

**REQUEST FOR PROPOSALS**

**Nutrition Outreach and Public Education Program**

:

New York State Office of Temporary and Disability Assistance  
Center for Employment and Economic Supports  
40 North Pearl Street  
Albany, NY 12243

**Submission Deadline: February 5, 2015**

The New York State Office of Temporary and Disability Assistance is an Equal Opportunity Employer. Auxiliary aids and services are available upon request to individuals with disabilities.

## TABLE OF CONTENTS

---

	<u>Page Number</u>
<b>Part A: General Information</b>	
I. Timelines and Proposal Submission	3
II. Summary of the Request for Proposals (RFP)	4
<b>Part B: Description of Program and Allowable Activities</b>	
I. Program Description	8
II. Identifying Target Population and Service Areas	9
III. Select and Monitor Local Subcontractors	10
IV. Allowable Program Outreach and Public Education Activities	10
V. Coordination with SNAP Nutrition Education	12
VI. Evaluate Impact	12
VII. Eligible Expenses	13
VIII. Quarterly Reporting and Annual Report	13
<b>Part C: Instructions for Completing the Application</b>	
I. General Instructions	15
II. Notice of Intent to Bid Form	20
<b>Part D: Forms to Upload</b>	
I. Required Form Agency Agreement	21
II. Required Form Applicant Certification	22
III. Required Form Budget Category Federal Reimbursement	23
IV. Required Form Federal Outreach Staffing Detail	24
V. MWBE Goal Requirement Form	25
<b>Part E: Printed Version of the Grants Gateway Application</b>	27
<b>Part F: Information for Successful Bidders</b>	30

## **Part A: General Information**

### **I. Timelines and Proposal Submission**

#### **A. Questions Concerning this Request For Proposals (RFP)**

Bidders may submit typed questions via electronic mail, fax, or by mail to the address provided below. Questions regarding the RFP will be accepted until 5:00 p.m. January 13, 2015. No telephone inquiries will be accepted. Answers to all questions received by this date will be posted on the NYS Grants Gateway (<https://www.grantsgateway.ny.gov>) and on the New York State Office of Temporary and Disability Assistance's (OTDA) website at [www.otda.ny.gov](http://www.otda.ny.gov) no later than January 21, 2015. Prospective bidders may obtain a hard copy of the questions and answers upon request.

New York State Office of Temporary and Disability Assistance  
Center for Employment and Economic Supports  
Attn: Lisa Irving  
40 North Pearl Street, 11th Floor  
Albany, NY 12243  
Fax: (518) 474-5281  
E-mail: [Lisa.Irving@otda.ny.gov](mailto:Lisa.Irving@otda.ny.gov)

#### **B. Notice of Intent to Bid**

Organizations intending to submit a proposal in response to this RFP are kindly asked to submit the "Notice of Intent to Bid" form by January 13, 2015. This form, including completion and forwarding instructions, are included Part C in order to assist OTDA in preparing for proposal review.

#### **C. Proposal Due Date**

Proposals must be received no later than 3:00 p.m. February 5, 2015. Proposals must be submitted via the NYS Grants Gateway. OTDA takes no responsibility for any third party error in the submission of proposals.

#### **D. RFP Timetable**

- RFP Release Date – December 31, 2015
- Notice of Intent to Bid – January 13, 2015
- Deadline Date for Questions – January 13, 2015
- Responses to Questions Posted – January 21, 2015
- Proposal Due Date – February 5, 2015
- Date of Notification of Award – April 1, 2015
- Project Start Date - July 1, 2015

## **E. Agency Rights**

OTDA reserves the right to:

- Seek clarifications and revisions of applications;
- Use applicant information obtained through site visits, management interviews and reports, state investigation of an applicant's qualifications, experience, ability, or financial standing, and any material submitted by the applicant in response to the agency request for clarifying information, in the course of evaluation and/or selection under this RFP;
- Negotiate with applicants the requirements of this RFP regarding the scope of work to serve the best interests of the state; and
- Amend the specifications of this RFP, prior to application opening, should federal guidance or funding related to allowable SNAP Outreach activities or programming be revised.

## **II. Summary of the RFP**

### **A. Purpose**

The Office of Temporary and Disability Assistance (OTDA) is requesting applications from eligible organizations for the provision of nutrition outreach and public education services to NYS residents who are at-risk of nutrition-related health problems due to food insecurity. According to the United States Department of Agriculture Economic Research Service (USDA-ERS), food insecurity is “a household-level economic and social condition of limited or uncertain access to adequate food” due to a lack of available financial resources, competing demands for those resources, and the cost of acquiring food. The goal of these outreach and education services is to increase participation in federal and State-funded food assistance programs including but not limited to the Supplemental Nutrition Assistance Program (SNAP), the School Lunch and School Breakfast Program, the Summer Food Service Program, Child and Adult Care Feeding Program, and Special Supplemental Program for Women, Infants and Children (WIC).

Originally established in 1987, the Nutrition Outreach and Public Education Program is authorized under Article 8-A of New York's Social Services Law. Based on the clear correlation between adequate diet and good health, and the finding that a significant portion of eligible New York residents do not participate in existing federal food assistance programs, the NYS Legislature established a community-based program of nutrition outreach and education program to ensure maximum participation by eligible persons in federal and state food assistance programs.

## **B. Available Funds/Award Amounts**

NYS expects to make a maximum initial award of approximately \$6.036 million in a combination of State and federal funds available annually to one statewide contractor for the purposes of providing nutrition outreach and education services designed to increase availability and utilization of federal and state food assistance programs. This total funding represents approximately \$3,018,000 in state funding and up to \$3,018,000 in approved federal SNAP Outreach funding. To access federal SNAP Outreach funding, the awarded statewide contractor will be included in NYS's SNAP Outreach Plan and eligible for fifty percent reimbursement for allowable administrative program costs that are reasonable and necessary to operate approved SNAP Outreach activities. Federal reimbursement funds are contingent upon federal approval of the NYS SNAP Outreach State Plan and the continued availability of federal reimbursement funds for allowable SNAP Outreach activities. All federal SNAP Outreach funds are dependent upon approval from the U.S. Department of Agriculture (USDA) of the NYS SNAP Outreach plan and the continued availability of federal funding for state SNAP Outreach activities. Catalog of Federal Domestic Assistance number: 10.561.

## **C. Contract Period and Terms**

It is expected that the contract from this Request for Proposal will start July 1, 2015. The multiyear contract will be in effect for up to five years, from July 1, 2015 – June 30, 2020. Funding for the initial and any subsequent period is contingent on the continued availability of funding in any year's approved State budget and satisfactory performance of the contractor.

## **D. Eligible Applicants**

An applicant must be a NYS based not-for-profit organization and should demonstrate the ability to serve the nutrition outreach needs of the State directly and through subcontracting. Preferred applicants will be statewide entities with experience in multiple subcontracting, program monitoring, and fiscal management. To be eligible to apply for these funds, an applicant organization must have not-for-profit status and must be incorporated. All not-for-profits are subject to the Prequalification Requirement in Grants Gateway as outlined below.

## **PREQUALIFICATION REQUIREMENT**

Pursuant to the NYS Division of Budget Bulletin H-1032, dated June 7, 2013, NYS has instituted key reform initiatives to the grant contract process which require not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

## **Register for the Grants Gateway**

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov) . If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

## **Complete your Prequalification Application.**

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Proposal.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov).

## **Submit Your Prequalification Application**

- After completing your Prequalification Application, click the **Submit Document Vault** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with NYS.
- **Effective July 1, 2014**, not-for-profit vendors wishing to prequalify to apply for State grant funding must 1) formally adopt a Conflict of Interest Policy regarding its directors, officers and key employees; 2) formally adopt a Whistleblower Policy to protect employees from

retaliation if they report suspected improper conduct. This requirement applies only to not-for-profits with 20 or more employees and an annual budget of more than one million dollars; 3) Provide audit and fiscal documentation based on the following thresholds:

Gross Revenue and Support	Requirement
Up to \$250,000	Board reviewed Internal Financial Statement
At least \$250,000 but not more than \$500,000	CPA Review
More than \$500,000	CPA Audit

State Prequalification Specialists will apply the new standard as of the effective date.

