

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

***REQUEST FOR PROPOSALS  
AND  
APPLICATION***

***2013***

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



**NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BUREAU OF HOUSING AND SUPPORT SERVICES**

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BUREAU OF HOUSING AND SUPPORT SERVICES (BHSS)  
2013 REQUEST FOR PROPOSALS  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

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# NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

## Bureau of Housing and Support Services (BHSS)

### 2013 REQUEST FOR PROPOSALS

#### HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

## I. INTRODUCTION

The New York State Office of Temporary and Disability Assistance (hereinafter "OTDA") announces a funding opportunity for the **Housing Opportunities for Persons With AIDS (HOPWA)** program. OTDA is requesting proposals from not-for-profit organizations and public housing agencies for funding to provide housing and related support services to low-income persons with AIDS or HIV-related illnesses and their families.

This RFP is issued pursuant to 24 Code of Federal Regulations (CFR) Part 574, entitled Housing Opportunities for Persons with AIDS (see Attachment A). The U.S. Department of Housing and Urban Development (HUD) allocated \$1,977,135 in HOPWA funding to New York State for 2013, which is a reduction from previous years due to the Federal sequestration. Funding of contracts under this RFP is contingent upon actual availability of Federal HOPWA funds and New York State legislative appropriation. Contracts awarded under HOPWA are 100% federally funded and HOPWA has a catalog of federal assistance (CFDA) number of 14.241.

While applicants may request funds through this New York State RFP for a number of different activities, priority will be given to proposals that will result in the continued or expanded availability of housing units and support services for persons with HIV/AIDS. **Potential applicants should carefully review the attached HOPWA regulations before drafting their application in order to assure consistency with the regulations.**

OTDA is funding the development of long-term and short-term rental assistance and supportive services under this RFP.

Funding under this RFP is reserved for applications to serve areas of the State that do not receive direct HOPWA allocations from HUD. Our goal is to reach geographic areas where persons with HIV/AIDS are underserved and fill the housing and support services gaps that cannot be funded through other sources. (Please see Section IV – Eligible Applicants.) Because of the limited HOPWA funds available to New York State, applicants must demonstrate that funds are either not available from other sources to support the proposed activities or that HOPWA dollars are required to supplement the proposed activities.

**Agencies applying for continued HOPWA funding must demonstrate the direct, positive impact their program has had on the availability of housing and support services.**

Applicants interested in applying for HOPWA funds should follow the directions in this Request for Proposals (RFP). **All proposals must be received by 3:00 p.m., Wednesday November 20, 2013.** Any proposal received after the deadline will be reviewed solely at the discretion of OTDA.

If selected, the proposal or parts of it submitted in response to this RFP will become part of a contract with OTDA subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional budget and program information for the contract.

Successful applicants will 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](http://www.grantsreform.ny.gov). Additional information and instruction will be sent to successful contractors. Successful applicants are also encouraged to register with the NYS Office of the State Comptrollers Vendor Responsibility Program which can be found at the following address: [http://www.osc.state.ny.us/vendrep/login\\_vendors.htm](http://www.osc.state.ny.us/vendrep/login_vendors.htm).

Successful applicants must certify that they will abide by all applicable State and Federal laws, regulations, and requirements, including the State's HIV confidentiality laws.

## **II. PROCUREMENT SCHEDULE**

Request for Proposals Released: **October 23, 2013**

Proposal Due Date: **November 20, 2013**

Notification of Awards: **December 2013**

Contract Start Date: **January 1, 2014**

Contract End Date: **December 31, 2018**

### **QUESTIONS AND ANSWERS ABOUT THIS RFP:**

Any questions about this RFP must be submitted in writing **by 3:00 P.M., November 5, 2013** to the attention of Mr. Richard Umholtz 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 [richard.umholtz@otda.ny.gov](mailto:richard.umholtz@otda.ny.gov).

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

The written response to all questions will be posted on the OTDA website ([www.otda.ny.gov](http://www.otda.ny.gov)). OTDA will not respond to 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/ELIGIBLE ACTIVITIES**

All applicants receiving funds will be required, by contract, to comply with the Federal regulations governing this program. These regulations are found at 24 CFR Part 574, published as a Final Rule on April 11, 1994, and are attached to this RFP as Attachment A. OMB Circulars 110 and 122, which apply to not-for-profit organizations receiving Federal funds and who are applying for funding under this RFP, are available upon request and will be provided to all successful applicants. The Federal regulations list several basic program activities that are eligible for funding under HOPWA. While OTDA will accept applications to fund most of these

activities, funding priority will be given to proposals that:

- Continue programs that have a demonstrated track record of success in providing eligible services;
- Result in the continuation or expansion of housing units available to low-income persons with HIV/AIDS and their families;
- Serve geographic areas in which persons with HIV/AIDS are underserved;
- Fill gaps in the continuum of housing and support services that cannot be funded through other Federal, State, local, and/or private sources; and,
- Help to create an integrated, comprehensive approach to meeting the housing needs of persons with HIV/AIDS within a given geographic area including linkages to medical care and HIV/AIDS related case management.

Based on these objectives, activities eligible for funding under OTDA's HOPWA program have been grouped into two categories.

**Group 1 – High Priority Activities (See below for details and limitations)**

- a. Tenant-Based Rental Assistance (TBRA)
- b. Support Service Case Management/Housing Case Management (**with** HOPWA housing)
- c. Short-Term Rent/Mortgage/Utility Payments (STRMU)
- d. Permanent Housing Placement (PHP)

**Group 2 – Lower Priority Activities (See below for details and limitations)**

- e. Support Service Case Management/Housing Case Management (**without** HOPWA housing)
- f. Housing Information and Referral Services
- g. Facility Based Housing Assistance (FBHA)
- h. Resource Identification

**The State will not make use of its limited HOPWA funds for new construction, acquisition, minor rehabilitation, or conversion of housing sites, even though these activities are eligible under the Federal regulations.** Funds for capital development activities are available through the State's Homeless Housing and Assistance Program (HHAP) and other sources.

Several of the activities listed above may involve the use of the following types of housing and assistance, some of which must follow certain HUD guidelines and limitations on funding as well as applicable New York State guidelines.

- **Community residences:** Defined by HUD as a multi-unit residence designed for eligible persons to provide a lower cost residential alternative to institutional care and to provide a permanent or transitional residential setting with appropriate services. Applicants proposing to use HOPWA funds for the operation of community residences must comply with the HUD requirements listed in 24 CFR Section 574.340. (See Attachment A.)
- **Single room occupancy (SRO) dwellings:** HUD provides no specific guidelines for SRO units. However, New York State requires SRO units assisted with HOPWA funds to meet the minimum applicable State and/or local codes.
- **Short-term supported housing:** Defined by HUD (24 CFR Section 574.330) to include "facilities to provide temporary shelter." Short-term supported housing may not provide

residence to any individual for more than 60 days during any six-month period or house more than 50 families or individuals at a time. **Short-term or transitional housing generally is not considered a priority by New York State, unless a compelling need for such housing can be demonstrated.**

- **Other types of housing not listed above:** HOPWA regulations do not restrict funded activities to the types of housing listed above, although other types of housing may not be deemed a priority by New York State.

