

**OPERATIONAL SUPPORT FOR AIDS HOUSING (OSAH)**

***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)  
REQUEST FOR PROPOSALS  
OPERATIONAL SUPPORT FOR AIDS HOUSING (OSAH)**

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**I. INTRODUCTION**

The New York State Office of Temporary and Disability Assistance (hereinafter OTDA) announces a funding opportunity from the homeless housing programs fund appropriation in State Fiscal Year (SFY) 2013-2014 Aid to Localities budget for the **Operational Support for AIDS Housing (OSAH)** program. These funds may be used to provide services and operational support to applicants that have received capital grant awards through the Homeless Housing and Assistance Program (HHAP) to provide housing specifically for homeless individuals and/or families living with HIV/AIDS.

OTDA will make funds available, pursuant to an enacted State Fiscal Year 2013-2014 Budget. OTDA reserves the right to adjust funding levels based on the availability of funds.

Grants under the OSAH program may fund services and/or operational support in eligible projects. Applicants must demonstrate a clear need for funds to supplement the operating budgets established for their existing HHAP project. Funds acquired through this RFP may not supplant existing Federal, State or local funding.

If selected, the proposal or parts of it submitted in response to this RFP will become part of a contract with OTDA, subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees will be required to submit additional budget and program information for the final contract. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

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

**II. SUBMISSION PROCESS AND DUE DATE**

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

**Those who currently have an OSAH contract with OTDA MUST submit a proposal in response to this RFP to be considered for renewed funding.**

**All applications should be received by 2:00 pm, on Tuesday, June 11<sup>th</sup>, 2013; at the address listed below. Faxed applications or applications sent electronically will NOT be accepted.**

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

Proposals should be sent to:

New York State Office of Temporary and Disability Assistance  
Bureau of Contract Management  
40 North Pearl Street, 10<sup>th</sup> Floor, Sec. A  
Albany, New York 12243  
Attention: Ms. Theresa Brown  
(518) 486-6352 (Delivery questions only)

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

### **III. PROCUREMENT SCHEDULE**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| RFP Release.....                      | May 14 <sup>th</sup> , 2013      |
| RFP Questions Due.....                | May 21 <sup>st</sup> , 2013      |
| RFP Responses Posted on or about ...  | May 28 <sup>th</sup> , 2013      |
| Proposals Due.....                    | June 11 <sup>th</sup> , 2013     |
| Notification of Awards on or about... | July 2 <sup>nd</sup> , 2013      |
| Contract Start.....                   | September 1 <sup>st</sup> , 2013 |

### **IV. QUESTIONS AND ANSWERS ABOUT THIS RFP**

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

Please submit typed questions, via fax, mail or email, by 2:00 pm on May 21<sup>st</sup>, 2013 to:

Attn: Mr. Jason Cole  
Program Manager  
Bureau of Housing & Support Services  
New York State Office of Temporary Disability and Assistance  
40 North Pearl Street, 10<sup>th</sup> Floor, Sec. B  
Albany, New York 12243  
Telephone: (518) 486-5161  
Fax: (518) 486-7068  
E-mail: Jason.cole@otda.ny.gov

Written responses to all questions will be posted on May 28<sup>th</sup>, 2013, to the OTDA website at:  
<http://otda.ny.gov/contracts/procurement-bid.asp>

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

OTDA will not entertain questions by phone. Questions submitted after 2:00 pm on May 21<sup>st</sup>, 2013 will be answered and posted on the internet at the discretion of OTDA.

### **V. PROGRAM DESCRIPTION**

The intent of OSAH is to help establish and maintain a viable continuum of residential opportunities for previously homeless persons with HIV/AIDS and their families living in supportive housing created through the Homeless Housing and Assistance Program (HHAP). Many applicants for housing for persons with HIV/AIDS find it difficult to secure adequate funding both to maintain the physical plant and meet the support services needs of residents. OSAH funds help provide the necessary operational support to assist HHAP-funded AIDS housing programs in meeting the support services needs of their residents and covering maintenance and operating expenses.

Grants under this RFP may fund up to five years of services and operational support to eligible projects. This RFP governs the provision of OSAH services for a five year contract term to be funded annually for one (1) year period depending upon the availability of continued OSAH funding, satisfactory performance, and the discretion of OTDA. Funding under this round of OSAH is expected to be highly competitive. Applicants must demonstrate a clear need for OSAH funds to supplement the operating budget established for the

HHAP project. The amount of each individual grant may vary, based on the size of the project, the demonstrated needs of the sponsor, and the overall demand for funding.

## **VI. ELIGIBLE APPLICANTS**

**Eligibility to receive this Request for Proposals (RFP) and apply for OSAH funding is limited to those HHAP-funded projects that are specifically obligated in their HHAP contract to serve homeless persons with HIV/AIDS.** Eligible HHAP applicants include not-for-profit agencies that either exclusively serve individuals and/or families with HIV/AIDS, or are contractually obligated to set aside a specific number of units for individuals and/or families living with HIV/AIDS. HHAP funds must have been used to construct the specific AIDS housing units for which OSAH funding is requested. To be eligible to apply for OSAH funds, the HHAP project must be in the operational phase of the project as defined by the HHAP agreement or scheduled to open during the five year contract term.

**Agencies currently receiving OSAH funds from OTDA must compete successfully under this RFP to receive renewed funding.**

## **VII. ELIGIBLE SERVICE POPULATIONS**

The eligible population to be served under the provisions of this RFP is formerly homeless families and/or individuals that reside in HHAP-funded housing units specifically constructed or set-aside to house persons living with HIV/AIDS. **OSAH funds may not be used to provide services to individuals or families residing in non-AIDS units within eligible projects.**

## **VIII. ELIGIBLE ACTIVITIES**

To be eligible for funding under this RFP, activities must be in direct support of the operation of eligible projects. Eligible activities under this RFP are limited to the following:

- **Maintenance and Operation** - These are activities directly associated with the maintenance and operation of the eligible HHAP project and its grounds. Such activities include, but are not limited to:
  - maintenance, security, housekeeping, grounds keeping services or staff;
  - heating and utilities;
  - supplies, equipment, and furniture;
  - leased vehicles;
  - replacement costs;
  - service contracts;
  - food and/or clothing for residents; and
  - other related activities for which a need is clearly articulated.
  
- **Support Services** -- Funds may be used to provide residents with necessary support services for which funding is not otherwise available. Eligible services include, but are not limited to:
  - admission and discharge planning;
  - case management, including benefits advocacy and health care advocacy;
  - assistance in accessing community-based services, including primary and chronic health care, mental health services, physical therapy and/or rehabilitation, substance abuse treatment and/or harm reduction services, etc.;
  - assistance with shopping, housekeeping, and other activities of daily living;
  - preparation and serving of food;
  - on-site educational and vocational training;
  - transportation services;
  - nutritional services;

- child care;
- crisis intervention services;
- counseling, pastoral care, bereavement counseling; and
- recreation and social activities.

The services listed above may be provided directly by the funded agency or through service agreements with other local organizations. If referral agencies are utilized, documentation of actual service provision and outcomes is the responsibility of the funded agency.

- **Construction/Rehabilitation**– Funds may be used for minor construction and/or rehabilitation activities that will directly support and improve the operation of the eligible HHAP project. **Please note:** Funds available for construction/rehabilitation are limited and will be awarded strictly on a case-by-case basis. The applicant must clearly demonstrate that such funds are critical to the on-going viability of the project. The Bureau of Housing and Support Services (BHSS) will not consider activities deemed cosmetic in nature. A visit to the project site by BHSS staff or their representatives may be required before an award for construction/rehabilitation costs is made. The application must include a detailed cost estimate from at least one qualified contractor. Before funds are released for payment of actual costs, OTDA will require that the applicant provide at least three cost estimates from qualified contractors. OTDA may require that the applicant use the lowest responsible bid.

