:

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

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts / Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
PREPARED and APPROVED BY: NAME AND TITLE OF PREPARER (Print or Type): Signature: _____ Authorized Signature DATE: TELEPHONE NO: EMAIL ADDRESS: SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. M/WBE 100 (Revised 1			<i>FOR AGENCY USE ONLY</i>	
			REVIEWED BY:	DATE:
			UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: Contract No: Contract Award Date: Estimated Date of Completion: Amount Obligated Under the Contract: NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

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

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

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

(j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;

(k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,

(l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

Signature Date

Print Name

Title

Company

Contract Number

Program/Solicitation Name

Letter of Intent to Participate

OTDA – 4938 ELW (Rev. 4/10)

**MINORITY/WOMEN OWNED BUSINESS ENTERPRISE
(M/WBE)**

**MWBE SUBCONTRACTORS AND /or
SUPPLIERS LETTER OF INTENT TO
PARTICIPATE**

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

Proposal / Contract number: _____

Contract Scope of Work: _____

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

At the following price: \$ _____

Name of MWBE: _____

Address: _____

Federal ID Number: _____

Telephone Number: _____

Designation:

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

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

OTDA – 4938 (Rev. 4/10)

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

Date Proposal/ Contract to be started: _____

Date Proposal/ Contract to be completed: _____

Date Supplies ordered: _____

Delivery date: _____

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

Date: _____

Signature of M/WBE Contractor: _____

Printed/Typed Name of M/WBE Contractor: _____

INSTRUCTIONS FOR M/WBE SUBCONTRACTORS AND SUPPLIERS' LETTER

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

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

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

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 %	
<p align="center">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.</p>			
<p>Contractor is requesting a:</p> <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:		
<p>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.</p>			
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 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>	<p>***** FOR AGENCY USE ONLY *****</p>		
	REVIEWED BY:	DATE:	
	<p>Waiver Granted: <input type="checkbox"/> YES MBE: <input type="checkbox"/></p> <p>WBE: <input type="checkbox"/></p> <p><input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver</p> <p><input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional</p> <p><input type="checkbox"/> Notice of Deficiency Issued</p>		
	*Comments:		

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

Note:

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

Contractor/Subcontractor Background Questionnaire

Name of Agency: _____ Federal Identification # _____

Mailing Address: _____

Actual Location: _____

City: _____ State: _____ Zip code: _____

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

Background Questionnaire	
<p>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>	
<p>1a. If you, the bidder, are a natural person, are you a New York State resident?</p>	<p>_____ NO _____ YES</p>
<p>1b. If you are a corporation, are you a New York State corporation?</p>	<p>_____ NO _____ YES</p>
<p>1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?</p>	<p>_____ NO _____ YES</p>
<p>If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?</p>	<p>_____ NO _____ YES</p>
<p>2. How many years has the bidder been in business?</p>	<p>_____ # of Years</p>
<p>3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?)</p>	<p>_____ NO _____ YES</p>
<p>3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)</p>	<p>_____ NO _____ YES</p>
<p>4. How many people are employed by the bidder?</p>	<p>_____ Employees</p>
<p>5. Total number of people employed by the bidder:</p> <ul style="list-style-type: none"> * Within New York State? _____ * Outside of New York State? _____ * Outside of United States? _____ 	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>_____ NO _____ YES (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>

9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?	_____ NO _____ YES
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

CERTIFICATION

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

Authorized Signature: _____

Name: _____

Title

Date

E. Budget

INSTRUCTIONS FOR COMPLETION OF THE BUDGET SECTION

You must explain or justify all costs associated with each budget line in the Justification/Explanation section of the budget worksheet associated with each budget expense.

Personal Services Expense Detail - Employees who should be included on this form are those who will be paid in full or in part from grant funds. Any key personnel listed in narrative must be included here. To complete this section list the titles and names of the appropriate personnel. Next determine and enter the "Percentage of Time" this individual will spend on the project. Accurately reflect the salaries for each category. These amounts should carry to the "Budget Statement" under Personnel (B-1).

Fringe Benefit Detail - For all employees listed in the Personal Services Expense Detail, you are required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. You may also provide additional fringe benefits such as pension, health, life and/or dental insurance. If ENHP funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller's rate, currently the rate is up to 50.16%. You are encouraged allocate a lower percentage. These amounts should carry to the "Budget Statement" under Fringe Benefits (B-2).

Consultant Costs - This category includes institutions, individuals or organizations external to the contractor which have entered into an agreement with the contractor to provide any services outlined in or associated with the contract and whose services are to be funded under the contract budget. ALL SUCH AGREEMENTS ARE TO BE BONA FIDE WRITTEN CONTRACT. NYS OTDA reserves the right to request these documents at any time in the future.