The following are general guidelines and requirements for the activities that can be funded under New York State's HOPWA program.

## **Group 1 – High Priority Activities**

### **Tenant-Based Rental Assistance (TBRA)**

Rental assistance programs under HOPWA must meet Federal and State requirements regarding eligibility, rental payment structure, maximum subsidies, and compliance with HUD Housing Quality Standards, etc. Applicants must demonstrate that funds to assist eligible persons with rental costs are not available through other sources (e.g.: Federal Section 8 housing certificates and vouchers or Emergency Shelter Allowances from local departments of social services).

### **Support Service Case Management/Housing Case Management (with HOPWA housing)**

These include, but are not limited to the following services for residents of HOPWA housing: case management, crisis intervention, mental health services, drug and alcohol abuse counseling, child care, nutritional services, health and medical services, financial counseling and coordination of benefits.

### **Short-Term Rent/Mortgage/Utility Payments (STRMU)**

Such assistance may not be provided to any individual for costs accruing over a period of more than 21 weeks in any 52-week period. (This limitation does not apply to tenant based rental assistance.) Applicants must demonstrate a plan to help eligible individuals avoid the need for ongoing short-term assistance. Utility costs can include water, sewer, gas, electric, heat, etc.

### **Permanent Housing Placement (PHP)**

Permanent housing placement services may be used to help eligible persons establish a new residence where ongoing occupancy is expected to continue. It may be used to complement other forms of HOPWA housing assistance. For example, it can be used to adjust to changes in care needs by assisting persons transitioning from more supportive settings and programs with securing alternative housing arrangements. Costs may include fees for housing services or activities designed to assist individuals or families in locating suitable housing. This may include, counseling on tenant rights and responsibilities; assisting individuals and families to understand leases; securing utility services; making moving arrangements; paying for representative payee services for persons who use such services to better manage their own finances; and mediation services related to neighbor/landlord issues that may arise.

## **Group 2 – Lower Priority Activities**

While the following activities can represent useful components of an overall housing strategy, they are a lesser priority because they may not directly expand the number of new housing units available to persons with HIV/AIDS or there may be other resources available to meet these needs.

### **Support Service Case Management/Housing Case Management (without HOPWA housing)**

These include, but are not limited to, the following services for persons with HIV/AIDS and their families who are not residents of HOPWA housing: case management, crisis intervention, mental health services, drug and alcohol abuse counseling, child care, nutritional services, health and medical services, financial counseling and coordination of benefits.

### **Facility Based Housing Assistance (FBHA)**

This includes costs for maintenance, security, insurance, utilities, furnishings, equipment, staff and other operating costs for community residences and SRO's. Applicants requesting funds for operating costs must have housing units in operation whose operating costs cannot be covered by other funding sources.

### **Housing Information and Referral Services**

Services to help individuals with HIV/AIDS locate, acquire, finance and maintain housing. Such services may include counseling, information, and referral as well as fair housing counseling to address housing discrimination. Applicants proposing this activity must demonstrate that the proposed services will have a significant impact on the persons served (i.e., leading to placement in permanent housing) and are services that are not available from existing providers.

### **Resource Identification**

Activities to identify, coordinate, and develop housing assistance resources for eligible persons.

HUD has determined that the following categories of activity are **not** subject to the HUD environmental review process:

- Tenant-Based Rental Assistance (TBRA)
- Support Service Case Management/Housing Case Management
- Short-Term Rent/Mortgage/Utility Payments (STRMU)
- Technical assistance
- Facility Based Housing Assistance (FBHA)
- Housing Information and Referral Services
- Resource identification
- Administrative expenses

## **IV. ELIGIBLE APPLICANTS**

Not-for-profit organizations and public housing agencies may submit applications under this RFP. Applications may be made by one organization or by two or more organizations acting together. In the latter instance, a lead agency must be clearly identified.

While the Federal funds made available directly to New York State for distribution statewide are quite limited (approximately \$2 million), the Federal Fiscal Year 2013 HOPWA funding formula resulted in direct allocations to the following localities within New York State:

- \$53,533,071 to the City of New York to be shared with Westchester and Rockland Counties and the City of New Rochelle;
- \$1,684,976 to the City of Islip to be shared with Nassau and Suffolk Counties;
- \$657,405 to the City of Rochester to be shared with Monroe, Genesee, Livingston, Orleans, and Ontario Counties;
- \$524,721 to the City of Buffalo to be shared with Erie and Niagara Counties;
- \$470,954 to the City of Albany to be shared with Albany, Rensselaer, Schenectady, Montgomery, Schoharie and Saratoga Counties; and
- \$624,416 to the City of Poughkeepsie to be shared with Dutchess and Orange Counties.

Potential applicants intending to serve clients who reside in the above listed municipalities and/or counties are not eligible to apply for funding under this RFP, unless they are prohibited from applying for funds through one of the above-listed municipalities. In addition, applicants whose headquarters are located in the above-listed municipalities and/or counties but are intending to serve clients who reside outside those areas are eligible to apply. Organizations wishing to serve persons residing in the above-listed areas are urged to contact the appropriate local government agencies regarding the availability of funding. **If an applicant is located in one of the above listed areas, they must clearly explain why they are prohibited from applying for direct Federal allocation funds or clearly show they are serving clients outside of the areas receiving a direct Federal allocation.**

**Per its Memorandum of Understanding (MOU) with the City of Syracuse and HUD, OTDA will ensure that at minimum the amount that would have been directly allocated to the City of Syracuse (\$279,037 for Federal Funding Year 2013) of the approximate \$2 million awarded to New York State is made available to agencies serving an eligible population residing in the City of Syracuse.**

## **V. ELIGIBLE SERVICES AND COSTS**

In the case of applications proposing to provide housing information and referral services, all individuals with HIV/AIDS are eligible for services, regardless of income. Eligibility for individuals with HIV/AIDS receiving rental assistance must meet the guidelines in 24 CFR 574 found in Attachment A. Please see Section III, Program Description/Eligible Activities for other eligible services.

Eligible costs for HOPWA shall be directly related to eligible activities (see Section III) and shall include;

- **personnel costs** incurred in the provision of eligible assistance and/or support services, maintenance and operation, or administrative activities;
- **other than personnel services costs** directly associated with the eligible HOPWA activities, including subsidies for long-term and short-term rent assistance (see Section III of the Application for a detailed explanation).

## **VI. INELIGIBLE SERVICES AND COSTS**

Equipment costing over \$5,000 and having a useful life greater than one year should be leased rather than purchased. If a lease option is not possible, you are required to obtain three price quotes and must receive prior approval for the purchase from OTDA.

Mortgage payments cannot be reimbursed under long-term rental assistance. In an emergency situation, mortgage payments may be reimbursed under short-term assistance for a term not to exceed twenty-one weeks to eligible recipients who are the owners of the mortgaged property.