Funds requested for this category should demonstrate how the construction or repair work will:

- address issues to protect the health and safety of residents;
  - correct code compliance issues or meet handicapped accessibility requirements, and/or
  - assure continued viability and operation of the HHAP project.
- **Administrative** – Not more than 10% of the OSAH 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 OSAH 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.

## **IX. ELIGIBLE COSTS**

Eligible costs under the OSAH program shall include:

- **Personnel costs** incurred in the provision of eligible support services, maintenance and operation, or administrative activities that are directly associated with the eligible HHAP project;
- **Other than personal services costs** directly associated with the eligible HHAP project (see Non-Personal Services Budget Categories of the Application for a detailed explanation);
- **Administrative charges** provided that such costs are sufficiently documented and can be appropriately charged to the OSAH program. Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget. OTDA's policy with regard to Executive compensation may be located at <http://otda.ny.gov/legal/>.

Applicants requesting funds in support of non personal support services are subject to compliance with the overall OTDA goal for Equal Employment Opportunity/Minority and Women Business Enterprise

(EEO/MWBE) Participation Requirements of 20% (10% Minority Owned Business and 10% Women Owned Business participation.) Please refer to Section XV, which provides guidance regarding contract funds requested in support of other than personnel costs.

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

## **X. SELECTION PROCESS**

All proposals will be reviewed by OTDA BHSS staff, who may be assisted by other State personnel as necessary. All proposals will be reviewed for completeness. Following the review and evaluation of applications, several other steps may take place to further evaluate proposals. These steps may include a telephone interview with the designated contact person in the organization; a request for additional written information or documentation, if necessary; a site visit, and/or a face-to-face meeting with agency representatives; and/or communication with references. Proposals will be judged on the following general criteria:

- Responsiveness of the application to the RFP. The most critical purpose of OSAH is to maintain the viability of established HHAP AIDS housing projects through the provision of services and operational support;
- Projects must clearly demonstrate a compelling need for OSAH funds. Funding priority will be given to those applicants that demonstrate the funding request is critical to the support of the ongoing project;
- Completeness of the application, including the "Program Narrative" and "Documentation of Need." The applicant must provide both fiscal data and specific information regarding the shortfalls in the existing HHAP project operating budget;
- Clarity of the expected results of the program and the potential for their achievement;
- Evidence that the applicant has the ability to successfully carry out the proposed activities, and that the applicant is financially stable and responsible;
- Evidence of the applicant's understanding of the support services needs of the individuals and/or families they plan to serve;
- Evidence of clear mechanisms to interact with and provide needed services to individuals and families which will help them to obtain the maximum degree of self-sufficiency possible;
- Fiscal viability and reasonableness of the request;
- Programmatic feasibility of the proposed program within the time outlined. The applicant must provide clear evidence that the program will use OSAH funds within the contract term;
- A commitment to make all OSAH-related records available to OTDA or its designee;

Priority will be awarded through the scoring in the evaluation instrument for:

- Projects that demonstrate an urgent need for OSAH funds;
- Projects that house tenants in receipt of Medicaid;
- Projects current with HHAP annual reporting requirements;
- Projects that will be able to fully expend the funds by August 31<sup>st</sup> of each contract period.

All proposals will be evaluated based on a comparative analysis among proposals received and assigned an overall competitive score. The following shows the relative weight that is proposed for each section of the application:

- Documentation and Agency Information - 10%
- Documentation of Need - 30%
- Program Narrative - 30%
- Budget - 30%

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

Funding decisions will also take into account information available to OTDA from sources other than the written proposal. These may include:

- BHSS staff's direct knowledge of the need for OSAH funds based on ongoing HHAP project management, site visits, fiscal audit reports and HHAP annual reports;
- Availability to the project of capital or replacement reserves and other funding resources; and/or
- BHSS staff's assessment of the applicant's ability to carry out the proposed activities successfully and within the time outlined.

In selecting applications for funding, OTDA reserves the right to conduct additional site visits to assess the need for OSAH funds. OTDA may also call on the knowledge and expertise of sister State agencies, including the Homes and Community Renewal (HCR), the AIDS Institute of the Department of Health (DOH), and the Dormitory Authority of the State of New York (DASNY).

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

- The lowest-scored awarded proposal may not receive the entire requested amount if there are insufficient funds remaining.
- The requested amount may be reduced by all ineligible expenses.
- Awards may be proportionately reduced to ensure the availability and viability of OSAH projects.
- If there are other viable proposals, no one award may exceed 22% of the total available annual funds.
- Applicants are encouraged to develop cost-effective proposals. For those applicants seeking renewed funding, past spending practices and performance may be considered when determining initial award amounts. In the event that OTDA has determined via competitive scoring that a contractor with a history of unspent contract monies should be awarded new funds, OTDA reserves the right to reduce the award based on the performance history and the reasonableness of the request. In such an instance, the reduced annual award would not exceed 125% of the contractor's prior year's average annual spending. Contractors that have been funded under the previous award should thoroughly justify the need for the additional funds if requesting an amount in excess of past awards.
- OTDA reserves the right to reduce funding amounts for projects that will not be operational for the full contract term.

OTDA reserves the right to award an amount less than the amount requested; condition awards contingent upon reduction or elimination of certain budget items such as construction/ repairs; or not to award any proposals under this RFP.

Reviewers should determine that the following minimum requirements are met:

- Proposals must be submitted by Eligible Grant Applicants, as defined in Section VI of this RFP.
- Proposals must serve an eligible population as defined in Section VII of the RFP

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

## **XI. MAINTENANCE OF EFFORT**

Funds acquired through this RFP may be used to initiate services, expand services or continue a program that is reapplying. Funds acquired through this RFP cannot be used to supplant or replace existing public or private funding used for ongoing activities.

## **XII. AWARD PROCEDURES**

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

Awardees will be asked to develop a detailed implementation plan that sets forth the program goals and provides time frames for the performance of those goals. The contracts resulting from this RFP will start on or about September 1, 2013. Entities not selected for funding also will be notified by mail of OTDA's decision and kept in queue in the event that additional resources become available in the future.

OTDA reserves the right to award all, some, or none of the monies available for OSAH. OTDA reserves the right to adjust annual funding levels in subsequent contract years should a project not attain an overall 90% occupancy rate, determined by averaging occupancy rates stated in the Quarterly Reports submitted for each three-month period. OTDA may withhold funding during the contract term should beds become unavailable for greater than a 90-day period.

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

Reports will be required on at least a quarterly basis, describing the progress of OSAH activities, certifying the number and types of services provided, the number of individuals served, certification of an HIV/AIDS diagnosis for program participants, the occupancy rate per month, and the number of available beds. A reporting format will be distributed to contractors.

Contractors must ensure that books, records, documents, and other evidence associated with the costs and expenses of the contract are maintained. The detail of these records must document all costs of materials, equipment, supplies, services, and all other costs and expenses for which reimbursement is claimed or payment is made under the contract. All expenditures shall be reported on an accrual basis.

All records pertaining to this contract, including financial audits, budgets, plans/drafts, supporting documents, statistical records, etc., must be retained for a period of at least six (6) years following submission of the final expenditure report. Grantees are expected to collect, and may be required to submit, relevant Medicaid patient data to the State Department of Health or other designated state agency to track Medicaid cost savings. Since this Medicaid patient-specific data is classified as confidential it must be maintained and transmitted in a secure format.