Travel Costs - These costs may be reimbursed up to the NY State rate (currently the maximum rate is \$.565 per mile). Only travel costs for personnel listed under Personal Services Costs are acceptable. Explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel. Consultant travel expenses should be included under consultant costs.

Equipment - Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. It is recommended that contractors purchase needed substantial equipment using matching funds whenever possible or rent such equipment. If the only alternative is to purchase such equipment using contract funds, a contractor is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, contractor must purchase equipment from the lowest bidder. Equipment rental should be listed in contractual services. The acquisition costs of "general purpose" equipment and "special equipment" are defined in Office of Management and Budget Circular A-122, "Cost Principles for Non-Profit Organizations". Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative.

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

Contractual Services - List costs for services of other than a personnel nature rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real

estate rental. Only the pro-rated portion of the entire expenditure that is related to the ENHP program is allowed. SHOW JUSTIFICATION IN EXPLANATION BOX(e.g. the full cost of rent (\$1,000) x the % of space related to the program (25%) x number of months (12) = \$3,000).

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

Administrative Expenses – List costs for the administration of 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 cannot then be charged in the personal services budget. For this RFP, an administrative rate of up to 10% may be charged with an itemized listing of costs. The administrative cost **may not** include any portion of costs that are assignable to other federal, state or funding agencies. Please note that administrative charges are controlled by and subject to the requirements of NYS Executive Order #38 and the attending Rules and Regulations referenced in Section XII. of the RFP.

ENHP FIVE YEAR BUDGET SUMMARY

	<i>ENHP Funds</i>					<i>Total Program Costs</i>
	<i>1st Year</i>	<i>2nd Year</i>	<i>3rd Year</i>	<i>4thYear</i>	<i>5th Year</i>	
1. Crisis Intervention						
2. Eviction Prevention						
3. Mobile Emergency Feeding Services						
4. Summer Youth Services						
5. Other Emergency Services (Define)						
TOTALS						

ENHP ANNUAL BUDGET STATEMENT

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

PERSONAL COSTS

Item (as contained in the contract)	Annual Request
Personnel	
Fringe Benefits	
Personal Services	

NON-PERSONAL SERVICES

Item (as contained in the contract)	Annual Request
Consultants	
Travel	
Equipment	
Supplies	
Contractual	
Other Expenses	
Administrative Expenses	
Non-Personal Services Total	

Annual Budget Detail

Annual Budget Detail				
Annual Personal Service Costs				
Position Title	Employee Name	% Time on Project	Total Annual Salary (12 months)	Amount Charged to this Grant
Personal Total				
Fringe Benefits Total Rate _____ %:				
Total Personal Services Cost				
Explanation/Justification:				

ANNUAL CONTRACTUAL COSTS		
Item	ENHP Funds	Total
Total Contractual Costs		
Explanation/ Description:		

ANNUAL OTHER EXPENSES		
Item	ENHP Funds	Total
Total Other Costs		
Explanation/ Description:		

ANNUAL ADMINISTRATIVE EXPENSES		
Item	ENHP Funds	Total
Total Administrative Expenses		
Explanation/Justification		

F. Application Checklist

Applicant: _____

APPLICATION CHECK LIST of Required Forms	Included	Not Included (Explain) Missing documents may adversely affect the overall competitive score of your proposal.
A – APPLICANT DOCUMENTATION		
Executive Proposal Summary (Provide concise summary of proposal)		
Attach Copy of: Audited Financial Report. It should be within the last 12 months, if not attach letter explaining why.		
Attach Copy of: Board of Director’s Profile		
Attach Copy of: Certificate of Incorporation		
Attach Documentation of NYS Charities Filing. It should be within the last 12 months, if not provide letter explaining why?		
Attach Copy of: Worker’s Compensation documentation		
Attach Copy of: Disability Benefits Coverage		
B – DOCUMENTATION OF NEED		
Community Description Describe the Community to be served		
Gap Analysis Describe how your proposal will fill a gap		
C – PROGRAM PLAN		
Target Population to be Served		
Program Description		
Program Implementation		
Program Outcomes		
D – AGENCY INFORMATION		
Organization Background Information		
Attach copy of: Organization Chart		
Program Evaluation		
Funding Agency Contact Information Form		
Agency Agreement Form		
Organizational Status Form		
M/WBE Forms		

Subcontracting Utilization Form		
Contractor/ Subcontractor Background Questionnaire		
E – BUDGET		
Five Year Budget Summary		
Annual Budget Statement		
Annual Budget Detail		

END OF APPLICATION