**E. Selection Process**

Proposals will be evaluated and selection will be made based on the completeness of the application, responsiveness to the RFP, organizational capacity and experience to deliver statewide programming as outlined in the RFP, and the cost-effectiveness of the proposal. Proposal scores will be based on the following competitive scoring breakout:

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

Program Specific Questions and related uploads	60%
Budget and related uploads	30%
Work Plan	10%

Regardless of score, OTDA reserves the right to:

- Fund or not fund an application based on the availability of funds and/or other relevant information, an agency’s financial position, an agency’s prequalification status in Grants Gateway, vendor responsibility determination and the status of the
- Award all, some, or none of the monies available for SNAP Outreach;
- Seek clarification and revisions of applications;
- Negotiate with applicants the scope of work to best serve the interests of the state; and
- Amend the specifications of this RFP, prior to application opening, should federal guidance or funding related to SNAP Outreach activities or programming be revised.

## **Part B: Description of Program and Allowable Activities**

### **I. Program Description**

Food insecurity, where there is limited or uncertain availability of food for an active, healthy life, is strongly associated with income and many American households experience food insecurity at times during the year, meaning that their access to adequate food is limited by a lack of money and other material resources to produce or obtain food. Food insecurity increases the risk for poor nutrition especially among children and older adults increasing the risk for major health and developmental problems. For example, pregnant women who are undernourished are more likely to deliver prematurely and to give birth to infants with lower birth weights, increasing the infants risk for poor health. Children from food insecure households are more likely to suffer health, mental and developmental problems that can negatively impact their growth and ability to learn. And, older adults in food insecure household are at a greater risk for poor nutrition increasing their risk for chronic disease, depression, and/or limitations in activities of daily living.

Government sponsored food assistance programs are the first line of defense against hunger and food insecurity. Nutrition benefits are intended to increase the access of eligible low-income households to food and a nutritious diet—thereby improving their food security, health, and well-being. However, both the State and federal government have determined that special outreach efforts are necessary for SNAP, the School Lunch and School Breakfast Program, and the Summer Food Service Program, and other food assistance programs, to ensure that all eligible residents are aware of the availability of these programs to reduce food insecurity and hunger and able to easily access these programs.

Article 8-A of New York's Social Services Law, enacted by Chapter 58 of 2010, establishes a community-based program of nutrition outreach and public education to increase the availability and utilization of federal and State food assistance programs by eligible New Yorkers. Federal matching funds are available through United States Department of Agriculture (USDA) Food Nutrition Services (FNS) for certain outreach activities related to SNAP programs. NYS expects to make a maximum award of approximately \$6.036 million in a combination of state and federal funds available annually for one statewide contractor for the purposes of providing nutrition outreach and education services designed to increase availability and utilization of federal food assistance programs. This total funding represents approximately \$3,018,000 in state funding and up to \$3,018,000 in approved federal SNAP Outreach funding. To access federal SNAP Outreach funding, the awarded statewide contractor will be included in NYS's SNAP Outreach Plan and eligible for fifty percent reimbursement for allowable administrative program costs that are reasonable and necessary to operate approved SNAP Outreach activities. Federal reimbursement funds are contingent upon federal approval of the NYS SNAP Outreach State Plan and the continued availability of federal reimbursement funds for allowable SNAP Outreach activities. All federal SNAP Outreach funds are dependent upon USDA approval of the NYS SNAP Outreach plan.

## **II. Identifying Target Populations and Service Areas**

To increase food assistance program participation, the statewide contractor selected under this Request for Proposal will be required to target allowable activities to high need areas:

### **A. Establish Priorities for Food Assistance Program Outreach**

SNAP is the major federal food assistance program in NYS. Therefore, the applicant should establish level of effort and funding for allowable SNAP Outreach activities for low-income individuals, especially older adults, families with children, unemployed, legal immigrants, and veterans. In addition, the applicant should establish level of effort and funding for other activities that promote increased participation in other food assistance programs like the School Lunch and School Breakfast Program and the Summer Food Service Program, and WIC. The contractor, working closely with OTDA, should set priorities for food assistance program outreach based on statewide needs assessment that identifies high-risk service areas.

### **B. High Risk Service Areas**

Outreach and public education activities should be targeted to high risk areas of the state where a significant portion of those potentially eligible for food assistance programs are not participating in those programs. In selecting those areas which would be determined to be high risk, the contractor should consider the following factors:

- 50% or more of those potentially eligible are not participating in SNAP or a significant number of the populations potentially eligible, particularly the working poor and the elderly, are not participating;
- 25% or more of children are eligible for free or reduced priced school meals;
- Infant mortality or morbidity rates;
- Economic indicators including, but not limited to, poverty and child poverty rates, unemployment rate, prevailing wages, and recent loss of job base;
- High concentration of at-risk populations (such as families with children receiving Temporary Assistance for Needy Families (TANF), households receiving Supplemental Security Income (SSI), households with income at/or below 185% of the poverty level, low-income seniors, recently unemployed, homeless persons, immigrants, migrant workers, persons with disabilities, veterans, areas with a high concentration of low-income households with low English proficiency, and persons receiving emergency food assistance etc.)
- Lack of availability of certain food assistance programs, such as the federal Summer Food Service Program, due to lack of suitable sites, provider participation or knowledge about the existence of the program; and
- Lack of other food program outreach funds.

### **III. Select and Monitor Local Sub-Contractors**

Barriers to food assistance program participation are varied and defined by local and regional differences. Therefore, the statewide contractor will be required to sub-contract with local community-based, not-for-profit organizations that have the experience, capacity, and networks to effectively carry out local efforts to increase the availability and utilization of federal food assistance programs. The local sub-contractors must be selected through a competitive process, as approved by the OTDA. The contractor will be responsible for providing training and technical assistance to subcontractors on SNAP and other nutrition assistance program regulations, effective outreach techniques, and program and fiscal management. The contractor is required to submit for review training, technical assistance, and program materials related to nutrition assistance laws and regulations to the appropriate implementing agency for review. The statewide contractor will be held legally and fiscally responsible for the contracted related activities of local sub-contractors. The work of local sub-contractors under this project must be planned and coordinated to avoid duplication of food assistance outreach efforts supported by other funds or agencies, particularly SNAP Outreach efforts conducted by the applicant or other organizations funded by OTDA and/or USDA.

### **IV. Allowable Food Assistance Program Outreach and Public Education Activities**

Program Outreach and Public Education activities conducted by either the statewide contractor or the local subcontractors should include the following:

- Identification of at-risk populations and eligible individuals who are not participating in food assistance programs, including identification of barriers to participation and/or the unavailability of such programs;
- Statewide coordination of outreach and public education activities, including the development and dissemination of materials for local and statewide use, implementation of training sessions for State and local groups on food assistance program availability, benefits, and eligibility requirements;
- Coordination of outreach and public education activities with State and local level food assistance program administrators, including, but not limited to, departments of social services, aging and education, and community agencies involved in food assistance programs;
- Provision of information regarding the availability of food assistance programs, including the eligibility criteria and application procedure for such programs;
- Compilation of statistical data from State and local agencies and dissemination to community organizations;
- Nutrition education; and
- Assistance to food program applicants with eligibility requirements, including verification and enrollment.

## A. Activities Eligible for Federal SNAP Outreach Reimbursement

The following chart outlines specific allowable activities under the Federal SNAP Outreach Program which the contractor may be eligible for 50% reimbursement under the NYS SNAP Outreach Plan contingent upon federal approval and the availability of federal funds:

Allowable Activity	Example
Eligibility pre-screening	Use of a paper or electronic tool, such as MyBenefits, to inform potential applicants that they may be eligible and potentially how much they could receive.
Application assistance	Assistance completing applications, including delivery of the application to the local SNAP office.
Assistance obtaining application verification documents	Informing potential clients which documents may be needed and making copies of verification documents.
Information dissemination in locations where low-income people gather, including farmers markets, churches, community centers.	Distribution of information at the employers of low-wage workers.
Outreach exhibit or booth at community event or farmer's market	Set up and staffing of outreach booth at the annual community fair.
Conducting outreach workshops with community organizations at their locations	SNAP Outreach fair at a senior center.
Toll Free information line to provide information to potential clients	A Statewide 1-800 information number for potential clients to connect to their local office.
Development of printed educational or informational materials for clients	Development and printing of a brochure outlining the benefits of participation in the SNAP program.
Use or customization of USDA Food and Nutrition Service (FNS) outreach materials for clients	Hiring a graphic shoot to customize and print the FNS posters with the phone number of the local office.
Training or train the trainer programs for SNAP Outreach workers	Training of local community partners to run outreach seminars by the primary outreach contractor.
Translation of materials and bilingual accommodation to convey eligibility requirements and assist persons with limited English proficiency during the application process	Translation of an outreach envelope into the predominant non-English language in the community.
Program access activities	Reminder calls to enrolled clients regarding their recertification responsibilities.