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

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

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

the Contractor to OTDA. In the event either party terminates the contract prior to its expiration, the Contractor agrees to refund to OTDA immediately any outstanding advance balance.

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

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

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

Successful contractors may be required to be prequalified through New York State's Grant Reform initiative, inclusive of the establishment of a data vault. For more information on Grants Reform, please visit [grantsreform.ny.gov](http://grantsreform.ny.gov).

The following will be incorporated as appendices into any contracts resulting from this Request for Proposals:

|               |   |
|---------------|---|
| NYS AGREEMENT | State of New York Standard Agreement  |
| APPENDIX A    | Standard Clauses for all New York State contracts   |
| APPENDIX A-1  | Agency Specific Clauses   |
| APPENDIX A-2  | Agency Program Specific Clauses   |
| APPENDIX B    | Budget  |
| APPENDIX C    | Payment and Reporting Schedule  |
| APPENDIX D    | Program Narrative   |
| APPENDIX X    | Modification of Agreement Form  |
| APPENDIX Z    | Minority and Women-Owned Business Enterprise (M/WBE) and Equal Employment Opportunity (EEO) Participation Requirements For All NYS Office of Temporary and Disability Assistance Contracts and Grants |
| ATTACHMENT Q  | Electronic Correspondence   |

The NYS AGREEMENT section of the Application provides a summary of the basic provisions of the contract.

The detailed contract will be available for review at: <http://otda.ny.gov/contracts/procurement-bid.asp>. Applicants are encouraged to review a copy of the contract before submitting an application.

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

OTDA reserves the right, if funds become available, to make additional awards based on the remaining proposals submitted to OTDA as a result of this RFP, in lieu of releasing a new RFP, if deemed in the best interest of the State (updated information may be requested from awardees as deemed necessary by OTDA). In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals. OTDA also reserves the right to solicit and accept new proposals, as additional funding becomes available. OTDA reserves the right to award all, some, or none of the monies available.

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

Authority: 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.nylovesmwbe.ny.gov>.

## II. Contract Goals

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

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, New York City, New York 10027. The MWBE Program Management Unit can be reached at (212) 961-8214; or by 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:  
[http://www.empire.state.ny.us/Small\\_and\\_Growing\\_Businesses/mwbe.asp](http://www.empire.state.ny.us/Small_and_Growing_Businesses/mwbe.asp).

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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.

1. For the purposes of this Appendix Z, the question of whether a Contractor has engaged in and documented "Good Faith Efforts" to solicit active participation to meet established goals under this procurement by MWBEs in the performance of State Contracts shall be determined by the OTDA Commissioner or his/her designee, after a thorough consideration of the factors listed in 5 NYCRR § 142.8.
  2. The separate MBE and WBE participation goals established by OTDA for this procurement are based on the overall availability of MWBEs that have been certified to perform the specific scope of work identified under this procurement. For compliance purposes, these goals should not be construed as rigid and inflexible quotas which must be met, but must be targets reasonably attainable by means of applying every good faith effort to make all aspects of the entire Minority and Women-owned Business Program work.
- B.** The Contractor represents and warrants that Contractor has submitted the following OTDA forms either prior to, or at the time of, the execution of the contract:
1. MWBE Utilization Plan (OTDA Form 4937)
    - a) Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section II-A of this Appendix.
    - b) If a Contractor seeks modification to its previously approved MWBE Subcontractor Utilization Plan, the Contractor shall first notify OTDA in writing of such change and obtain approval from OTDA.
    - c) Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, the OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.
  2. Certification of Good Faith Efforts (OTDA Form 4976) to achieve the overall prescribed MWBE participation percentage (0%) goals set forth in the procurement.
  3. A MWBE Subcontractor's and/or Suppliers' Letter of Intent to Participate (OTDA Form 4938), which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.

## **V. Waivers**

- A. For waiver requests the 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 the 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 10<sup>th</sup> 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. 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.
- 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**

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**

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.

**NOTE: Pursuant to Chapter 429 of the Laws of 2009, which amends Section 313 of Executive Law 316, OTDA is required to post contractor utilization plans, and any applicable waivers on the agency website.**

No further entries on this page.

**APPLICATION**

**PACKAGE**

## **I. APPLICATION GUIDELINES**

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

**Narrative portions of the proposal should be written in a legible, size 12 font with margins of no less than one inch on each side of the document. Response limits have not been established for each question.**

## **II. CONTENTS OF APPLICATION PACKAGE**

### **Section A – APPLICANT DOCUMENTATION**

- **Applicant Information Form - Page 21**  
Complete all applicable sections and return with the application.
- **HHAP Project Information Form – Page 22**  
Complete all applicable sections and return with the application.
- **Executive Proposal Summary - Page 23**  
Provide concise summary of proposal.

### **Section B – AGENCY INFORMATION**

- **Funding Agency Contact Information Form - Page 24**  
Complete all applicable sections and return with the application.
- **Agreement Form - Page 25**  
Complete, sign, and return with the application.
- **Organizational Status - Page 26**  
Must be completed by all applicants and any subcontractors included in the proposed program and submitted with the application.
- **M/WBE and EEO Policy Statement – Pages 27-28**  
Must be completed by the applicant and submitted with the application.
- **Equal Employment Opportunity Work Force Employment Utilization/Compliance Report– Pages 29-30**  
Must be completed by the applicant and submitted with the application
- **M/WBE Goal Requirements and Certification of Good Faith Efforts – Pages 31-32**  
Must be completed by the applicant and submitted with the application form.
- **Subcontracting Utilization Form- Page 33**  
Must be completed by the applicant and submitted with the application form if utilizing subcontractors.
- **Contractor/Subcontractor Background Questionnaire - Pages 34-36**  
All applicants are required to complete this form and submit as part of their application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.
- **Sectarian Organization Compliance Form – Page 37**  
Respond to eight questions.
- **Letter of Intent to Participate – Pages 38-39**  
If applicable, must be completed by the applicant and submitted with the application.
- **Request for Waiver Form – Pages 40-41**  
If applicable, must be completed by the applicant and submitted with the application.

- **Minority Business Enterprises and Women-Owned Business Enterprises Participation Narrative. – Page 42**
- **Attach Copies of: Page 42**
  - ✓ Most recent Audited Financial Report (Should have been completed within the past 12 months; if not provide an explanation)
  - ✓ Board Profile
  - ✓ Certificate of Incorporation
  - ✓ Verification that Annual Charities Registration is current
  - ✓ Employment Opportunity (EEO) Policy Statement; OTDA’s policy statement may be used here. (See pages 26-27)
  - ✓ Verification of current Workers Compensation Coverage and Disability Insurance

**Section C – DOCUMENTATION OF NEED**

- **Coordination With Local Homeless Service Delivery System – Page 43**  
Describe the community to be served, the coordination of the existing homeless service delivery, existing resources, and provide evidence of the need.
- **Eligible Population Information – Pages 43-44**  
Respond to five questions that ask you to describe the population to be served.
- **Housing Needs – Page 44**  
Describe the housing needs of the target population.
- **Supportive Services Needs – Page 44**  
Describe the supportive services needs of the target population.
- **Avoiding Duplication of Effort – Page 45**  
Provide a narrative describing the agency’s effort to avoid duplication of services.

**Section D – PROGRAM NARRATIVE/ PROGRAM PLAN**

- **Program Description – Pages 45-46**  
Respond to nine questions that ask you to describe your proposed program.
- **Organization Background – Page 46**  
Describe your agency and resources to be committed to the OSAH project.
- **Program Evaluation – Page 46**  
Describe an existing program and related outcomes.
- **Support Services Plan – Page 47**  
Complete all applicable sections and return with the application.