## **VII. ELIGIBLE POPULATION**

Persons eligible to receive services or assistance under HOPWA are low-income individuals with documented HIV infection, HIV-related illness, or AIDS (hereinafter "HIV/AIDS") and their families. In the case of applications proposing to provide housing information and referral services, all individuals with HIV/AIDS are eligible for services, regardless of income. For the purposes of this RFP, the definition of AIDS is that found in 24 CFR 574.3. OTDA will use the HUD definition of a "low income" person or family defined in 42 USC 12902, as one whose income does not exceed 80% of the median income for the area, as determined by the Secretary of HUD. HUD may establish other income ceilings due to varying local factors.

## **VIII. LOCAL APPROVAL**

The HOPWA regulations require the approval of local government before OTDA enters into a contract with a not-for-profit organization to conduct HOPWA-related activities.

A Certification of Local Approval form is included in the Application (Section J). Depending on the nature and geographic scope of the project, this form could be signed by the County Planning Office, the County Executive, the Mayor of the locality, or whatever entity is responsible for certifying the HUD Consolidated Plan in the locality. (The Consolidated Plan is a Federal mandate to coordinate planned housing activity at every level of government.)

While the completed form is required from the local government before a contract can be signed, we recognize that in rare instances it may not be available at the time of application. In such cases, the applicant must explain the circumstances in the application and describe efforts to obtain local approval. **This approval must be obtained prior to execution of any contract.**

## **IX. MAINTENANCE OF EFFORT**

HUD regulations prohibit using funds for the replacement of other funds made available or designated by State or local governments. Applicants must clearly demonstrate that such supplantation of existing funds has not occurred.

## **X. SELECTION PROCESS**

Awards will be based on a demonstrated need and best value. Weight will be given to the cost effectiveness of each proposal. OTDA staff will review all proposals, assisted by such other

State personnel as it deems appropriate. In addition to a staff review, OTDA reserves the right to conduct site visits and solicit the opinion of other sources of funding agents prior to making a funding decision.

Proposals will be rated based on the following criteria:

- Completeness of the application.
- Responsiveness of the application to the RFP.
- Clarity of the expected results of the program and the potential for its achievement.
- Applicant's contractual performance history with OTDA if applicable.
- Evidence that the applicant understands the support services needs of the individuals and/or families to be served, can identify the services needed to help individuals and/or families obtain their maximum degree of independence, and evidence that the applicant has the ability to provide such services successfully.
- Demonstrated fiscal viability of the proposal and fiscal responsibility of the applicant.
- Programmatic feasibility of the proposed program within the time outlined.
- Willingness of the applicant to adhere to all HUD guidelines and regulations regarding HOPWA.

Competitive scoring breakout:	Applicant Documentation	5%
	Documentation of Need	20%
	Program Plan	30%
	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.

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 20% of the total available funds.
2. The lowest scored 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 encouraged to develop cost effective proposals. For those applicants seeking continued funding, past spending practices and performance may be considered when determining award amounts. In the event that OTDA has determined via competitive score that an existing awardee with a history of unspent contract monies should be awarded new funds, OTDA reserves the right to reduce the award based on the contractual history and the reasonableness of the request. OTDA reserves the right to increase or decrease a contractor's award amount based on the availability of funds and past performance. Existing grantees should thoroughly justify the need for the additional funds if requesting an amount in excess of past awards.

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

## **XI. HOW TO APPLY**

A completed application, as outlined below, must be submitted and received by the Bureau of Contract Management **no later than 3:00 p.m., Wednesday November 20, 2013**. Any proposal received after the deadline will be reviewed at the discretion of OTDA. Telefaxed applications or applications sent over the Internet will **not** be accepted. You may, however, request that the excel budget workbook be e-mailed. While a hard copy of the budget must be included in the original application you may send a copy of the excel budget workbook by e-mail to: sarah.watson@otda.ny.gov. In addition, this Request for Proposals and application will be posted on the OTDA website (www.otda.ny.gov).

**Send the original and two (2) copies of the entire application to:**  
**John Printup**  
**NYS Office of Temporary and Disability Assistance**  
**Bureau of Contract Management, 10A**  
**40 North Pearl Street**  
**Albany, NY 12243**  
**Attention: Housing Opportunities for Persons With AIDS Program**  
**(518) 473-4137 for delivery inquiries only**

## **XII. AWARD PROCEDURES**

Upon approval of funding recommendations by the OTDA, award notices and instructions about contract development will be sent to successful applicants. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets HOPWA program objectives. Awardees will be asked to develop a detailed implementation plan that sets forth the program goals and provides time frames for the performance of those goals. This RFP governs the provision of HOPWA services for a five (5) year contract cycle to be funded annually for one (1) year periods. For those applicants selected as a result of this Request for Proposals (RFP), subsequent years' funding may vary, increase or decrease based on awards and appropriations.

Entities not selected for funding will be notified by mail of OTDA's decision. OTDA will, upon request, meet with unsuccessful applicants to discuss why the applicant was not selected for funding. Such requests must be made by the applicant within 90 days of the notification of the unsuccessful application.

## **XIII. REPORTS AND RECORD KEEPING**

Narrative and tabular data reports will be required on at least a quarterly basis. These will describe the progress of HOPWA activities, the numbers of individuals and families served, and continuing needs for services. A reporting format will be distributed to funded grantees.

Contractors must ensure that books, records, documents and other evidence associated with expenses of the grant are maintained. These records must document all costs of materials,

equipment, supplies, services, building costs and all other costs and expenses for which reimbursement are claimed or payment is made under the grant. All expenditures shall be reported on an accrual basis.

All records pertaining to this contract 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 contractor until all claims or findings regarding the records are finally resolved.

NYS OTDA or its designees 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, upon request of OTDA, be transferred to OTDA.

#### **XIV. GENERAL TERMS AND CONDITIONS**

##### **Contract Execution**

The contract period for this RFP will commence on January 1, 2014 and run through December 31, 2018. It is anticipated that successful applicants will receive contracts with funding for a five (5) year period, to be funded annually for one (1) year periods, (subject to approval by the New York State Attorney General and the Office of the State Comptroller) depending upon the availability of continued HOPWA funding, the need for the services, satisfactory performance, and at the sole discretion of OTDA. For those applicants selected as a result of this RFP, subsequent years' funding may be at an increased or decreased level.

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 additional funding becomes available.

Contractors will be required to provide quarterly and annual data reporting to OTDA.

Contractors 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 immediate termination of the contract.

Successful contractors will 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](http://www.grantsreform.ny.gov). Additional information and instruction will be sent to successful contractors.

The terms and conditions for all funded projects are specified in a detailed contract which must be signed by OTDA and approved by the New York State 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. Anyone 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 <http://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
- Attachments B-1, Expenditure Budget; B-2, Performance Based Budget; B-3 Capital Budget; B-4 Net Deficit 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.

**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 **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](mailto: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 businesses<sup>1</sup>, which can be viewed at: <https://ny.newnycontracts.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.

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<sup>1</sup> 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.

## V. Waivers

- 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](mailto: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.<sup>2</sup> 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.