## B. Prohibited SNAP Outreach Activities

Federal funding is banned from being used for television, radio, or billboard advertisements that are designed to promote SNAP benefits and enrollment. Federal funding is also banned from being used for any agreements with foreign governments designed to promote SNAP. Funding under this grant cannot be used to support lobbying

efforts at the federal, State, or local level. In addition, certain SNAP Outreach activities are prohibited regardless of the source of funding:

- Interfering during the certification interview or at other times to campaign on behalf of specific applicants or recipients, however, outreach workers may be present to provide support or help explain complicated terms; and
- Recruitment of individuals to participate in the SNAP Program. Recruitment is defined as an activity intended to persuade an individual who has made an informed choice not to apply for SNAP benefits to change his or her decision.

### **C. Allowable SNAP Outreach Activities Supported by Non-Federal Funding**

Certain SNAP Outreach activities are not reimbursable with Federal SNAP Outreach funds, although they *may* be supported with non-Federal funding:

- Acting as an authorized representative for applying, receiving SNAP benefits at issuance, or food purchasing; and
- Transportation of clients to or from the local SNAP office or provisions of tokens, vouchers, or similar items for transportation of clients to or from the local SNAP office. For example, a transit agency could donate bus vouchers for use by potential SNAP clients to travel back and forth to the local SNAP office at no expense to the State agency.

### **V. Coordination with State SNAP Nutrition Education Activities**

SNAP Nutrition Education activities are supported through a State SNAP Nutrition Education Plan and therefore should not be included as ‘major’ components of a SNAP Outreach Program. However, because food assistance outreach and education promotes the nutrition benefits of SNAP and other programs, federally funded outreach and public education activities may include a very minimum amount of nutrition education and nutrition messages, as long as the primary purpose and focus of outreach and public education plan remains food assistance outreach. For example, you may use messages that promote participation in SNAP as a means to buy more nutritious foods for your family. It is expected that the contractor and subcontractors will work cooperatively with OTDA and with state funded nutrition education providers to obtain state and federally developed nutrition education materials designed specifically for the SNAP population, to facilitate referrals of SNAP and SNAP-eligible adults to state funded SNAP Nutrition Education providers, and to communicate messages about how SNAP and other food assistance programs can help needy families obtain healthy foods.

### **VI. Evaluate Impact**

The statewide contractor will be expected to evaluate the impact of outreach and public education activities related to food assistance program participation at both the state and

local levels. The contractor will be expected to produce a final report acceptable to OTDA for submission to USDA.

**VII. Eligible Expenses**

Eligible expenses are the operational costs and administrative costs that are reasonable and necessary to operate allowable and approved Nutrition Outreach and Public Education Services. Allowable expenses generally include:

- Salary and benefits of personnel related to program delivery and administrative support;
- Office equipment and supplies, postage, telephone, and computer;
- Reproduction, and/or development and production, of outreach materials ;
- Lease or rental costs;
- Maintenance expenses;
- Training related expenses; and
- In-state travel to carry out the project’s objectives.

All expenses must meet state and federal guidelines for the purposes of federal reimbursement related to allowable expenses. Itemized administrative costs will be limited to 15% and indirect costs rates are disallowed.

**VIII. Quarterly Reporting and Annual Report**

The statewide contractor will be required to report on a quarterly basis to OTDA. Reports will be submitted according to the following schedule:

<b>Period Covered</b>	<b>Due Date</b>
July 1- September 30	October 31
October 1- December 31	January 31
January 1- March 31	April 30
April 1- June 30	August 15

Quarterly reports should include the following:

- Progress on meeting goals and objectives;
- Status on completing specific activities in the contractor’s work plan;
- A summary of progress on subcontractors in achieving their goals and objectives;
- Summary of identified barriers to food programs and progress on reducing barriers at both the State and local levels;
- Significant program administrative issues; and
- Statistical summary of sub-contractor activities.

An annual report is due to OTDA on October 31<sup>st</sup> of each year in a format determined by OTDA. The statewide contractor may be required to participate in monthly interagency coordination meetings with OTDA and other state agencies where the contractor will be asked to communicate progress in meeting program goals and communicate program issues needing resolution.

## **PART C**

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

#### **I. General Instructions**

The entire Nutrition Outreach and Public Education Program Application must be submitted in Grants Gateway. Eligible entities are pre-qualified NYS not-for-profit organizations able to serve the nutrition outreach needs of the state directly and through subcontracting. To be eligible to apply for these funds, an agency must be a 501(c) (3), tax-exempt organization incorporated for a purpose sufficiently broad enough to include providing statewide nutrition outreach to economically or socially disadvantaged individuals or families. Read and apply all instructions while completing the screens in Grants Gateway. No application pieces will be accepted outside of the Grants Gateway system. A printed version of the application appears in Section D. Please note: only a Grantee Signatory at your agency can submit the application in the Grants Gateway system.

Find Nutrition Outreach and Public Education Program from the View Opportunities button. Apply for opportunity. From the FORMS MENU, complete the following FORMS/SCREENS. Sections from the Forms Menu do not have to be completed in any particular order. You must save your work before moving onto a new screen. If you do not complete it all in one session, search for the application in progress from the application link at the top of the screen when you return.

#### **Project Site Address Screen**

Enter statewide contractor site addresses and agency specific information as requested.

#### **Program Specific Questions Screen**

Follow instructions at top of screen. Answer all questions in this section. Note that most narrative answer spaces allow unlimited text. Please be detailed but concise. Upload forms when required. Upload optional forms to support narrative when applicable.

#### **Budget Forms**

Submit one complete budget for the delivery of statewide Nutrition Outreach and Public Education Program. All costs should be allowable, reasonable, and necessary for delivery of services. All costs must be consistent with the scope of services. Only use whole dollar amounts for funds requested. Administrative costs are limited to no more than 15% of the total program costs and all administrative costs must be identified. Indirect costs are disallowed. The budget must be broken down by expenses anticipated for SNAP Outreach and those for outreach for other food assistance programs. Staffing pages must be broken down by the percent time spent on SNAP Outreach and the percent time spent on outreach for other programs. If staff is funded by more than one funding source, the amount of each

funding source to support the salary must be provided. This budget will be used for state SNAP Outreach planning purposes. The awardee must submit a tentative budget representing 50% reimbursement of costs for allowable federal SNAP Outreach activities. Ineligible items will be removed from the budget prior to submitting to USDA as part of the NYS SNAP Outreach Plan. SNAP Outreach reimbursement is contingent upon the approval federal SNAP Outreach funding and USDA approval of the NYS SNAP Outreach Plan.

Consult Part A, Section VII for Eligible Expenses. Use the following as a guideline for where expenses should appear in the budget.

**Personal Service** – Include employees that will be paid in full or in part from contract funds, including those used as a match for federal reimbursement of allowable federal SNAP Outreach activities. Each title must be listed on a separate screen. In the role/responsibility field, please describe the title's role in relation to Nutrition Outreach and Public Education Program. The Personal Salary Services Narrative screen should only be used to describe exceptions in staffing patterns, annual salary costs, or justification of staff funded by more than one funding source, and explanation of the percent time allocated to Nutrition Outreach and Public Education Program, including the percentage of time allocated to administrative and program activities where necessary.