**Section E – BUDGET**

- **OSAH Operating Budget to Actual – Page 47-48**  
Complete all applicable sections and return with the application.
- **Instructions for Completion of Budget- Page 49-51**
- **5 Year Budget Statement – Page 52**
- **Annual Budget Summary- Page 53**
- **Personal Services Budget Statement- Pages 54-55**
- **Non-Personal Services Budget Statement- Pages 56-59**

**III. APPLICATION PACKAGE**

**APPLICANT INFORMATION FORM**

Applicant: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

State Registered Charitable Organization Number: \_\_\_\_\_

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

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number (Include Area Code): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Designated Program Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number (With Area Code): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Community District(s) *NYC only*: \_\_\_\_\_

Federal Congressional District(s): \_\_\_\_\_

State Assembly District(s): \_\_\_\_\_

State Senate District(s): \_\_\_\_\_

**Grant Amount Requested:** \_\_\_\_\_

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

YES \_\_\_\_\_ NO \_\_\_\_\_ If not, why?

\_\_\_\_\_

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

If not, why? \_\_\_\_\_

**Section A. APPLICANT DOCUMENTATION**

**HHAP PROJECT INFORMATION FORM**

Applicant: \_\_\_\_\_

*Please list all HHAP projects in support of which OSAH funding is requested. (Use additional sheets, as necessary.)*

I. HHAP Project ID #: \_\_\_\_\_ HHAP Contract #: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total # of Units/Beds in Project: Units \_\_\_\_\_ Beds \_\_\_\_\_

Total # of Units/Beds Reserved for Persons with AIDS: Units \_\_\_\_\_ Beds \_\_\_\_\_

Actual/Projected Operational Date: \_\_\_\_\_

II. HHAP Project ID #: \_\_\_\_\_ HHAP Contract #: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total # of Units/Beds in Project: Units \_\_\_\_\_ Beds \_\_\_\_\_

Total # of Units/Beds Reserved for Persons with AIDS: Units \_\_\_\_\_ Beds \_\_\_\_\_

Actual/Projected Operational Date: \_\_\_\_\_

How would you categorize your OSAH project?

High-service building(s) – which provide a large number of on-site services, with an emphasis on health-related services such as medication monitoring, assistance with daily living and home health care, as well as substance abuse and mental health services.

Moderate-service building(s) – which provide an array of on-site services including case management, substance abuse and mental health services, and may offer assistance with money management, daily living, health care, meals and medication monitoring.

Low-Service building(s) – small apartment building with eight to 18 units owned or managed by a social service agency that provides few on-site services.

**Section A. APPLICANT DOCUMENTATION**

**EXECUTIVE PROPOSAL SUMMARY**

Provide a one-paragraph summary of your organization's OSAH proposal. Include the following information:

- Amount of grant funds requested
- The HHAP project(s) in support of which OSAH funds are requested.
- The number of HHAP residents who will benefit from the OSAH funds.
- What will grant funds pay for (describe support services or operational costs)?
- What is the projected outcome of this proposed program?
- Is the HHAP project currently operational? If not, indicate the scheduled opening date.

Suggested format:

**Organization** is requesting \$ \_\_\_\_\_ to serve \_\_\_\_\_ households residing in **HHAP project** located in **borough/county/city**. Funds will pay the partial salary (.5 FTE) of **list part time OSAH employees**, and the full salary (1.0 FTE) of **list full time OSAH employees**. Services to be provided include: **list services**. Funds will also pay **list operational costs** and costs for purchase of the following equipment and/or supplies: **list equipment/supplies**.

Please be brief, you will have an opportunity to provide detailed information later in the application process.

No further entries on this page.



**Section B. AGENCY INFORMATION**

**AGREEMENT**

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

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

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

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

---

(Signature of official authorized to sign for applicant)

(Date)

---

(Typed Name and Title)

(Date)

**Section B. AGENCY INFORMATION**

**ORGANIZATIONAL STATUS**

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

**YES**

**NO**

**NOT-FOR-PROFIT ORGANIZATION**

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

**YES**

**NO**

**MINORITY ORGANIZATION**

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

**YES**

**NO**

**WOMAN-OWNED ORGANIZATION**

**If Minority Organization, please check one of the following:**

Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race;

Black persons having origins in any of the black African racial groups not of Hispanic origin;

Asian and Pacific islander persons having origins in any of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands; and

American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation of community identification.

## Section B. AGENCY INFORMATION

### M/WBE and EEO Policy Statement

OTDA – 4970 ELW (Rev. 4/10)

#### M/WBE AND EEO POLICY STATEMENT

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

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

#### **M/WBE**

(1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

(2) Request a list of State-certified M/WBEs from NYS-OTDA and solicit bids from them directly.

(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

(4) Where feasible, divide the work into smaller portions to increase participation by M/WBEs and encourage the formation of joint ventures and other partnerships among M/WBE contractors to encourage their participation.

(5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain, or, where appropriate, require its subcontractors to maintain and submit, as required by OTDA, records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

(6) Ensure that project payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and/or other credit requirements may, in the sole discretion of OTDA, be waived and/or appropriate alternatives are developed to encourage M/WBE participation.

(7) This organization will include the provisions of sections (1) through (6) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

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

#### **EEO**

religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status, or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics, victim of domestic violence status or marital status,

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

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

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)

**EQUAL EMPLOYMENT OPPORTUNITY  
WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT**

**Contract No.:**

**Reporting Entity:**  
 Contractor  
 Subcontractor

**Reporting Period:**  
 January 1, 20\_\_ - March 31, 20\_\_  
 April 1, 20\_\_ - June 30, 20\_\_  
 July 1, 20\_\_ - September 30, 20\_\_  
 October 1, 20\_\_ - December 31, 20\_\_

**Offeror's Name:**

**Offeror's Address:**

**Report includes:**  
 Work force to be utilized on this contract  
 Contractor/Subcontractor's total work force

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

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

**PREPARED BY (Signature):**

**TELEPHONE NO.:**

**EMAIL ADDRESS:**

**DATE:**

**NAME AND TITLE OF PREPARER (Print or Type):**

Submit completed form to:

**General Instructions:** The work force utilization/compliance report (EEO Workforce Utilization report 04-10) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor's or subcontractor's total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor's or subcontractor's total work force, information on the contractor's total work force shall be included in the Utilization Report. Utilization reports are to be completed each quarter and submitted to OTDA within 10 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

**Instructions for completing:**

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

**RACE/ETHNIC IDENTIFICATION**

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

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

**OTHER CATEGORIES**

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

## **M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS**

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

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

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



**Section B. AGENCY INFORMATION**

**SUBCONTRACTING UTILIZATION FORM**

Agency Contract: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_ Dollar Value: \_\_\_\_\_  
 Date Bid: \_\_\_\_\_ Date Let: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contract Awardee/Recipient: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Description of Contract/Project Location: \_\_\_\_\_  
 \_\_\_\_\_

Subcontractors Purchase with Majority Vendors:

Participation Goals Anticipated: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE  
 Participation Goals Achieved: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE

Subcontractors/Suppliers:

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

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

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

**FOR OFFICE USE ONLY**

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

**Section B. AGENCY INFORMATION**

**CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE**

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

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

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

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

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

**Background Questionnaire**

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

|   |  |
|---|--|
| 1a. If you, the bidder, are a natural person, are you a New York State resident?  | _____ NO _____ YES                             |
| 1b. If you are a corporation, are you a New York State corporation?   | _____ NO _____ YES                             |
| 1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?  | _____ NO _____ YES                             |
| 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?   | _____ NO _____ YES                             |
| 2. How many years has the bidder been in business?  | _____ # of Years                               |
| 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)? | _____ NO _____ YES                             |
| 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)  | _____ NO _____ YES                             |
| 4. How many people are employed by the bidder?  | _____ Employees                                |
| 5. Total number of people employed by the bidder:<br>* Within New York State?<br>* Outside of New York State?<br>* Outside of United States?  | _____<br>_____<br>_____                        |
| 6. Is the bidder independently owned and operated?  | _____ NO _____ YES<br>(If no, provide details) |
| 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.   | _____ NO _____ YES _____ N/A                   |

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

|  |   |
|--|---|
| 10. Does the bidder hold any current contracts with the State of New York, its departments or political subdivisions, valued in excess of \$100,000?   | <input type="checkbox"/> NO <input type="checkbox"/> YES<br>(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:  | <input type="checkbox"/> NO <input type="checkbox"/> YES<br>(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? | <input type="checkbox"/> NO <input type="checkbox"/> 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?            | <input type="checkbox"/> NO <input type="checkbox"/> YES                              |
| 14. Does your firm employ any non-U.S. citizens or resident legal aliens?  | <input type="checkbox"/> NO <input type="checkbox"/> YES                              |
| 15. If yes, are the forms on file and available for inspection?  | <input type="checkbox"/> NO <input type="checkbox"/> 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 \_\_\_\_\_

**Section B. AGENCY INFORMATION**

**SECTARIAN ORGANIZATION COMPLIANCE FORM**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Name: \_\_\_\_\_  
County: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Federal ID #: \_\_\_\_\_ Funding Source: OSAH

Charities Registration Number: \_\_\_\_\_

OTDA Project Officer Jason Cole Phone: (518) 486-5161

**Section B. AGENCY INFORMATION**

**Letter of Intent to Participate  
MINORITY/WOMEN OWNED BUSINESS ENTERPRISE  
(M/WBE)  
MWBE SUBCONTRACTORS  
AND /or SUPPLIERS LETTER  
OF INTENT TO PARTICIPATE**

|  |   |
|--|---|
| To: _____ Federal ID Number: _____<br>(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<br><input type="checkbox"/> WBE -- Subcontractor<br><input type="checkbox"/> MBE -- Supplier<br><input type="checkbox"/> WBE - Supplier | Joint venture with:<br>Address: _____<br>Fed ID Number: _____<br>MBE <input type="checkbox"/><br>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)

**Section B. AGENCY INFORMATION**

**Request for Waiver Form**

OTDA - 4969 ELW (Rev. 4/10)

**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>Contractor is requesting a:</p> <p>1. <input type="checkbox"/> MBE Waiver – A waiver of the MBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p>2. <input type="checkbox"/> WBE Waiver – A waiver of the WBE Goal for this procurement is requested. <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p>3. <input type="checkbox"/> Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)      Date of such filing with Empire State Development: _____</p> |   |
| <p><b>PREPARED BY (Signature):</b></p> <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>Date:</b>  |
| <b>Name and Title of Preparer (Printed or Typed):</b>  | <b>Telephone Number:</b> <b>Email      Address:</b>   |
| <p>Submit with the bid or proposal or if submitting after award, submit to the MWBE Program Unit:</p> <p style="text-align: center;">***** FOR AGENCY USE ONLY *****</p> <p>NYS OTDA<br/>ATTN: Ms. Wilma BrownPhillips, MWBE<br/>Director<br/>M/WBE Program Management Unit<br/>Harlem Center<br/>317 Lenox Avenue<br/>New York, New York 10027</p> <p>Email to: <a href="mailto:Wilma.BrownPhillips@OTDA.State.NY.US">Wilma.BrownPhillips@OTDA.State.NY.US</a></p>  | <b>REVIEWED BY:</b> <b>DATE:</b>  |
|  | <p><b>Waiver Granted:</b> <input type="checkbox"/> YES      <b>MBE:</b> <input type="checkbox"/></p> <p style="padding-left: 40px;"><b>WBE:</b> <input type="checkbox"/></p> <p><input type="checkbox"/> Total Waiver      <input type="checkbox"/> Partial Waiver</p> <p><input type="checkbox"/> ESD Certification Waiver      <input type="checkbox"/></p> <p>*Conditional</p> <p><input type="checkbox"/> Notice of Deficiency Issued</p> |
|  | <b>*Comments:</b>   |
|  |   |

**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.

**Section B. AGENCY INFORMATION**

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

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

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

**Following this narrative, attach copies of the following:**

- ✓ Most recent Audited Financial Report (Should have been completed within the past 12 months; if not provide an explanation)
- ✓ Board Profile
- ✓ Certificate of Incorporation
- ✓ Verification that Annual Charities Registration is current
- ✓ M/WBE and Equal Employment Opportunity (EEO) Policy Statement; OTDA's policy statement may be used here. (See pages 27-28)
- ✓ Verification of current Workers Compensation Coverage and Disability Insurance (acceptable forms of documentation are listed below)

**Proof of Workers Compensation Forms**

- **Form C-105.2** – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or
- **Form U-26.3** issued by the State Insurance Fund; or
- **Form SI-12** – Certificate of Workers' Compensation Self-Insurance; or
- **Form GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- **CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

**Proof of Disability Insurance Forms**

- **Form DB-120.1** - Certificate of Disability Benefits Insurance; or
- **Form DB-155** - Certificate of Disability Benefits Self-Insurance; or
- **CE-200**– Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

## **Section C –DOCUMENTATION OF NEED**

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

### **1.) COORDINATION WITH LOCAL HOMELESS SERVICE DELIVERY SYSTEM**

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

A. Identify the geographic area to be served (community, borough, city, etc.).

B. Describe the means by which homeless service delivery is currently coordinated within this geographic area:

i. Is there an existing Continuum of Care planning process and/or a Ten Year Plan to End Homelessness? If so, please describe, in no more than one page, how the planning process(es) operate.

- ✓ Include information about which organizations/individuals are represented, the entity charged with coordinating the planning, how often meetings occur, and how decisions are reached.
- ✓ Summarize the types of activities that are undertaken as part of the planning process.
- ✓ Explain how the planning process has had an impact on the delivery of homeless services. Identify any meaningful outcomes (such as new projects or improved coordination) that have resulted from local collaboration.
- ✓ Explain the role that the local Department of Social Services plays in the planning process.
- ✓ Explain your agency's current role in the planning process.
- ✓ Explain how the program(s) funded through this RFP will be coordinated with the existing programs that are part of the local planning process.
- ✓ Does your agency participate with the Homeless Management Information System (HMIS)?
- ✓ Please explain your agency's relationship with the local Department of Social Services

ii. If there **is not** an existing Continuum of Care or Ten Year Plan to End Homelessness process in the area, please describe in no more than one page how homeless services in the geographic area are currently coordinated.

- ✓ Include information about the role of the local Department of Social Services in this process.
- ✓ Explain the role that your agency plays in this coordination process.
- ✓ Explain how the program(s) funded through this RFP will be coordinating with existing homeless services programs in your community.
- ✓ Please explain your agency's relationship with the local Department of Social Services

### **2.) ELIGIBLE POPULATION INFORMATION**

A. Provide the demographics and characteristics of the target population with HIV/AIDS to be served by the proposed program. The narrative should include: Gender, average age, economic status,

household composition and other relevant characteristics such as; mentally disabled, ex-offenders, adults with history of alcohol and/or substance abuse, victims of domestic violence, mentally ill, or other (please describe).