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<sup>2</sup> 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**

## 2013 APPLICATION

### XV. APPLICATION GUIDELINES

#### Section A – APPLICANT DOCUMENTATION

- **Executive Proposal Summary**  
Provide concise summary of proposal and complete General 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 your agency’s Equal Employment Opportunity policy.** It should comply with the Federal Equal Opportunity Act of 1972 as amended.
  - **Attach documentation of the annual NYS Charities Registration filing.** It should be 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.
- **Target Population**  
Describe the population 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

- **Program Description**  
Describe your proposed program.
- **Program Implementation**  
Describe your organization’s capacity to implement the program
- **Program Outcomes**  
Describe your proposed program outcomes in quantifiable and measurable terms.

#### Section D – AGENCY INFORMATION

- **Organization Background Information**
- Describe the organizational structure of your agency.  
**Attach Copy of:** Current Organizational Chart.
- **Program Evaluation**  
To be completed by all current HOPWA contractors. If any HOPWA 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 HOPWA 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**  
Completed for the applicant and any subcontractors included in the proposed program.
- **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](http://www.otda.ny.gov))**

- **Budget Instructions**  
All applicants should include a fully developed Budget Statement, Personal Services Costs Budget and Non-Personal Services Budget.
- **HOPWA Budget Statement**  
All category totals from individual budget pages should transfer to the Budget Statement sheet.
- **Personnel Service Expense Detail**  
The Explanation/Justification following the Personnel Service budget should explain the personnel and job duties for which HOPWA funds are requested.
- **Non-Personnel Service Expense Detail**  
If the applicant is requesting funds in support of more than one eligible activity, each individual expense should be listed on the Non-Personnel Services Budget. The entire amount for the categories should be reflected in the budget summary and Statement sheets. The Explanation/Justification following each component of the budget must explain the basis for the dollar amount. (For example: Travel Funds are being used for staff transportation estimated at 100 miles @ \$0.565 per mile.)

**SECTION F – DOCUMENTATION OF CONTINUING SUPPORT**

**SECTION G – FEDERAL CERTIFICATIONS**

**SECTION H – CERTIFICATION OF LOCAL APPROVAL**

## **SECTION I - 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.

## **ATTACHMENT A - HOPWA REGULATIONS**

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

John Printup  
New York State Office of Temporary and Disability Assistance  
Bureau of Contract Management  
40 North Pearl Street, 10A  
Albany, NY 12243  
Attention: Housing Opportunities for Persons With AIDS Program

**Applications must be received at the address listed above  
by November 20, 2013 at 3:00 p.m.**

Telefaxed 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.**

**A.) APPLICANT DOCUMENTATION**

**EXECUTIVE PROPOSAL SUMMARY**

	<b>HOPWA</b>					
<b>Applicant Name</b>						
<b>Applicant County</b>						
<b>ELIGIBLE ACTIVITY</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Year Four</b>	<b>Year Five</b>	<b>Five Year Total</b>
<b><u>ANTICIPATED # OF INDIVIDUALS TO BE SERVED (ANNUAL UNDUPLICATED COUNT)</u></b>	0	0	0	0	0	0
1. Project/Tenant Based Rental Assistance (TBRA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Short Term Payments for Rent/mortgage/Utility (STRMU)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Permanent Housing Placement (PHP)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Facility Based Housing Assistance (FBHA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supportive Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Resource Identification	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Housing Information Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## EXECUTIVE PROPOSAL NARRATIVE:

Provide a one-paragraph summary of your organization's HOPWA proposal.  
(Suggested format):

**Organization** is requesting **amount of request** to serve **# of individuals** who are low-income persons with AIDS or HIV-related illnesses and their families in **county/city**. Funds will be used to provide/enhance **which housing and related support services** to this population. Funds will pay for partial salary of **what positions**. **Organization's** experience in providing housing and support services to those with HIV/AIDS includes **what activities for how many years**.

### **EXAMPLE:**

*Agency ABC is requesting \$200,000 to serve 50 individuals who are low-income persons with AIDS or HIV-related illnesses and their families in Schenectady, Schenectady County. Funds will be used to provide long term rental assistance and case management services to this population. Funds will pay for partial salary of the program manager and case manager. Agency ABC's experience in providing housing and support services to those with HIV/AIDS includes providing tenant based and short term rental assistance for ten years.*

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
**Bureau of Housing and Support Services**  
**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM (HOPWA)**  
**2013 APPLICATION**

**GENERAL INFORMATION**

**HOPWA APPLICANT PROJECT INFORMATION**

APPLICANT NAME (Entity):

\_\_\_\_\_

CHIEF ELECTED OFFICIAL  
or EXECUTIVE DIRECTOR

\_\_\_\_\_

PROGRAM CONTACT

\_\_\_\_\_

BUSINESS ADDRESS:

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

**(required)**

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

COUNTY/ COUNTIES (WHERE SERVICES ARE TO BE  
PROVIDED) \_\_\_\_\_

PROJECT ADDRESS (if other than business address):

\_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

SITE PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

What is your organization's Federal Employer Identification  
number? \_\_\_\_\_

DUNS Number \_\_\_\_\_

SFS 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): \_\_\_\_\_

Municipality \_\_\_\_\_

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

— — — — —

Date of last certification? \_\_\_\_\_

Is your organization current with the NYS Office of the Attorney General Charities registration filing requirements? \_\_\_\_\_ YES \_\_\_\_\_ No

If not, why?

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**Please remember to attach the following:**

- **Your agency's most recent Audited Financial Report** (should not be older than one year from date of RFP application submission)
- **Your agency's Board of Directors Profile**
- **Your agency's Certificate of Incorporation**
- **Your agency's Equal Employment Opportunity policy.** It should comply with the Federal Equal Opportunity Act of 1972 as amended.
- **Documentation of the annual NYS charities registration filing.** It should be within the past 12 months or provide an explanation of the delay.
- **Documentation of Worker's Compensation**
- **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, including date, should be identified. Although source documents may be attached to the application, only the information provided in direct response to the question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.

### **1.) COMMUNITY DESCRIPTION**

Provide a detailed description and analysis of the community you plan to serve. Please provide **current statistical** data to support your description. Applicant should describe the county(s)/city(s) where services will be provided. Please include:

- a) The geographic area(s) to be served and identify the Fair Market Rents for that area.
- b) What is your community's estimated number and percentage/population of individuals and/or families who are living with HIV/AIDS?
- c) What is your community's estimated number housing units dedicated for individuals and families living with HIV/AIDS?
- d) Describe the need in your community for housing and support services for those individuals who are low-income and living with HIV/AIDS and their families.
- e) What other community agencies provide relevant services and how do you propose to work with them?
- f) Describe how your proposal will enhance existing services.
- g) Please provide your agency's insight into the community. Sometimes statistics do not paint the whole picture. What is your agency's experience regarding the statistics listed above? According to your agency's experience, how accessible are employment opportunities for the population you wish to serve? According to your agency's experience, what is the availability and quality of affordable housing for the population you wish to serve? According to your agency's experience, what other significant factors exist for the population you wish to serve?

### **2.) TARGET POPULATION**

Describe the population(s) to be served. Information should be based on statistical data as well as your agency's experience.