**Fringe Benefit** - Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure in the Fringe Type/Description field. If fringe is not applicable, leave this section blank. For all employees listed in the Personnel Service Expense Detail, the following mandatory employer payroll taxes must be paid: 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. If Nutrition Outreach and Public Education funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller's current rate. No exceptions are granted to the maximum rate, although you may allocate a lower percentage. These amounts should carry to the "Budget Statement" under Fringe Benefits. You must explain all costs associated with this budget line in the Justification/Explanation section of this worksheet. The Fringe Narrative screen should not be used since all explanations should appear on the Fringe screen.

**Contractual Services** – Costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. Each type of contractual cost must be listed on its own screen and the cost justified. Only the pro-rated portion of the entire expenditure that is related to the Nutrition Outreach and Public Education Program is allowed. This line includes individuals or organizations external to the contractor which have entered into an agreement with the contractor to provide any services outlined in or associated with the contract and whose services are to be funded under the contract budget. This includes any other not-for-profits performing work under the proposed Nutrition Outreach and Public Education contract. All such agreements are to be bona fide written contract: OTDA reserves the right to request these documents at any time in the future.

**Travel Costs** - These costs may be reimbursed up to the NYS rate (currently the maximum rate is \$.56 per mile). Only travel costs for personnel listed under Personal Services Costs and participant travel

costs are acceptable. In the justification field, explain which staff will be traveling in relation to the project, the destination, purpose and frequency of the travel. Out-of-state travel is discouraged, although a contractor may pursue such travel with justification and pre-approval from OTDA.

**Equipment** - This category includes purchase, rental and leasing of equipment. Equipment is any non-consumable, tangible property having a useful life of more than one year. Substantial equipment purchases (costing more than \$5,000) should be avoided. Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative. If the only alternative is to purchase such equipment using contract funds, an applicant is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, contractor must purchase equipment from the lowest bidder. Complete the Equipment form if ordinary equipment is requested. Complete the Equipment Narrative form in addition if there is any substantial equipment costing more than \$5,000 per item. The Equipment Narrative form includes fields for bids received and explanations for justification.

**Space/Property–Rent** -This section is used for costs associated with Space/Property rent, including square footage of space allocated to this contract, and cost per square foot.

**Space/Property – Own-** Nutrition Outreach and Public Education expenses should not appear in this screen as mortgage payments are not allowable under Nutrition Outreach and Public Education but this form may be used for matching funds. In the event owned property is being used toward match, please use the justification field to explain. The Space/Property-Own Narrative form should not be used.

**Utilities** – Expenses related to utilities needed to operate an agency facility such as phone, water, electricity, heating etc. Only the pro-rated portion of the entire expenditure that is related to the Nutrition Outreach and Public Education Program is allowed. Costs must be justified in the justification field. The Utilities Narrative form should only be used to explain extraordinary costs.

**Operating Expenses** – Item’s necessary to operate your program, such as food, insurance, postage, copies, and supplies. Describe expenses fully in field provided. The Operating Expenses Narrative should only be used to explain extraordinary costs.

**Other- Administration up to 15% of the requested amount** – Administrative costs are allowed up to 15% of the requested amount. Costs must be identified. Allowable administrative costs are those costs directly related to administering the Nutrition Outreach and Public Education program. Any personnel that provide both direct services and administrative duties may be split accordingly between the personnel and administrative cost categories and the staffing narrative should identify the percentage of time allocated to program and administrative functions. 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. Indirect Cost Rate is not allowed.

**Other Items** - Eligible items or services necessary to run the program which do not fall into any of the preceding lines in the budget. All costs must be described & justified in the field provided. The Other Narrative form should only be used to describe extraordinary costs.

## **Work Plan and Objectives**

This section consists of the work plan overview form, objectives, tasks and performance measures.

**Work Plan Overview Form** - Based on ANNUAL perspective; complete the work plan for July 1, 2014 – June 30, 2015 following the directions.

In the **Organizational Capacity Section**, describe the relevant experience of the applicant organization in the following areas. Whenever possible, describe outcome activities. Include the following:

1. Experience in statewide administration, advocacy, coordination of food assistance and/or social service programs
2. Experience conducting food assistance program outreach at the state and/or local level
3. Experience providing training on food program eligibility and regulations and capacity to deliver training on statewide basis
4. Experience and capacity to manage multiple sub-contractors
5. Experience collaborating with state/and or local level food program or social service program administrators to increase participation, improve services, eliminate barriers, etc.

The applicant organization must supply at least three letters of support which include the names, phone numbers, and addresses of administrators from food assistance/social service programs or funding sources who can be contacted for verification of the information supplied in the letter of support.

In addition, applicants responding to this RFP should demonstrate an awareness of how minorities and persons with disabilities have been considered in the development and implementation design. Strategies for access to and participation in services by minorities and persons with disabilities should be evident in formulating and implementing strategies in all phases of their response to this RFP.

In the **Project Summary** section, provide the following:

1. **Needs Assessment**- Detail the food program participation rates (SNAP, School Meals, etc.), major modifiable barriers to food program participation, and appropriate kinds of activities to reduce barriers and increase participation. Identify regions of need by food assistance program and populations at risk of food insecurity. Provide a detailed description of the target population including relevant demographics and describe the proposed methodology for identifying high need areas. Describe your rationale for prioritizing food assistance programs to focus on in this statewide project.
2. **Project Summary**- Describe overall programming. Estimate the number of be services for each category of food assistance outreach and public education activity. Describe the different service delivery methods, hours or operations, and where services will be provided.

**Objectives and Task Form**- List and describe at least (1) task for each of the 8 objectives listed for the Nutrition Outreach and Public Education program. Additional objectives and tasks may be added based on the proposed work submitted in the grant application. Each objective will appear on its own screen. To start, under Objective Selection, choose an objective from the drop down menu. For each objective

add at least one task associated with the objective. To add additional tasks, select the number of tasks from the drop down menu. To add additional objectives, choose add objectives and number of tasks. View/Add under performance measure. Example: Objective – “Increase Participation in the Summer Meals Program for SNAP-Eligible Children.” In the Narrative field, describe the significance of the objective, task(s) used to accomplish the objective and identify performance measures that will show if the objective is accomplished. Following example, a narrative might be “Increased participation in Summer Meals program for SNAP-eligible children will reduce food insecurity and hunger for low-income children.” The task section should include measurable objectives. For example: “By the end of September 30, 2015, following 15 outreach events, summer meal participation will increase by 2,000 children.” You may upload performance measure documentation, such as charts, surveys etc. Save your work. Repeat the same process for Second Objective and Third Objective. You can find them by hovering over the Objectives and Tasks (3) on the forms menu. There is also a “Go” button on the top right of the Objectives screen will allow you to switch between First, Second and Third Objective.

**Pre-Submission Uploads** - Download all forms by following the links available on the Upload Screen, or you may print the forms in Part C of this application. Upload all required forms in the places designated throughout the application. If you are unable to produce required information, you must upload an explanation in its place. Complete MWBE forms and upload them if requesting SNAP Outreach funds for supplies, contractual relationships, and equipment. If a contractual relationship is with another not-for-profit, that expense is not subject to MWBE goals.

<b>No Further Entries This Page</b>
-------------------------------------

## II. Notice of Intent to Bid Form

### NOTICE OF INTENT TO BID

This form confirms our intent to respond to the Nutrition Outreach and Public Education Program RFP issued by the New York State Office of Temporary and Disability Assistance.

Signed:

---

(Name/Title/Organization/Bidder Name)

---

(Address/Phone)

---

Please respond no later than **January 13, 2015** by faxing or mailing this form to:

Office of Temporary and Disability Assistance  
Center for Employment and Economic Supports  
Attn: Lisa Irving  
40 North Pearl Street - 11C  
Albany, New York 12243  
Fax: (518) 474-5281  
[Lisa.Irving@otda.ny.gov](mailto:Lisa.Irving@otda.ny.gov)

## **PART D: FORMS TO UPLOAD**

**ALL REQUIRED FORMS MUST BE COMPLETED AND UPLOADED WHERE REQUESTED**

### **I. REQUIRED FORM - AGENCY AGREEMENT**

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

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

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

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

(Signature of official authorized to sign for applicant)

(Date)

(Typed name and title)

**II. REQUIRED FORM -APPLICANT CERTIFICATIONS**

If funded, I, \_\_\_\_\_ of \_\_\_\_\_, certify that I will ensure compliance with program requirements, as outlined in this RFP or subsequent additional regulations issued by OTDA under the Nutrition Outreach and Public Education Program, or by the United States Department of Agriculture’s Food and Nutrition Service under the Supplemental Nutrition Assistance Program and the Supplemental Nutrition Assistance Outreach Program. Attached to this form is a list of relevant grants, awards, or other funding sources currently administered by our organization. I certify that funding under the Nutrition Outreach and Public Education Program may only be used for the purposes of this RFP and may not be used to supplant funds for outreach activities supported with other funds.