- B. Describe the special needs of the target population to be served (medically, cognitively, daily living, etc.)
- C. Describe the typical living situations for the majority of tenants prior to being referred to the project.
- D. Tenant Incomes - list the percentage of tenants in units proposed for funding under this program who receive income from the following sources: Public Assistance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Salary, Other (explain).
- E. Include the percentage of residents on average that are in receipt of Medicaid.

### 3.) **HOUSING NEEDS**

Please describe the housing needs of the target population that the proposed program intends to serve by answering the following questions:

- A. Please provide statistical data on the number of active HIV/AIDS cases in your community.
- B. What is the vacancy rate for rental apartments? Are there units attainable for the target population?
- C. What other transitional and permanent supportive housing units currently exist for this population?
- D. Describe how the community and/or population has changed since the opening of the OSAH project. If applicable, how has the change impacted or influenced the OSAH project? Please include the year the OSAH project became operational.

### 4.) **SUPPORTIVE SERVICES NEEDS**

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

- A. Describe the medical needs of the residents in the HHAP funded project and how they are being met.
- B. Describe the case management service needs of the residents and be sure to include the level of involvement.
- C. What are the mental health/supportive counseling needs of the target population? How are they currently being met?
- D. What are the substance abuse treatment needs of the target population? What resources exist in the community to meet these needs?
- E. What are the employment needs of the target population? What are the area conditions of the employment market (e.g. unemployment rate, major employers, etc.)? What resources currently exist to assist the target population with the employment needs?
- F. What other services may be needed by the target population in order to assist them in remaining housed and moving toward self-sufficiency? Which of these services are available within the community?
- G. Describe the gaps in services and/or operating costs that the requested OSAH funding would address.
- H. Absent OSAH funding, what other resources has the agency identified to address any operating deficit?

## **5.) AVOIDING DUPLICATION OF EFFORT**

Please describe how duplication of services will be avoided? If your program receives operating support from other sources (e.g.: a rate or per diem negotiated by the local district or financial support from some other public or private entity), please clearly demonstrate that the funds requested will not duplicate the purpose of funds provided from other sources. (Be specific.)

### **Section D. PROGRAM NARRATIVE/PROGRAM PLAN**

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

- A. Explain in detail the proposed activities and how they provide comprehensive support services designed to stabilize, enhance employability, and/or enhance self-sufficiency. When addressing each of the following items please note those activities that OSAH funds will support.

Please be sure to include:

- ✓ Explain how your agency performs outreach for the proposed program.
  - ✓ Describe the main source of resident referrals.
  - ✓ Describe the intake process including eligibility determination.
  - ✓ Explain the requirements for program participants.
  - ✓ Provide a detailed description of the day-to-day operations of your program (describe the process for participants from referral to discharge and follow-up).
  - ✓ Describe how medical care is coordinated and met.
  - ✓ Describe the linkages to medical care facilities and how they interact with the project.
  - ✓ Describe the AIDS related case management service provided.
  - ✓ Explain how instruction in independent living skills and/or other supportive services will be implemented.
  - ✓ Describe procedures for handling evictions and other resident related problems. Include how many evictions occurred in the last year.
- B. Explain who performs the activities outlined above.
- ✓ Include the staffing pattern.
  - ✓ Include staff qualifications and experience.
  - ✓ Summarize each job description (attach job descriptions).
  - ✓ Include any special provisions, e.g. bilingual services.
  - ✓ Include availability of services during nontraditional working hours.
  - ✓ Include any consultants' role.
- C. Explain whether the program provides these services directly or through referral and/or subcontracting to other organizations.
- ✓ If by referral, attach copies of linkage agreements with those organizations and discuss how the linkages will enhance the proposed project. Agreements should include a synopsis of the services to be provided and the mechanisms your agency will put in place to follow up on the provision of these services.
  - ✓ If by subcontracting, provide a description of the subcontracting agency's experience with provision of services to the target population. Also, please attach copies of any draft contracts expected to be entered into as a result of this proposal being funded.
- D. Provide detailed time frames for program implementation including whether or not all units/beds will be operational for the full contract term.
- E. Provide a narrative describing the facility. Include but do not limit the narrative to:
- ✓ Type of units (emergency, transitional, permanent) ;
  - ✓ Number of units and beds;

- ✓ Average occupancy rate;
  - ✓ Average length of stay for residents;
  - ✓ Is there a waiting list;
  - ✓ Average time for turnover of apartments (how long it takes for a vacated apartment to be reused);
  - ✓ Support service space;
  - ✓ Common areas;
  - ✓ Other non-residential space; and
  - ✓ Overall condition of the site(s);
- F. Describe the facilities Management and Operating Plan (MOP). Discuss any current problems in management and operation of the project and how you are addressing these problems. Identify any proposed OSAH-funded costs related to the operation of the physical plant and how these would enhance project viability and resident well being.
- G. Describe the impact that OSAH funds will have on the project. Specifically, provide a narrative discussing the services and the project with OSAH funds and without OSAH funds.
- H. Discuss the measurable and quantifiable anticipated outcomes that the proposed program will provide to participants.
- I. Describe how the agency will monitor and evaluate whether the program is achieving the anticipated outcomes. Be sure to include the process the agency will use to implement programmatic changes in the event the above anticipated outcomes are not being realized.

## 2.) ORGANIZATION BACKGROUND

- A. Briefly describe the history of your agency and provide a general description of the agency structure. (Please include an organizational chart.)
- B. Describe resources and skills your organization specifically will commit to carry out the proposed OSAH-funded activities.
- C. Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative.
- D. Provide evidence of your agency's experience in providing services to this or similar populations.

## 3.) PROGRAM EVALUATION

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

**Section D. PROGRAM NARRATIVE / PROGRAM PLAN**

**4.) SUPPORT SERVICES PLAN**

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

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

**Section E. BUDGET**

Please provide operating cost figures for most recently completed operating year on the following page. If the project has been operating less than one year, provide estimated costs. The operating budget should cover only those expenses and revenues for the HHAP project(s) listed on the HHAP Project Information Form, page 22. The OSAH Operating Budget is available in electronic excel format (with formulas) at the OTDA website: <http://otda.ny.gov/contracts/procurement-bid.asp>.

## OSAH OPERATING BUDGET TO ACTUAL

| OSAH OPERATING BUDGET TO ACTUAL |                                |          |        |            |                  |
|---------------------------------|--------------------------------|----------|--------|------------|------------------|
|                                 | EXPENSES                       | Budgeted | Actual | Difference | Projected Budget |
| Operating Budget                | Real Estate Tax                |          |        |            |                  |
|                                 | Water & Sewer Tax              |          |        |            |                  |
|                                 | Fire/Liability/Other Insurance |          |        |            |                  |
|                                 | Fuel                           |          |        |            |                  |
|                                 | Utilities                      |          |        |            |                  |
|                                 | Exterminating                  |          |        |            |                  |
|                                 | Carting                        |          |        |            |                  |
|                                 | Repairs and Maintenance        |          |        |            |                  |
|                                 | Legal and Accounting           |          |        |            |                  |
|                                 | Miscellaneous                  |          |        |            |                  |
|                                 | Replacement Reserve            |          |        |            |                  |
|                                 | Operating Reserve              |          |        |            |                  |
|                                 | Management Fee                 |          |        |            |                  |
|                                 | Maintenance Payroll            |          |        |            |                  |
|                                 | Vacancy/ Uncollectible Expense |          |        |            |                  |
| Other:                          |                                |          |        |            |                  |
| Program Budget and Debt         | Support Services Payroll       |          |        |            |                  |
|                                 | Laundry                        |          |        |            |                  |
|                                 | Food                           |          |        |            |                  |
|                                 | Program Admin Costs            |          |        |            |                  |
|                                 | Other Program Costs            |          |        |            |                  |
|                                 | Debt Service                   |          |        |            |                  |
| <b>TOTAL EXPENSES</b>           |                                |          |        |            |                  |
|                                 |                                |          |        |            |                  |
|                                 | REVENUES                       | Budgeted | Actual | Difference | Projected Budget |
| Rents                           | Total HHAP Unit Rents          |          |        |            |                  |
|                                 | Total Non-HHAP Unit Rents      |          |        |            |                  |
|                                 | Commercial Rent                |          |        |            |                  |
| Other Income                    | Program Income (Specify)       |          |        |            |                  |
|                                 | Program Income (Specify)       |          |        |            |                  |
|                                 | Other Income (Specify)         |          |        |            |                  |
| <b>TOTAL REVENUES</b>           |                                |          |        |            |                  |
| <b>NET INCOME OR (LOSS)</b>     |                                |          |        |            |                  |

## **Instructions for Completion of the OSAH Budget Request**

This section is available in electronic excel format (with formulas) at the OTDA website: <http://otda.ny.gov/contracts/procurement-bid.asp>.