- a) Provide the demographics and characteristics of the HIV/AIDS population to be served.
- b) Describe the typical living situation of the majority of proposed program participants prior to being referred to your agency. Be sure to identify anticipated referral sources.
- c) What are the housing and support service needs of the population based on an analysis of resources available within the community and population characteristics?

Describe the special needs of **each** population you propose to serve. Include how those needs impact their ability to secure and/or maintain permanent housing and achieve self-sufficiency. Please respond to the specific needs associated with **each** target population listed in question a) above.

- d) Provide the estimated projected number of individuals to be served under this proposal, by type of service to be provided, and describe and quantify the expected outcomes.

### **3.) GAP ANALYSIS**

Describe how your proposed project will meet an identified local need. (Please be sure to integrate the community section, target population, and the gap analysis.)

- a) Describe any critical gaps in services to those low-income individuals living with HIV/AIDS in the area that you propose to serve as supported by the description of the community and the proposed target population you identified in the previous section.
- b) How will the services you are proposing respond to the gaps in services identified in question a) above?
- c) Discuss how duplication of effort will be avoided if you are successful in your bid for HOPWA funds. Describe your agency's involvement with the county's Continuum of Care Plan. In the context of the Plan, how does your agency avoid duplication and identify needs within the community?
- d) If you are currently funded, describe the potential impact on those currently housed by your agency should your application not be funded.

## **C.) PROGRAM PLAN**

### **1.) PROGRAM DESCRIPTION**

- a) Describe the assistance and/or support services the proposed program expects to provide.
- b) Explain how your agency will perform outreach for the proposed program, and describe the main source of program participant referrals. Also, describe your agency's system of communication with those referral sources.
- c) Provide evidence as to how outreach efforts will be non-discriminative in nature.
- d) Describe the intake process, including how eligibility for assistance is determined.
- e) Provide a detailed description of the day-to-day operations of the proposed program. Describe the process for program participants from the point of referral to discharge (if applicable).
- f) Explain how the proposed program will meet the needs of the participants and enhance their self-sufficiency.
- g) Explain how the proposed program will provide program participants with appropriate medical care, or referrals and case management.

- h) Describe the program's staffing pattern, and include job descriptions, staff qualifications and experience.
- i) Detail how program staff will interact with management staff within the agency.

### **1a.) DESCRIBE THE PHYSICAL SITE**

*(This section applies only to applications that request funding for support services and/or operating costs connected with a particular housing facility or residence. Applications not requesting such funds should indicate: "The proposed program is not connected to a particular housing facility or residence.")*

- 1) Briefly describe the facility site(s), including location, size, type of building(s), and type of housing (e.g. emergency, transitional, permanent, scattered site).
- 2) What is the total number of units and beds? What is the total number of units and beds serving persons with HIV/AIDS?
- 3) Indicate the operational status of each project for which funding is sought (e.g. "in development", "in construction", "operational"). If the site is not yet operational, when is it scheduled to become operational?

### **2.) PROGRAM IMPLEMENTATION**

- a) Please provide a detailed time line that demonstrates your agency's ability to implement this program in a timely fashion, including your plan to fully expend all of the funds within the five year contract term.
- b) If providing rental assistance, detail the proposed mechanism for assuring compliance with HUD's Housing Quality Standards.
- c) Describe how the funds will not supplant any existing or anticipated public or private funding sources.
- d) List the additional sources and amounts of funding anticipated to be available in support of the proposed program.
- e) Describe the plan to insure stable program participation levels. The plan should include participant turnover procedures.
- f) Describe the plan to manage and maintain connections to the community-at-large.

### **3.) PROGRAM OUTCOMES**

Please provide expected results, for each proposed service, in quantifiable and measurable terms.

- a) Provide number of households expected to be served for each type of assistance and/or service provided, and describe the expected outcome.
- b) Provide number of households expected to experience housing stability. Stable housing includes private permanent housing, permanent supportive housing and permanent housing with a HOPWA or other subsidy.
- c) Provide the potential for achievement of these results.
- d) Describe what form of follow-up verification you will use to show the extent to which you have achieved the anticipated results.

- e) Discuss 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 HOPWA 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 housing and/or related support service services to this population.
- e) Related to your agency's financial statements, please answer the following:
  - a. Is your agency required to have an A-133 audit?
    - i. Yes\_\_\_\_ No\_\_\_\_
    - ii. If yes, amount of Federal \$ \_\_\_\_\_
  - b. Is your attached audited financial statement dated within the last 12 months?
    - i. Yes\_\_\_\_\_ No\_\_\_\_\_
    - ii. If no, why? \_\_\_\_\_
  - c. Have there been any findings in your financial audits?
    - i. Yes\_\_\_\_ No\_\_\_\_\_
    - ii. If yes, describe \_\_\_\_\_
  - d. What is the current ratio as stated in your most recent financial audit?
    - i. Current Assets \_\_\_\_\_
    - ii. Current Liabilities \_\_\_\_\_
    - iii. Current Ratio (Assets divided by Liabilities) \_\_\_\_\_
- f) ATTACH COPY OF: YOUR AGENCY'S ORGANIZATION CHART

## 2.) PROGRAM EVALUATION

To be completed by those applicants in receipt of HOPWA funds. If any HOPWA 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 HOPWA funds were received during the last three years, label the forms **“Not Applicable”** and include it with your application.

1. Provide a listing of HOPWA funds received from OTDA during the past three years.

Year/ Award Amount	Assistance/Service Provided	Use of Funds
<b>Example:</b> <b>10-11 / \$100,000</b>	<i>Long-term rental assistance; short-term rental assistance</i>	<i>2 Part-time staff; Case manager; rental payment</i>
<b>10-11</b>		
<b>11-12</b>		
<b>12-13</b>		

2. Provide the number of households served by HOPWA funds during the past three years.

<b>Year</b>	<b>Assistance/ Service Provided</b>	<b>Projected Number of Individuals to be Served</b>	<b>Actual Number of Individuals Served</b>	<b>Comment</b>
<b>10-11</b>				
<b>11-12</b>				
<b>12-13</b>				

3. Provide justification for the continued need for HOPWA 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 awarded for this project will be used only for the conduct of the project as approved. (6) The contract may be terminated in whole, or in part, by OTDA. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination. (7) When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period must be returned. (8) Any significant revision of the approved project proposal must be 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 XIV, General Terms and Conditions of this RFP.

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

This RFP governs the provision of HOPWA services for a five (5) year contract cycle to be funded annually for one (1) year periods depending upon the availability of continued HOPWA 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.

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

---

(Signature of official authorized to sign for applicant)

(Date)

---

(Typed name and title)

## D.) AGENCY INFORMATION CONT.

### 5.) 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 organization 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:

- (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.
- (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](mailto: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)	White (F)	Black (M)	Black (F)	Hispanic (M)	Hispanic (F)	Asian (M)	Asian (F)	Native American (M)	Native American (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.