(Signature)

(Date)

---

### III. REQUIRED FORM – Federal SNAP Outreach Funds by Category for Federal Reimbursement

**SNAP Outreach Project Budget Detail**

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

**BUDGET SUMMARY DETAIL**

Non-Federal Funds						
Expenses	(a) Public Cash	(b) Public In-kind	(c) Private Cash	(d=a+b+c) Total	(e) Federal Funds	(f=d+e) Total Funds
<b>(g) Personnel (Salary and Benefits)</b>						
<b>Other Direct Costs</b>						
(h) Copying/Printing/Materials						
(i) Internet/Telephone						
(j) Equipment and Other Capital Expenditures						
(k) Supplies and Non Capital Expenditures						
(l) Building/Space						
(m) Other						
(n=h+i+j+k+l+m) Subtotal Other Direct Costs						
<b>Travel</b>						
(n) Long Distance						
(o) Local						
(p=n+o) Subtotal Travel						
<b>(q) Contractual</b>						
<b>(r=g+n+p+q) Total Personnel, Direct Costs, Travel, and Contractual</b>						
<b>(t=r+s) TOTAL</b>						

Attach a detailed Budget Summary Narrative that provides a description and itemized listing of expenses in each budget category.



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

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

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

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

the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

- (i) The Contractor submitted a completed, acceptable utilization plan in accordance with applicable requirements to meet goals for participation of certified minority-and women-owned business enterprises established in the State contract;
- (j) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;
- (k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,
- (l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
Program/Solicitation Name

## **PART E**

### **PRINTED VERSION OF GRANTS GATEWAY APPLICATION**

A blank printed version of the application starts on page 38. Screen titles from the forms menu have a bordered box around them. These screen titles correlate with instructions in Section B of this RFP. You may use the preview button on screens to view the answers to questions as the application is being developed. You may also print your application at any time during the process for your reference. Only the application answers and items in the Grants Gateway system will be evaluated. Do not send a printed copy to OTDA.

No further entries this page
------------------------------

## **GATEWAY 'PROGRAM SPECIFIC' QUESTIONS**

Please answer in detail the following questions to demonstrate your organization's organizational capacity to serve the nutrition outreach needs of the state directly and through subcontracting, including your organizations experience in multiple subcontracting, program monitoring, and fiscal management.

### **Organizational Capacity**

- Describe your organization's capacity to bear fiscal and oversight responsibility of all programming outlined in the RFP.
- Detail your organization's experience in providing SNAP Outreach to eligible and high-risk populations.

### **Target Audience**

- Describe the target audience.
- What is the expected level of participation or exposure of the target audience?
- What method of referral of at risk populations will be made to state and federal nutrition programs?
- Will a toll-free information line be made available to SNAP and other food assistance program eligible clients?

### **Statewide Activities**

- Describe in detail all proposed statewide food assistance program outreach activities, including but not limited to statewide training, program access, prescreening, application assistance, and assistance in obtaining application verification documents.
- Will special accommodations be made to assist persons with limited English proficiency during food assistance application process?
- What social marketing and social media activities will be employed? Describe what informational materials will be developed including topics and how they will be distributed and adhere to Federal SNAP Outreach guidelines. Will materials be translated in multiple languages? If so, what languages?
- Describe any proposed outreach events and exhibits. Describe how any outreach events will be coordinated with state and local level food assistance program administrators, including but not limited to departments of social services, aging, education, SNAP Nutrition Education providers, regional food banks, and other agencies involved in food assistance programs.
- How will training and outreach be designed and conducted to incorporated the needs of vulnerable and food insecure populations. Including the needs of specific at-risk racial and ethnic groups and persons with disabilities? How will statistical data form state and local agencies be compiled and disseminated to community organizations?

- Describe how the impact of the program will be measured, including methods for measuring accomplishments of providers? Ensure that measures are structured to capture impact on the target audience, including diverse, high-risk populations, and the extent to which efforts successfully reached such individuals.

### **Subcontractor Activities**

- Describe the method for selecting sub-contractors and describe how they will be managed.
- Specify how information about areas of high need will be used and how OTDA will be involved in the selection process.
- Describe the types of local outreach activities to be conducted by subcontractors.
- Describe the process for negotiating annual work plans and budget with sub-contractors.
- How will the work performance of sub-contractors be monitored and evaluated? What will be the reporting requirements for subcontractors?
- How will the amount of effort and funds devoted to SNAP Outreach be distinguished from outreach efforts for other food programs?
- What will be the reasons and procedures for terminating a sub-contract?

### **Budget**

- Using the Master Contract Documents and the Project Staffing Detail federal reimbursement template form, provide a detailed staffing narrative that outlines the necessary and cost reasonable staff associated with the project.
- Using the Master Contract Documents and the Budget Detail Federal Reimbursement forms, provide a detailed budget and narrative that outlines the necessary and allowable program expenses associated with the project.
- Describe the methodology and documentation that will be used to allocate expenditures of the contractors and subcontractors to SNAP Outreach and to outreach for other food assistance programs.
- What cost-allocation methodology will be used for shared resources for staff funded by more than one program?
- Describe the fiscal system that will be necessary to carry out the work of this project.
- Describe the procedure to be used to reimburse subcontractors for allowable expenditures.
- Describe the procedure to be used to conduct program monitoring and fiscal management of subcontractors.

## **Part F: INFORMATION for SUCCESSFUL BIDDERS**

If you are awarded a contract, you will be required to submit certain forms and comply with the following information:

### **1. Cost of Proposal Preparation**

The Office of Temporary and Disability Assistance (OTDA) will not be liable for any costs of work performed in the preparation and production of a proposal, or for any work performed prior to the formal execution of a contract. By submitting a proposal, the bidder agrees not to make any claims for, or have any right to, damages because of any misunderstanding or misrepresentation of the specifications, or because of any misinformation or lack of information. The proposals shall become the property of the State of New York.

### **2. Assurances**

The bidder warrants that it has carefully reviewed the needs of the State as described in the RFP, its attachments and other communications related to the RFP and that it has familiarized itself with the specifications and requirements of the RFP and warrants that it can provide such services as represented in bidder's proposal. The bidder agrees that it will perform all of its obligations in the resultant contract in accordance with all applicable federal, State, and local laws, regulations and policies now or hereafter in effect.

The bidder affirms that the terms of the RFP and the attachments do not violate any contracts or agreements to which it is a party, and that its other contractual obligations will not adversely influence its capabilities to perform under the contract.

### **3. Electronic Files or Data**

If electronic files are to be exchanged as a part of this proposal or as a product of the contract, they must conform to agency policy and guidelines.

### **4. Conflict of Interest**

Bidders may be requested to provide evidence that the award of the contract from this RFP will not result in a conflict of interest with regard either to other work performed by the contractor, or to potential conflict of interest among specific contractor staff or subcontractors.

### **5. Ownership of Materials**

All materials developed with funding provided by the State and all proposals, work plans and budget become the property of NYS. All materials produced, either in whole or in part, through funding provided by NYS shall belong exclusively to OTDA

and to the State of New York. OTDA may use any of the materials developed with project funds for any OTDA or other State purpose.

## **6. Equal Employment Opportunity**

By submission of its bid, the successful bidder warrants that it is an Equal Opportunity Employer and that it does not discriminate in its employment and business practices on any of the bases provided in the New York State Human Rights law or any applicable federal laws. See Appendix Z.

## **7. Prompt Payment Provisions**

The payment of interest on certain payments due and owed by the State may be made in accordance with the criteria established in Article XI-A of the State Finance Law.