Agencies requesting OSAH funds in categories where it is possible to purchase goods and/or services from MWBEs are required to demonstrate how they will use these purchases to meet OTDA's MWBE goal of 20%, 10% Minority Owned Business and 10% Women Owned Business participation. The MWBE participation goal of 20% is only applied to the amount of contract funds requested in support of activities that provide MWBE opportunities. The possible categories in which there could be MWBE participation include:

- contractual services (with for-profit firms only; this excludes subcontracts with other NFPs and units of local government);
- consultant services (with for-profit firms only);
- supplies;
- equipment;
- renovation/repair; and,
- administration (for non-agency personnel costs only)

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

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

A brief narrative explanation/justification is required for all budgeted costs. Before completing the Budget Summary by Object of Expense, please refer to the definitions and budget limitations set forth below.

### **B-1 Personnel Expense Detail**

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

#### **Salaried Personnel:**

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

#### **Hourly Personnel:**

List the titles of the appropriate hourly personnel who provide both direct and eligible program support services. For each employee enter the anticipated "Annual Wages" and the "% of Time Spent on the OSAH Project" the employee is expected to spend. Then calculate the amount of salary cost that is allowable and enter it in the "Total Wages" column.

## **B-2 Fringe Benefits Expense Detail**

For all employees, both salaried and hourly, it is required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. Additional fringe benefits such as pension, health, life and/or dental insurance may be provided. The total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller's rate. This rate is currently a maximum of **51.68%**. The percentage of fringe benefits allocated for each position cannot be greater than the percentage of Salaries/Hourly Wages charged to the project, lower percentage may be allocated. For example if the project director spends 50% of her time on the project, only 50% of her total fringe benefits for the number of months in the term of the contract may be allocated to the project.

## **B-3 Consultant Expense Detail**

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

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

## **B-4 Travel Expense Detail**

Only client travel costs and travel costs for personnel serving residents of the eligible HHAP project(s) are acceptable. Explain which staff will be traveling in relation to the project, the destination, purpose, and frequency of the travel. Consultant travel expenses should be included under consultant costs.

NYS has travel rates established for its employees. The rates charged may not exceed the current approved NYS rates. The mileage rate is currently **\$0.565** per mile for personal car. Hotel and per diem rates vary based on the destination. If more than the established NYS rates is spent, reimbursement will only be up to the NYS rates. A guide is available upon request for both in-state and out-of-state travel. Out of state travel is discouraged and expenses must be approved prior to claiming.

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

## **B-5 Equipment Expense Detail**

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

If other than the low bidder is selected, provide a statement indicating why that vendor was selected. Factors that may influence selection are free delivery and installation, special features, better warranty or

maintenance agreement, etc. In the Explanation / Justification section, describe the equipment and how it relates to the project.

#### **B-6 Supplies Expense Detail**

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

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

#### **B-7 Contractual Services Expense Detail**

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

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

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

#### **B-8 Other Expense Detail**

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

#### **B-9 Renovation/Repair**

Limited OSAH funds are available to pay for renovations, repairs and/or construction. Should funds be requested in support of renovation or repairs, the application must include a cost estimate for the proposed activities from a qualified vendor of services. If OSAH funds are awarded, before monies are released for payment of actual cost, OTDA will require that the grantee provide at least three detailed cost estimates from qualified vendors of services. OTDA will require that the grantee use the lowest responsible bid.

#### **B-10 Administrative Costs**

Allowable administrative costs are those costs relative to administering the OSAH program, and which are directly related. All administrative costs should be itemized. Any personnel that provide both direct services and administrative duties may be split accordingly between the personnel and administrative cost categories. The Explanation/Justification should be very specific as to the time spent on activities in such instances. The itemized administrative total must not exceed 10% of the budget total. Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget. OTDA's policy with regard to Executive compensation may be located at <http://otda.ny.gov/legal/>.

Organization Name:

**5 YEAR MASTER BUDGET STATEMENT**

| OBJECT OF EXPENSE   | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | Total |
|---|--------|--------|--------|--------|--------|-------|
| B1 Personnel  |        |        |        |        |        |       |
| B2 Fringe Benefits  |        |        |        |        |        |       |
| <b>X Personal Services Total<br/>(Lines B1 + B2)</b>        |        |        |        |        |        |       |
| B3 Consultants  |        |        |        |        |        |       |
| B4 Travel   |        |        |        |        |        |       |
| B5 Equipment  |        |        |        |        |        |       |
| B6 Supplies   |        |        |        |        |        |       |
| B7 Contractual Services                                     |        |        |        |        |        |       |
| B8 Other Expenses   |        |        |        |        |        |       |
| B9 Renovation/Repair  |        |        |        |        |        |       |
| B10 Administrative Costs                                    |        |        |        |        |        |       |
| <b>Y Non-Personal Services Total<br/>(Lines B3 thru B9)</b> |        |        |        |        |        |       |
| <b>Z PROJECT TOTAL</b>                                      |        |        |        |        |        |       |

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

**Organization Name:**

**ANNUAL BUDGET SUMMARY STATEMENT**

| <b>Object of Expense</b> |   | <b>Grant Funds</b> |
|--------------------------|---|--------------------|
| B1                       | Personnel   | \$0                |
| B2                       | Fringe Benefits   | \$0                |
| <b>X</b>                 | <b>Personal Services Total (Lines B1 + B2)</b>                | <b>\$0</b>         |
| B3                       | Consultants   | \$0                |
| B4                       | Travel  | \$0                |
| B5                       | Equipment   | \$0                |
| B6                       | Supplies  | \$0                |
| B7                       | Contractual Services  | \$0                |
| B8                       | Other Expenses  | \$0                |
| B9                       | Renovation/Repair   | \$0                |
| B10                      | Administrative  | \$0                |
| <b>Y</b>                 | <b>Non-Personal Services Total (Total Lines B3 thru B.10)</b> | <b>\$0</b>         |
| <b>Z</b>                 | <b>ANNUAL PROJECT TOTAL</b>                                   | <b>\$0</b>         |