**ISLANDER**

- **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 MBE WBE			
B.	NYS ESD CERTIFIED MBE WBE			
<p><b>PREPARED and APPROVED BY:</b> NAME AND TITLE OF PREPARER (Print or Type):</p> <p>Signature: _____ Authorized Signature</p> <p>DATE:</p> <p>TELEPHONE NO:</p> <p>EMAIL ADDRESS:</p> <p><b>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.</b></p> <p>M/WBE 100 (Revised 1</p>			<i>FOR AGENCY USE ONLY</i>	
			REVIEWED BY:	DATE:
			<p>UTILIZATION PLAN APPROVED: YES NO Date: _____</p> <p>Contract No:</p> <p>Contract Award Date:</p> <p>Estimated Date of Completion:</p> <p>Amount Obligated Under the Contract:</p> <p><del>NO</del> NOTICE OF DEFICIENCY ISSUED: YES NO Date: _____</p> <p>NOTICE OF ACCEPTANCE ISSUED: YES NO Date: _____</p>	

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

	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](mailto:Wilma.BrownPhillips@otda.state.ny.us)

**MWBE SUBCONTRACTOR REQUEST FOR WAIVER FORM**

<b>INSTRUCTIONS: SEE PAGE 2 OF THIS ATTACHMENT FOR REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS.</b>		
<b>Offeror/Contractor Name:</b>	<b>Federal Identification No.:</b>	
<b>Address:</b>	<b>Solicitation/Contract No.:</b>	
<b>City, State, Zip Code:</b>	<b>M/WBE Goals: MBE      %      WBE      %</b>	
<p>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><b>Contractor is requesting a:</b></p> <p>1. <b>MBE Waiver</b> – A waiver of the MBE Goal for this procurement is requested. Total                  Partial</p> <p>2. <b>WBE Waiver</b> – A waiver of the WBE Goal for this procurement is requested. Total                  Partial</p> <p>3. <b>Waiver Pending ESD Certification</b> – (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>		
<b>PREPARED BY (Signature):</b>	<b>Date:</b>	
<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>		
<b>Name and Title of Preparer (Printed or Typed):</b>	<b>Telephone Number:</b> <b>Email Address:</b>	
<p><b>Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit:</b></p> <p>NYS OTDA  ATTN: Ms. Wilma BrownPhillips, MWBE  Director  MWBE Program Management Unit  Harlem Center  317 Lenox Avenue  New York, New York 10027</p> <p>Email to: <u>Wilma.BrownPhillips@OTDA.State.NY.US.</u></p>	<p>***** FOR AGENCY USE ONLY *****</p>	
	<b>REVIEWED BY:</b>	<b>DATE:</b>
	<p><b>Waiver Granted: YES MBE: WBE:</b></p> <p><b>Total Waiver                  Partial Waiver</b>  <b>ESD Certification Waiver      *Conditional</b>  <b>Notice                  of                  Deficiency                  Issued</b></p> <p>*Comments:</p>	

## REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

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

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

**Note:**

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

# CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE

Name of Agency: \_\_\_\_\_ Federal Identification # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Actual Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

## **Background Questionnaire**

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

<p>1a. If you, the bidder, are a natural person, are you a New York State resident?</p> <p>1b. If you are a corporation, are you a New York State corporation?</p> <p>1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?</p> <p>If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?</p>	<p>_____ NO    _____ YES</p> <p>_____ NO    _____ YES</p> <p>_____ NO    _____ YES</p> <p>_____ NO    _____ YES</p>
<p>2. How many years has the bidder been in business?</p>	<p>_____ # of Years</p>
<p>3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?</p> <p>3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)</p>	<p>_____ NO    _____ YES</p> <p>_____ NO    _____ YES</p>
<p>4. How many people are employed by the bidder?</p>	<p>_____ Employees</p>
<p>5. Total number of people employed by the bidder:</p> <p style="margin-left: 20px;">* Within New York State?</p> <p style="margin-left: 20px;">* Outside of New York State?</p> <p style="margin-left: 20px;">* Outside of United States?</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Is the bidder independently owned and operated?</p>	<p>_____ NO    _____ YES</p> <p style="text-align: center;">(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
15. If yes, are the forms on file and available for inspection?	_____ NO _____ YES

**CERTIFICATION**

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

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## 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.**

**Personnel Service 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 Personnel Service Expense Detail, you are required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance, NYS Disability Insurance and Workers' Compensation. You may also provide additional fringe benefits such as pension, health, life and/or dental insurance. If HOPWA 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 to allocate a lower percentage. These amounts should carry to the "Budget Statement" under Fringe Benefits (B-1).

**Contractual/Consultant Services** - List costs for services rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real estate rental. This category also 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 A BONA FIDE WRITTEN CONTRACT. If your application is funded, a copy of the consultant contract must be submitted for approval prior to reimbursement. NYS OTDA also reserves the right to request these documents at any time in the future. Only the pro-rated portion of the entire expenditure that is related to the HOPWA 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).

**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 Personnel Services Costs and client travel costs are acceptable. Explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel. Consultant travel expenses should be included under contractual/consultant costs.

**Equipment/Supplies** - Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. If contract funds are used to purchase equipment/supplies, a contractor is required to obtain and submit 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 are major supply items (e.g.: office supplies, program supplies, janitorial, etc.). Provide an explanation of what items will be included. Justify these costs in relation to number of staff and their programmatic functions.

**Financial Assistance** – Tenant based rental assistance funds are available to pay on-going rental assistance subsidies for eligible recipients. Please estimate the number and type of units (e.g. one-bedroom, two bed-room) to be provided, the counties in which the units will be provided, and the size of the subsidy to be provided. Rents must adhere to the fair market rents applicable to the area in which they will be provided.

Short-term rental assistance funds are available to pay short-term rental assistance subsidies for eligible recipients. Please estimate the number and type of payments to be made (e.g. rent, utilities, mortgage) to be provided, and the size of the subsidy to be provided. Limitations on the duration of subsidies are listed in the HOPWA regulations.

**Other Expenses** - List items not applicable under any other category, including Technical Assistance. Only the pro-rated portion of the entire expenditure that is specifically related to HOPWA is allowed.

**Administrative Expenses** – Not more than 7% of the HOPWA award for a given project will be available to fund administrative activities, provided that the costs of such activities are sufficiently documented and can be appropriately charged to the HOPWA program. All funds requested in support of this category should be itemized. Administrative activities may include, but are not limited to the following:

- supervisory salaries and fringe benefits,
- audit/bookkeeping,
- office telephone,
- postage, and
- administrative personnel salaries and fringe for general oversight.