## **8. Contract Award**

Upon receipt of necessary agency approvals an award letter will be issued by OTDA to the successful bidder advising them of a contract award. A contract defining all deliverables and the responsibilities of the contractor and OTDA will then be developed for signature by both parties and for approval and processing in accordance with State policy and practice.

NOTE: The contract does not become legally binding upon the State of New York until it is executed by the Office of the New York State Comptroller.

## **9. Publicity**

Publicity includes, but is not limited to, news conferences, news releases, advertising, brochures, reports, discussions and/or presentations at conferences or meetings. The inclusion of our materials, our agency name, or other such reference to New York State and/or OTDA in any document or forum is considered publicity. News releases or any other public announcements regarding this project may not be released without prior approval from OTDA.

## **10. Freedom of Information Law and Bidder's Proposals**

The purpose of New York State's Freedom of Information Law (FOIL), which is contained in Public Officers Law Sections 84-90, is to promote the public's right to know the process of governmental decision making and to grant maximum public access to governmental records. Thus, a member of the public may submit a FOIL request for contracts awarded by the State or for the proposals submitted to the State in response to Requests for Proposals. After formal contract award, the proposal of the successful bidder and the proposals of non-successful bidders are subject to disclosure under FOIL. However, pursuant to Section 87(2) (d) of FOIL, a State agency may deny access to those portions of proposals or portions of a successful bidder's contract

which “are trade secrets or submitted to an agency by a commercial enterprise or derived from information obtained from a commercial enterprise and which if disclosed would cause substantial injury to the competitive position of the subject enterprise.” Information relating to Contractor price submissions, including commercial, book or list pricing, applicable discounts or final bid price and like information, shall not be entitled to confidentiality protection whether or not submitted or designated as proprietary.

Please note that information which you may claim as proprietary, copyrighted or rights reserved is not necessarily protected from disclosure under FOIL.

If there is information in your proposal which you claim meets the definition set forth in Section 87(2) (d), you must so inform us in a letter accompanying your proposal.

#### **11. Americans with Disabilities Act (ADA)**

The successful bidder shall comply with all applicable requirements of the Americans with Disabilities Act (ADA), codified at Title 42 of the United States Code, section 12101 et seq. and associated regulations, including, but not limited to, those located in 28 C.F.R. Part 36. The successful bidder shall comply with all applicable requirements of the New York State Human Rights Law, codified in the Executive Law sections 290 - 301 and applicable regulations implemented pursuant to that law. The successful bidder shall warrant to OTDA that the successful bidder is in compliance with both the ADA and its regulations and the New York State Human Rights Law and its regulations.

Any products developed as a result of this RFP must be in a format that can be converted for use by individuals with disabilities to meet the reasonable accommodation standards established by the American with Disabilities Act.

#### **12. Compliance with New York State Policy and Law**

All work conducted under this contract must be in compliance with OTDA's policies and procedures set forth in Appendix A, Standard Clauses for NYS Contracts (Attachment A1). In addition, the successful bidder must agree to the terms specified in the document entitled “Office of Temporary and Disability Assistance - Appendix A1,” (Attachment A2).

#### **13. Responsibility Determination**

Article 11 of the New York State Finance Law requires that competitive bids be awarded to responsive and responsible bidders. In order to fulfill this requirement, you must complete the "Contractor/Subcontractor Background Questionnaire" (Attachment B5). By signing the bid proposal, you hereby authorize OTDA to review any records in its possession concerning your organization including, but not limited to, wage records, unemployment insurance records, public works records, labor

standards and safety and health records. Based on the responses you provide, OTDA will determine whether your organization is a responsible bidder. If you are disqualified based on a determination of non-responsibility, you will be notified in writing and may appeal the determination in writing within 10 days to the Commissioner. If you fail to identify a violation and OTDA discovers the failure to disclose such violation, your contract may be terminated immediately upon written notice.

#### **14. Contract Modification**

The contract budget can be modified, upon mutual agreement of the parties, during any term by written amendment.

#### **15. Contract Cancellation**

OTDA reserves the right to cancel the contract or any part thereof, at any time, upon thirty (30) days written notice. If, in the judgment of OTDA, that the Contractor fails to perform the work in accordance with the contract OTDA may terminate the contract immediately by written notice for cause. OTDA may elect to suspend contract performance or provide a cure period prior to termination.

#### **16. Iran Divestment Act**

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended. During the term of the Contract, should OTDA receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OTDA will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then OTDA shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. OTDA reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

## **17. Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority- and Women-Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women**

### **New York State Law**

Pursuant to New York State Executive Law Article 15-A, the New York State Office of Temporary and Disability Assistance (OTDA) recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of OTDA contracts.

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 enterprises 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 OTDA establish goals for maximum feasible participation of New York State Certified Minority- and Women-owned Business Enterprises (MWBE) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, OTDA hereby establishes an overall goal of **[30%]** for MWBE participation, **[15%]** for Minority-Owned Business Enterprises ("MBE") participation and **[15%]** for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that OTDA may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: <http://www.esd.ny.gov/mwbe.html>.

For guidance on how OTDA will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and OTDA may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract (“Bidder”) agrees to submit the following documents and information as evidence of compliance with the foregoing:

- a. Bidders are required to submit a Certification of Good Faith Efforts on form OTDA - 4976 to achieve the overall prescribed MWBE participation percentage (30%) goals set forth in the procurement.
- b. Bidders are required to submit a MWBE Subcontractor’s and/or Suppliers’ Letter of Intent to Participate on form OTDA - 4938 which should document the names and signatures of certified MBEs and/or WBEs which have agreed to participate as subcontractors on the Contract.
- c. Bidders are required to submit a MWBE Subcontractor Utilization Plan on form OTDA - 4937 with their bid or proposal. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA.
- d. OTDA will review the submitted MWBE Subcontractor Utilization Plan and advise the Bidder of OTDA’s acceptance or issue a notice of deficiency within 30 days of receipt by the OTDA/MWBE Program Management Unit.
- e. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on OTDA form OTDA – 4969 Minority/Women Business Enterprise (MWBE) Subcontractor Request for Waiver. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal. **All requests for waivers are subject to approval by the governor’s office.**

f. OTDA may disqualify a Bidder as being non-responsive under the following circumstances:

1. If a Bidder fails to submit a MWBE Utilization Plan;
2. If a Bidder fails to submit a written remedy to a notice of deficiency;
3. If a Bidder fails to submit a request for waiver; or
4. If OTDA determines that the Bidder has failed to document good faith efforts.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to OTDA, but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report on OTDA form OTDA - 4968, Minority/Women Business Enterprise (MWBE) Subcontractor Quarterly Compliance Report, to the NYS Office of Temporary and Disability Assistance M/WBE Program Management Unit at 317 Lenox Avenue, N.Y. N.Y 10027, telephone # 212-961-8214 and fax # 212-961-8275, by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

### **Equal Employment Opportunity Requirements**

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, shall undertake or continue 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, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid a staffing plan on OTDA form OTDA – 4934.1, Equal Employment Opportunity (EEO) Staffing Plan, identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit to the OTDA, a workforce utilization report identifying the workforce actually utilized on the Contract if known.

Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will 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.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**



Back

## Opportunities

NOTICE: Online application is required for this opportunity. If you are concerned about your ability to apply online please contact Lisa Irving at [Lisa.Irving@otda.ny.gov](mailto:Lisa.Irving@otda.ny.gov).