| <b>PERSONAL SERVICES BUDGET</b>   |                                      |  |                    |
|---|--------------------------------------|--|--------------------|
| <b>B-1 Personnel Expense Detail</b>   |                                      |  |                    |
| <b>Salaried Employees'</b><br><b>Title</b>  | <b>Total Annual</b><br><b>Salary</b> | <b>% of Time Spent</b><br><b>on the OSAH</b><br><b>Project</b> | <b>Grant Funds</b> |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
| <b>Subtotal Salaried Personnel</b>  |                                      |  | <b>\$0.00</b>      |
| <b>Hourly Employees'</b><br><b>Title</b>  | <b>Annual</b><br><b>Wages</b>        | <b>% of Time Spent</b><br><b>on the OSAH</b><br><b>Project</b> | <b>Grant Funds</b> |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
|   |                                      |  |                    |
| <b>Subtotal Hourly Personnel</b>  |                                      |  | <b>\$0.00</b>      |
| <b>TOTAL PERSONNEL EXPENSES</b>   |                                      |  | <b>\$0.00</b>      |
| Explanation/Justification: (Please provide title and a brief job description for positions funded by this budget. Attach additional page if necessary.) |                                      |  |                    |
|   |                                      |  |                    |



| <b>B-3 CONSULTANT EXPENSE DETAIL</b>   |                    |
|--|--------------------|
| <b>ITEM</b>  | <b>Grant Funds</b> |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
| <b>TOTAL CONSULTANT EXPENSES</b>   | <b>\$0</b>         |
| <p>Explanation/Justification: Please provide a description of the program consultant services. Include a breakdown on the cost per hour and explanation/justification. (Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.)</p> |                    |

| <b>B-4 TRAVEL EXPENSE DETAIL</b>  |                    |
|---|--------------------|
| <b>ITEM</b>   | <b>Grant Funds</b> |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
| <b>TOTAL TRAVEL EXPENSES</b>  | <b>\$0</b>         |
| <p>Explanation/Justification: (Please breakdown the cost by per mile for the number of miles traveled. The rates charged may not exceed the current approved NYS rate. The mileage rate is currently \$0,565)</p> |                    |

| <b>B-5 EQUIPMENT EXPENSE DETAIL</b> |                    |
|-------------------------------------|--------------------|
| <b>ITEM</b>                         | <b>Grant Funds</b> |
|                                     |                    |
|                                     |                    |
|                                     |                    |
|                                     |                    |
|                                     |                    |
|                                     |                    |
| <b>TOTAL EQUIPMENT EXPENSES</b>     | <b>\$0</b>         |

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

| <b>B-6 SUPPLIES EXPENSE DETAIL</b> |                    |
|------------------------------------|--------------------|
| <b>ITEM</b>                        | <b>Grant Funds</b> |
|                                    |                    |
|                                    |                    |
|                                    |                    |
|                                    |                    |
|                                    |                    |
|                                    |                    |
| <b>TOTAL SUPPLIES EXPENSES</b>     | <b>\$0</b>         |

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

| <b>B-7 CONTRACTUAL EXPENSE DETAIL</b>  |                    |
|--|--------------------|
| <b>ITEM</b>  | <b>Grant Funds</b> |
|  |                    |
|  |                    |
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|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
| <b>TOTAL CONTRACTUAL EXPENSES</b>  | <b>\$0</b>         |
| Explanation/Justification: Please provide a list and justification of program contractual service costs. (Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.) |                    |
|  |                    |

| <b>B-8 OTHER EXPENSE DETAIL</b>   |                    |
|---|--------------------|
| <b>ITEM</b>   | <b>Grant Funds</b> |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
| <b>TOTAL OTHER EXPENSES</b>   | <b>\$0</b>         |
| Explanation/Justification: Please provide an explanation/justification for Other program costs. (Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.) |                    |
|   |                    |

| <b>B-9 Renovation/Repair</b>   |                    |
|--|--------------------|
| <b>ITEM</b>  | <b>Grant Funds</b> |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
| <b>TOTAL RENOVATION/REPAIR EXPENSES</b>  | <b>\$0</b>         |
| Explanation/Justification: All costs must be itemized. (Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.) |                    |
|  |                    |

Please make sure to include:

| <b>B-10 ADMINISTRATIVE EXPENSE DETAIL</b>  |                    | <b>Administrative Personnel Annual Salary</b> |
|--|--------------------|---|
| <b>ITEM</b>  | <b>Grant Funds</b> |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
| <b>TOTAL ADMINISTRATIVE EXPENSES</b>   | <b>\$0</b>         |   |
| Explanation/Justification: Administrative costs are limited to no more than 10% of the award - all costs must be itemized. (Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.) |                    |   |
|  |                    |   |

**Please refer to Section E. Budget – OSAH Operating Budget to Actual (pg. 47) to respond to question.**

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

- A.  = Total Amount of OSAH Grant Request for Personnel
- B.  = Total Amount of OSAH Grant Request for Fringe
- C.  = Total Amount of OSAH Grant Request for Consultants (Direct Services)
  
- D.  = Total (add A through C)
  
- E.  = Support Services Payroll Total from OSAH Operating Budget to Actual
  
- F.  = Percentage of project's overall Support Services Payroll that is dependent on OSAH funds (divide D by E)

**IV. Final Application Checklist**

**APPLICANT NAME:**

|  |
|--|
|  |
|--|

| Section  | Included | Exempt | If Not Included then Explain |
|--|----------|--------|------------------------------|
| <b>A – APPLICANT DOCUMENTATION</b>   |          |        |                              |
| Applicant Information Form   |          |        |                              |
| HHAP Project Information Form  |          |        |                              |
| Executive Proposal Summary   |          |        |                              |
| <b>C – AGENCY INFORMATION</b>  |          |        |                              |
| Funding Agency Contact Information Form  |          |        |                              |
| Agreement Form   |          |        |                              |
| Organizational Status  |          |        |                              |
| M/WBE and EEO Policy Statement   |          |        |                              |
| Equal Employment Opportunity Work Force Employment Utilization/Compliance Report |          |        |                              |
| M/WBE Goal Requirements and Certification of Good Faith Efforts                  |          |        |                              |
| Subcontracting Utilization Form  |          |        |                              |
| Contractor/Subcontractor Background Questionnaire                                |          |        |                              |
| Sectarian Organization Compliance Form   |          |        |                              |
| Letter of Intent to Participate (if applicable)                                  |          |        |                              |
| Request for Waiver Form (if applicable)  |          |        |                              |
| M/WBE Participation Narrative  |          |        |                              |
| Audited Financial Report   |          |        |                              |
| Board Profile  |          |        |                              |
| Certificate of Incorporation   |          |        |                              |
| Verification of Annual Charities Registration                                    |          |        |                              |
| Verification of Workers Compensation and Disability Insurance Coverage           |          |        |                              |
| <b>D – DOCUMENTATION OF NEED</b>   |          |        |                              |
| Community Information and Documentation of Need                                  |          |        |                              |
| <b>E – PROGRAM PLAN / PROGRAM NARRATIVE</b>                                      |          |        |                              |
| Program Description  |          |        |                              |
| Organization Background  |          |        |                              |
| Program Evaluation   |          |        |                              |
| Support Services Plan  |          |        |                              |
| <b>F – BUDGET</b>  |          |        |                              |
| OSAH Operating Budget to Actual  |          |        |                              |
| 5 Year Budget Statement  |          |        |                              |
| Annual Budget Summary  |          |        |                              |
| Personal Services Budget   |          |        |                              |
| Non-Personal Services Budget   |          |        |                              |

## **V. HOW TO SUBMIT COMPLETED APPLICATION**

**Please complete Final Application Checklist (pg 60) to ensure you have included all necessary documents. Assemble application package by placing documents/responses in the order as listed on the checklist. Use checklist (pg 60) as the cover page of your application.**

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

**Send to:**

**New York State Office of Temporary and Disability Assistance  
Bureau of Contract Management  
40 North Pearl Street, 10A  
Albany, NY 12243  
Attention: Theresa Brown  
(518) 486-6352  
Applications due by: 2:00 PM, June 11<sup>th</sup>, 2013**

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

**END OF 2013  
OSAH APPLICATION**