**The following is a list and description of HUD approved HOPWA activities. Your budget must be broken down in terms of the activities listed below.**

**Tenant-based Rental Assistance Activities (TBRA) Include:**

- Rent subsidy dollars
- Staff time spent assessing a client specifically for TBRA assistance and orienting the client to the program requirements
- Staff time spent on communicating with TBRA landlords

- Staff time spent processing the landlord checks
- Staff time spent traveling and to conduct housing inspections
- Staff time spent on re-assessing continued eligibility for TBRA annually
- Cost of check stock, envelopes and postage for mailing checks to landlords (even if the accounting department staff handles the process)

**Short-Term Rent, Mortgage, and Utility Assistance Activities (STRMU) Include:**

- The rent, mortgage, or utility dollars
- Staff time spent assessing a new client for STRMU assistance and orienting the client to the program requirements
- Staff time spent on communicating with landlords and/or utility companies
- Staff time spent on re-assessing continued eligibility for STRMU annually
- A portion of staff time spent overseeing the STRMU staff performance and processes
- Cost of check stock, envelopes and postage for mailing checks to landlords and utility companies (even if the accounting department staff handles the process)

**Permanent Housing Placement (PHP) for move-in costs:**

- Application fees, credit check fees and security deposits necessary to move persons into permanent housing, provided such deposits do not exceed two months of rent.
- Staff time spent assessing a new client for move-in assistance and orienting the client to the program requirements
- Staff time spent on communicating with landlords
- Staff time spent processing the landlord and/or utility company checks
- Cost of check stock, envelopes and postage for mailing checks to landlords and utility companies (even if the accounting department staff handles the process)
- Total placement costs cannot exceed the value of two months' rent in the new unit.

**Facility Based Housing Assistance (FBHA) Activities Include:**

- Staff time for new resident intake and move-in to unit
- Staff for grounds and building inspection and maintenance
- Staff time and equipment for building and grounds security
- Staff time spent as a cook for common meals for all residents
- Payments for facility water, sewer, garbage, and/or other utility costs
- Supplies for grounds and building maintenance
- Food and nutrition supplies for a community kitchen if they are prepared on site
- Furniture and bedding and towels and supplies for the units if the facility is short-term or transitional

- Furniture and supplies for the common areas
- TV, cable and phone for resident use in the common areas only
- Supplies for facility resident meetings and events
- Lease or minor repair of facilities to provide housing and services.
- Rent subsidy dollars
- Staff time spent assessing a client specifically for FBHA assistance and orienting the client to the program requirements
- Staff time spent processing the landlord checks
- Staff time spent on communicating with FBHA landlords
- Staff time spent traveling and to conduct housing inspections
- Staff time spent on re-assessing continued eligibility for FBHA annually
- Cost of check stock, envelopes and postage for mailing checks to landlords (even if the accounting department staff handles the process)

**HOPWA Support Service Case Management/Housing Case Management (without HOPWA housing) Includes:**

- Staff time spent working with the client to connect them with other benefits and employment activities other than HOPWA housing (HOPWA housing staff time is billed as a direct service delivery cost to the housing activity)
- Staff time spent on all other activities, such as counseling, transportation issues, food, school, training, budgeting etc.
- Staff time spent connecting clients to medical care and other health care services
- Staff time spent checking in with clients to assess wellbeing and ongoing needs.
- Staff time spent creating, documenting and overseeing housing and client care plans
- Staff time spent drug, alcohol and or financial counseling

**HOPWA Support Service Case Management/Housing Case Management (with HOPWA housing) Includes:**

- Once clients are moved into HOPWA housing, staff time spent on activities, such as drug, alcohol and or financial counseling, transportation issues, food, school, training, budgeting etc.
- Staff time spent connecting clients to medical care and other health care services
- Staff time spent checking in with clients to assess wellbeing and ongoing needs.
- Staff time spent creating, documenting and overseeing housing and client care plans.
- Staff time spent drug, alcohol and or financial counseling.
- Costs for individual clients such as bus fare, supplies for the living unit food pantry vouchers etc. (if provided)

- NOTE: Staff time spent working with the client to enroll them in a HOPWA housing unit is billed as a direct service delivery cost to the housing activity – STRMU, TBRA, PHP, FBHA.

**Housing Information and Referral Services:** (Only HOPWA service that can assist those who are not confirmed to have HIV or AIDS)

- Staff time in person or via phone and email spent on housing counseling, fair housing information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing.
- Brochures discussing the HOPWA program services available in the Eligible Metropolitan Service Area (EMSA).
- Cost of supplies and postage for mailing out information to the public.
- Up to 3% of HOPWA award as Housing Info Services for Homeless Management Information System (HMIS) or HMIS-compliant systems to build upon or integrate with Ryan White CARE Act data systems (or other systems) as a tool for housing information services to support case manager activities, such as an electronic case file, reduce duplication in services, and provide essential data on client utilization to assess the effectiveness of the housing assistance. Also as a database tool to facilitate beneficiary access to available housing and related services, track available housing units.

**Resource Identification:**

- Up to 10% of award for Resource Identification for staff time spent on comprehensive planning, community meetings, and other activities to plan, establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives such as pre-development).

**Technical Assistance**

- Costs include activities to coordinate and assist in the development of housing resources for persons with HIV/AIDS and their families. Applicants proposing these activities must demonstrate that, if funded, their efforts are likely to result in making additional housing available to people with HIV/AIDS.

**Lease or Repair of Facilities to Provide Housing and Services**

- Very limited funds may be available for the lease or minor repair of facilities that house persons with HIV/AIDS. However, compelling need must be demonstrated. Applicants must show that they have been unable to access other sources of financing for these purposes.

**HOPWA Administrative Costs Include:**

- Includes those costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

## E. HOPWA BUDGET STATEMENT

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

### PERSONNEL COSTS

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Annual Total
E-1. Salary								
E-2. Fringe Benefits								
Total Personnel Services								

### NON-PERSONNEL SERVICES

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Annual Total
E-3. Consultants/Contractual								
E-4. Travel								
E-5. Equipment								
E-6. Supplies								
E-7. Other								
E-8. Financial Assistance								
E-9. Admin								
Non-Personnel Services Total								



**E-3. Consultant & Contractual Costs**

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
<b>Total Consultant and Contractual Costs</b>								

Explanation/ Description:

**E-4. Travel Costs**

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
<b>Total Travel Costs</b>								

Explanation/ Description:

### E-5. Equipment Costs

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual Facilities	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
Total Equipment Costs								

Explanation/ Description:

### E-6. Supply Costs

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual Facilities	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
Total Supply Costs								

Explanation/ Description:

**E-7. Other- Annual**

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
Total Equipment Costs								

Explanation/ Description:

**E-8. Financial Assistance**

Item	Annual TBRA	Annual STRMU	Annual PHP	Annual FBHA	Annual Supportive Services	Annual Resource Identification	Annual Housing Information Services	Total
Total Equipment Costs								

Explanation/ Description:

**E-9. Admin Costs**

Item	Total							
Total Admin Costs								

Explanation/ Description:

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
**Bureau of Housing and Support Services (BHSS)**  
**2013 REQUEST FOR PROPOSALS**  
**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

**F. DOCUMENTATION OF CONTINUING FINANCIAL SUPPORT**

NOTE: HOPWA funds cannot be used to supplant or replace local funding. This is an example of the format that should be followed regarding certification of continuing financial support.

**AGENCY LETTERHEAD**

Date

New York State Office of Temporary and Disability Assistance  
Bureau of Housing Services  
40 North Pearl Street, 10-B  
Albany, NY 12243

Attention: Ms. Sarah Watson

To Whom It May Concern:

This is to certify that, to the best of my knowledge, the funds requested in my agency's 2009 HOPWA application will not be used to supplant or replace local financial participation in the proposed HOPWA program.