### Funding Profile

Grant Opportunity ID  
TDA01-NOEP2-2014

Agency  
Office of Temporary & Disability Assistance

Grant Opportunity  
2014 Nutrition Outreach and Public Education Program

Contact Name

Lisa Irving

Contact Email

[Lisa.Irving@otda.ny.gov](mailto:Lisa.Irving@otda.ny.gov)

Solicitation Profile

The NYS Office of Temporary and Disability assistance is requesting application from eligible organizations for the provision of nutrition outreach and public education services to the states' residents who are at risk of nutrition-related health problems due to food insecurity. The goal of these outreach and education services is to increase participation in federal and state-funded food assistance programs including but not limited to the Supplemental Nutrition Assistance Program (SNAP), the School Lunch and School Breakfast Program, the Summer Food Service Program, Child and Adult Care Feeding Program, and Special Supplemental Program for Women, Infants and Children. Originally established in 1987, the Nutrition Outreach and Public Education Program is authorized under Article 8-A of the Social Services Law. Based on the clear correlation between adequate diet and good health, and the finding that a significant portion of eligible New York residents do not participate in existing federal food assistance programs, the New York State Legislature established a community-based program of nutrition outreach to increase the availability and utilization of federal food assistance programs by eligible New Yorkers. Available Funds/Award Amounts New York State expects to make a maximum award of approximately \$6,036 million in a combination of state and federal funding annually for one statewide contractor for the purposes of providing nutrition outreach and education services designed to increase availability and utilization of federal food assistance programs. This funding represents approximately \$3.018 in state funding. In addition, the awarded statewide contractor will be included in New York State's SNAP Outreach Plan and eligible for fifty percent reimbursement for allowable administrative program costs that are reasonable and necessary to operate approved SNAP outreach activities. Federal reimbursement funds are contingent upon federal approval of the NYS SNAP Outreach State Plan and the continued availability of federal reimbursement funds for allowable SNAP outreach activities. Contract Period and Terms It is expected that contracts from this Request for Proposal will start July 1, 2015. The multi-year contract will be in effect for up to five years, from July 1, 2015 – June 30, 2020. Funding for the initial and any subsequent period is contingent on the continued availability of funding and satisfactory performance of the contractor. Eligible Applicants An applicant must be a New York State based not-for-profit organization and should demonstrate the ability to serve the nutrition outreach needs of the state directly and through subcontracting. Preferred applicants will be statewide entities with experience in multiple subcontracting, program monitoring, and fiscal management. To be eligible to apply for these funds, an applicant organization must have not-for-profit status and must be incorporated. All not-for-profits are subject to the Prequalification Requirement in Grants Gateway.

#### Full Announcement Details

Announcement Link	<a href="#">Click here</a>
Applications Due (Funding Round (FR) / Date / Time)	FR 1 // EST
Bidder's Conference(s)/Application Workshop(s)	None available
Anticipated Award Date	
Anticipated Initial Contract Length	5 Years
Total Funding Available	\$6,036,000.00
Anticipated Amount of Award(s)	\$6,036,000.00 New York State expects to make a maximum of approximately \$6,036 million in a combination of state and federal funds available annually for one state
Letter of Intent	Not Required
Letter of Intent Due	
Eligible Applicants	Not-For-Profit, Tribal Organization
Target Population(s)	Age - Adults, Age - Aging, Age - Children, Age - Young Adults, Caregivers, Gender - Female, Gender - Male, Gender - Transgender, Immigrants - Documented, Immigrants - Undocumented, Immigrants - Undocumented, Income Eligibility - Energy Assistance, Income Eligibility - Food Stamps, Income Eligibility - Low Income, Income Eligibility - Medicaid, Income Eligibility - Public Assistance, Income Eligibility - SSD, Income Eligibility - SSI, Income Eligibility - Temporary Cash Assistance, Organizations - Not-For Profits, Parents - Custodial, Parents - Expectant Parent, Parents - Father, Parents - Grandparent, Parents - Guardian, Parents - Mother, Parents - Non-Custodial, Parents - Pregnant Female, Veterans, Victims/Survivors - Child Abuse, Victims/Survivors - Domestic Violence, Victims/Survivors - Elder Abuse, Victims/Survivors - Sexual Abuse/Exploitation
Service Category(ies)	Family Supports, Government Supports

APPLY FOR GRANT OPPORTUNITY

Organization	Grant Opportunity	Document #	Document Role	Current Status
Stacey NFP	2014 Nutrition Outreach and Public Education Program	TDA01-NOEP2-2014-00001	Grantee	Application in Process

### PROJECT/SITE ADDRESSES

#### Instructions:

1. Please complete all required fields.
2. If Project Statewide is "Yes", do not enter Address information. If Project Statewide is "No", Address information is required.
3. Select the **Save** button above to save your work frequently.
4. Click Forms Menu to return to the navigation links.

#### Name/Description:

Project Statewide

Address 1

Address 2

City

County

State

NY

Zip

Regional Council:

Agency Specific Region:

### PROGRAM SPECIFIC QUESTIONS

#### Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.

#### Project Title

Please answer in detail the following questions to demonstrate your organization's organizational capacity to serve the nutrition outreach needs of the state directly and through subcontracting, including your organizations experience in multiple subcontracting, program monitoring, and fiscal management.

## Organizational Capacity

1. Describe your organization's capacity to bear fiscal and oversight responsibility of all programming outlined in this RFP.
2. Detail your organization's experience in providing outreach to SNAP-eligible and high-risk populations.

## Target Audience

3. Describe the target audience.
4. What is the expected level of participation or exposure of the target audience?
5. What method of referral of at-risk eligibles to state and federal funded nutrition programs will be made?
6. Will a toll-free information line be made available to SNAP and other food assistance program eligible clients?

## Statewide Activities

- 7 Describe in detail all proposed statewide food program outreach activities, including but not limited to statewide training of rules and regulations, program access, eligibility pre-screening, application assistance, and assistance in obtaining application verification documents.
- 8 Will special accommodations be made to assist persons with limited English proficiency during food assistance application process?
- 9 What social marketing and social media activities will be employed? Describe what informational materials will be developed including topics and how they will be distributed and adhere to Federal SNAP outreach guidelines. Will materials be translated in multiple languages? If so, what languages.
- 10 Describe any proposed outreach events and exhibits. Describe how any outreach events will be coordinated with state and local level food assistance program administrators, including but not limited to departments of social services, aging, education, SNAP nutrition education providers, regional food banks, and other agencies involved in food assistance programs.
- 11 How will training and outreach be designed and conducted to incorporate the needs of vulnerable and food-insecure populations, including the needs of specific at-risk racial and ethnic groups and persons with disabilities?
- 12 Describe how the impact of the program will be measured, including methods for measuring accomplishments of objects. Include detail on how measures will be structured to capture impact on target audience, including diverse, high-risk populations, and the extent to which efforts successfully reached such individuals.

## Subcontractors Activities

- 13 Describe the method for selecting sub-contractors and describe how they will be managed.
- 14 Specify how information about areas of high need will be used and how OTDA will be involved in the selection process. How will statistical data from state and local agencies be compiled and disseminated to community organizations?
- 15 Describe the types of local outreach activities to be conducted by subcontractors.
- 16 Describe the process for negotiating annual work plans and budget with sub-contractors.
- 17 How will the work performance of sub-contractors be monitored and evaluated? What will be the reporting requirements for subcontractors?
- 18 How will the amount of effort and funds devoted to SNAP outreach be distinguished from outreach efforts for other food programs?
- 19 What will be the reasons and procedures for terminating a sub-contract?

## Budget

20 Using upload documents, provide a detailed staffing narrative that outlines the necessary and cost reasonable staff and salaries associated with the project.

21 Using upload documents, provide a detailed budget narrative that outlines the allowable, necessary, and cost reasonable expenses associated with the project.

22 Describe the method and documentation that will be used to allocate expenditures of the contractor and sub-contractors to SNAP outreach and to outreach for other food programs.

23 What cost-allocation methodology will be used for shared resources for staff funded by more than one program?

24 Describe the fiscal system that will be necessary to carry out the work of this project.

25 Describe the procedure to be used to reimburse subcontractors for allowable expenditures.

26 Describe the procedure to be used to conduct program monitoring and fiscal management of subcontractors.

### PERSONAL SERVICES - SALARY

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the **Add** button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

**Position/Title**

**Role/Responsibility**

**# in Title**

**Financial**

**Annualized Salary Per Position**

**STD Work Week (hrs)**

**% Funded**

%

**# Months Funded**

**Total Grant Funds**

**Total Match Funds**

**Match %**

%

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

**PERSONAL SERVICES - SALARY NARRATIVE**

**Instructions:**

- 1. Please complete narrative field.
- 2. Select the **Save** button above to save your work frequently.
- 3. Click Forms Menu to return to the navigation links.

**Salary Narrative**

Provide an explanation of any exceptions in staffing patterns and/or annual salary costs.