Sincerely,

Signature of Authorized Agency Representative

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
Bureau of Housing and Support Services (BHSS)  
2013 REQUEST FOR PROPOSALS  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

**G. FEDERAL CERTIFICATIONS (Page 1 of 2)**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_, hereby assure and certify  
(Name of applicant agency, hereinafter referred to as " the Applicant")

that the Applicant will comply with the following items under the Housing Opportunities for Persons with AIDS Program:

1. All requirements of 24 Code of Federal Regulations (CFR) Part 574, entitled Housing Opportunities for Persons with AIDS (Attachment A).
2. The Applicant will comply with the environmental laws and authorities at 24 CFR Part 50, which implements the National Environmental Policy Act and related acts. The Applicant agrees to supply HUD with information necessary for it to perform any necessary environmental review of each property. The Applicant will carry out mitigating measures required by HUD or select alternate eligible property. The Applicant will not acquire, rehabilitate, convert, lease, repair or construct property to provide housing or commit HUD or local funds to such program activities with respect to any eligible property until HUD approval is received. See Section 574.510 for the environmental procedures and standards for applicants for assistance and such other information or certifications as HUD determines to be necessary.
3. Within the designated population:
  - (a) The Applicant will adhere to the requirements of the Fair Housing Act (42 U.S.C. 3601-20) and implementing regulation at 24 CFR Part 100; Executive Order 11063 and implementing regulations at 24 CFR Part 107; and Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000d] and implementing regulations issued at 24 CFR Part 1;
  - (b) The Applicant will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and implementing regulations at (24 CFR Part 146), prohibiting discrimination on the basis of age; Section 504 of the Rehabilitation Act of 1973 (29 U.S.C., 794) and implementing regulations at 45 CFR Part 84 prohibiting discrimination against handicapped individuals; Americans with Disabilities Act (ADA) of 1990 and regulations which implement the ADA, set forth at 42 CFR Section 12101 et seq. and executive order 11063 and regulations under 24 CFR Part 107 prohibiting discrimination on the basis of race, color, creed, sex or national origin;
  - (c) The Applicant will adhere to the requirements of Section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701a) regarding employment opportunities for lower-income residents of the project;
  - (d) The Applicant will adhere to the requirements of Executive Orders 11625, 12432, and 12138, that awardee or project sponsor must make efforts to encourage the use of minority and women's business enterprises in connection with funded activities;

- (e) The Applicant will establish additional procedures to ensure that interested persons can obtain information concerning assistance under this program in cases where established procedures are unlikely to reach persons of any particular race, color, religion, sex, age, national origin, familial status, or handicap, who may qualify for assistance; and
  - (f) The Applicant will comply with reasonable modification and accommodation requirements of the Fair Housing Act and, as appropriate, the accessibility requirements of the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, as amended.
4. The Applicant will certify (i.e., provide assurance of compliance as required by 49 CFR Part 24) that it will comply with the URA, the regulations at 49 CFR Part 24, and the requirements of Section 574.630, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.
  5. The Applicant will provide that any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for eligible beneficiaries; (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than 3 years in cases involving non-substantial rehabilitation or repair of a building or structure.
  6. The Applicant will adhere to the policies, guidelines, and requirements of 24 CFR Part 85 (codified pursuant to OMB Circular No. A-102 and OMB Circular No. A-87) which apply to the acceptance and use of funds under the program by grantees and Nos. A-110 and A-122 apply as they relate to the acceptance and use of funds under this program by project sponsors.
  7. The Applicant will provide drug-free workplace in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701).
  8. No Federally appropriated funds have been or will be used for lobbying the Executive or Legislative Branches of the Federal Government as required by Section 319 of the Department of Interior Appropriations Act (Pub. L. 101-121), as approved October 23, 1989).
  9. The Applicant will implement the provisions of 24 CFR Part 24 relating to the employment, engagement of services, awarding of contracts, or funding of any contractors or subcontractors during any period of debarment, suspension, or placement in ineligibility status.

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(Signature)\*

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(Date)

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(Title)\*

*\*If signed by anyone other than board chairperson, please attach a resolution of the board authorizing the signatory.*

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
Bureau of Housing and Support Services (BHSS)  
2013 REQUEST FOR PROPOSALS  
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)**

**H. CERTIFICATION OF LOCAL APPROVAL**

I, \_\_\_\_\_, \_\_\_\_\_  
(Official authorized to sign for applicant agency) (Title)

of \_\_\_\_\_, duly authorized to act on  
(Name of the agency in which the local signatory serves)

behalf of \_\_\_\_\_ hereby approve the project  
(Name of jurisdiction)

proposed by \_\_\_\_\_ to undertake eligible activities  
(Name of Project Sponsor Organization)

under the Housing Opportunities for Persons with AIDS (HOPWA) program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

<p align="center"><b>I. APPLICATION CHECK LIST of Required Forms</b></p>	<p align="center"><b>Page Number</b></p>	<p align="center"><b>Not Included (Explain)</b> Missing documents may adversely affect the overall competitive score of your proposal.</p>
<b>A – APPLICANT DOCUMENTATION</b>		
Executive Proposal Summary (Provide concise summary of proposal)		
<b>Attach Copy of: Audited Financial Report.</b> It should be within the last 12 months, if not attach letter explaining why.		
<b>Attach Copy of: Board of Director’s Profile</b>		
<b>Attach Copy of: Certificate of Incorporation</b>		
Attach Copy of: Agency’s Equal Employment Opportunity policy. It should comply with the Federal Equal Opportunity Act of 1972 as amended.		
<b>Attach Documentation of NYS Charities Filing.</b> It should be within the last 12 months, if not provide letter explaining why?		
<b>Attach Copy of: Worker’s Compensation documentation</b>		
<b>Attach Copy of: Disability Benefits Coverage</b>		
<b>B – DOCUMENTATION OF NEED</b>		
Community Description Describe the Community to be served		
Target Population Describe the population to be served		
Gap Analysis Describe how your proposal will fill a gap		
<b>C – PROGRAM PLAN</b>		
Program Description		
Program Implementation		
Program Outcomes		
<b>D – AGENCY INFORMATION</b>		
Organization Background Information		
Attach copy of: Organization Chart		
Program Evaluation		
Funding Agency Contact Information Form		
Agency Agreement Form		
Organizational Status Form		
M/WBE and EEO Policy Statement		

EEO Staffing Plan		
Subcontractor Utilization Plan		
M/WBE Goal Requirements Certification Of Good Faith Efforts		
Letter of Intent to Participate		
Request for Waiver Form		
Contractor/ Subcontractor Background Questionnaire		
<b>E – BUDGET</b>		
HOPWA Budget Statement		
Personnel Service Expense Detail		
Non-Personnel Service Expense Detail		
<b>F – DOCUMENTATION OF CONTINUING FINANCIAL SUPPORT</b>		
<b>G – FEDERAL CERTIFICATIONS</b>		
<b>H – CERTIFICATION OF LOCAL APPROVAL</b>		
<b>I – APPLICATION CHECKLIST</b>		

**END OF APPLICATION**

ATTACHMENT A  
HOPWA REGULATIONS