**PERSONAL SERVICES - FRINGE**

**Instructions:**

- 1. Please complete all the required fields.
- 2. Select the **Save** button above to save your work frequently.
- 3. Once a Fringe item has been saved successfully, select the **Add** button above to add additional Fringe items.
- 4. Click Forms Menu to return to the navigation links.

**Fringe Detail**

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If fringe is not applicable, leave this section blank.

Details

**Fringe - Type/Description**

Financial

Total Grant Funds

Total Match funds

Match % %

Total Other funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**PERSONAL SERVICES - FRINGE NARRATIVE**

**Instructions:**

- 1. Please complete narrative field.
- 2. Select the **Save** button above to save your work frequently.
- 3. Click Forms Menu to return to the navigation links.

**Fringe Narrative**

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If the budgeted fringe benefits represent an exception of the current NYS rate, please explain the difference.

**CONTRACTUAL**

**Instructions:**

- 1. Please complete all the required fields.
- 2. Select the **Save** button above to save your work frequently.
- 3. Once a Contractual item has been saved successfully, select the **Add** button above to add additional Contractual items.
- 4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

Details

Contractual -  
Type/Description  
Justification

Financial

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

**TRAVEL**

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Travel item has been saved successfully, select the **Add** button above to add additional Travel items.
4. Click Forms Menu to return to the navigation links.

**Travel Detail**

This section is used to itemize travel costs. If Travel is not applicable leave this section blank.

Details

Travel - Type/Description  
Justification

Financial

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

**EQUIPMENT**

Instructions:

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the **Add** button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

**Equipment Detail**

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

Details

Equipment - Type/Description  
Justification

Purchase/Rent? \*

Financial

Total Grant Funds

Total Match Funds

Match %		%
Total Other Funds		
Line Total	\$0	
Category Total	\$0.00	

Click here to see a summary of the detail entered for this category.  
[CATEGORY TOTAL SUMMARY](#)

**EQUIPMENT NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Equipment Narrative**

Provide documentation regarding bids received for equipment purchases. This field can be used to reference additional documents that are submitted with the application/contract.  
 Provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby equipment purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of equipment only.

**SPACE/PROPERTY RENT**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Rent item has been saved successfully, select the **Add** button above to add additional Space/Property: Rent items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Detail**

This section is used to itemize costs associated with Space/Property: Rent. If Space/Property: Rent is not applicable leave this section blank.

Details

Space/Property: Rent - Type/Description

Justification

Financial

Total Grant Funds	
Total Match Funds	
Match %	%
Total Other Funds	
Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.  
[CATEGORY TOTAL SUMMARY](#)

**SPACE/PROPERTY: RENT NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**SPACE/PROPERTY: OWN**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Space/Property: Own item has been saved successfully, select the **Add** button above to add additional Space/Property: Own items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Own Detail**

This section is used to itemize costs associated with Space/Property: Own. If Space/Property: Own is not applicable leave this section blank.

Details

**Space/Property: Own - Type/Description**

**Justification**

Financial

**Total Grant Funds**

**Total Match Funds**

**Match %** %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**SPACE/PROPERTY: OWN NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Own Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**UTILITIES**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Utility item has been saved successfully, select the **Add** button above to add additional Utility items.
4. Click Forms Menu to return to the navigation links.

**Utility Detail**

This section is used to itemize costs associated with Utilities. If Utility is not applicable leave this section blank.

Details

**Utilities - Type/Description**

**Justification**

Financial

**Total Grant Funds**

**Total Match Funds**

**Match %** %

**Total Other Funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0.00</b>

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**UTILITIES NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Utilities Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**OPERATING EXPENSES**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an operating expense item has been saved successfully, select the **Add** button above to add additional operating expense items.
4. Click Forms Menu to return to the navigation links.

**Operating Expenses**

**Detail**

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses is not applicable leave this section blank.

Details

Operating Expenses -  
Type/Description

Financial

Total Grant Funds

Total Match funds

Match % %

Total Other funds

Line Total	\$0
Category Total	\$0

[Click here to see a summary of the detail entered for this category.](#)

| CATEGORY TOTAL SUMMARY |

**OPERATING EXPENSES NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Operating Expenses Narrative**

If required by Section () of this application please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby operating expenses of a certain amount must be justified.

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the **Add** button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.  
 Details

**Other Expenses -  
 Type/Description**

Financial

**Total Grant Funds**

**Total Match funds**

**Match %** %

**Total Other funds**

<b>Line Total</b>	<b>\$0</b>
<b>Category Total</b>	<b>\$0</b>

Click here to see a summary of the detail entered for this category.  
 | CATEGORY TOTAL SUMMARY |

**OTHER NARRATIVE**

**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Other Expenses Narrative**

If required by Section () of this application please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby operating expenses of a certain amount must be justified.

**EXPENDITURE SUMMARY**

**Instructions:**

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						
a) Salary	\$0	\$0	%	%	\$0	\$0
b) Fringe	\$0	\$0	%	%	\$0	\$0
<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>	<b>%</b>	<b>\$0</b>	<b>\$0</b>
2. Non Personal Services						
a) Contractual	\$0	\$0	%	%	\$0	\$0
b) Travel	\$0	\$0	%	%	\$0	\$0
c) Equipment	\$0	\$0	%	%	\$0	\$0
d) Space/Property & Utilities	\$0	\$0	%	%	\$0	\$0
e) Operating Expenses	\$0	\$0	%	%	\$0	\$0
f) Other	\$0	\$0	%	%	\$0	\$0
<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>	<b>%</b>	<b>\$0</b>	<b>\$0</b>
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>%</b>	<b>%</b>	<b>\$0</b>	<b>\$0</b>
<b>PERIOD TOTAL</b>	<b>\$0</b>					

**WORK PLAN OVERVIEW FORM**

**Instructions:**

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From To

**Project Summary**

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

**Organizational Capacity**

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
Statewide Coordination of Outreach and Public Education Activities
<b>Objective Description</b>
Program outreach and public education activities conducted by either the statewide contractor or the local subcontractors should include statewide coordination of outreach and public education activities, including and development and dissemination of materials for local and statewide use. List below at least 'one' task related to this objective. The tasks should be specific and measurable.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
Coordination of Outreach Activities with State and Local Agencies
<b>Objective Description</b>
Program outreach and public education activities conducted by either the statewide contractor or the local subcontractors should include coordination of outreach and public education activities with state and local level food assistance program administrators, including, but not limited to, departments of social services, aging and education, and community agencies involved in food assistance programs. List below at least 'one' task associated with this objective. Tasks should be specific and measurable.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
Establish Annual Priorities for Food Assistance Program Outreach
<b>Objective Description</b>
SNAP is the major federal food program in New York State. Establish the level of effort and funding to be directed to allowable SNAP outreach activities for low-income individuals, especially older adults, families with children, unemployed, legal immigrants, and veterans. The remaining grant funds should be directed towards activities that promote increased participation in other food assistance programs like the School Lunch and School Breakfast Program and the Summer Food Service Program. The contractor, should establish annual priorities for food assistance program outreach, including more intensive efforts outreach based on needs assessment. List below at list 'one' task associated with this objective.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
Evaluation of Outreach Impact
<b>Objective Description</b>
The statewide contractor will be expected to evaluate the impact of outreach and public education activities related to food assistance program participation at both the state and local levels. The contractor will be expected to produce a final report acceptable to OTDA for submission to USDA. List below at least 'one' task associated with this objective. Tasks should be measurable and specific.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
To Increase Access to Federal Food Assistance Programs
<b>Objective Description</b>
Government sponsored food assistance programs are the first line of defense against hunger and food insecurity. Nutrition benefits are intended to increase the access of eligible low-income households to food and a nutritious diet—thereby improving food security, health, and well-being. However, both the state and federal government have determined that special outreach efforts are necessary for SNAP, the School Lunch and School Breakfast Program, and the Summer Food Service Program to ensure that all eligible residents are aware of the availability of these programs to reduce food insecurity and hunger and able to easily access these programs.
In the boxes below, list at least 'one' task related to this objective. Tasks should be specific and measurable.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
<b>Objective Name</b>
To Increase Utilization of Federal Food Assistance Programs
<b>Objective Description</b>
The state has determined that food assistance outreach activities are needed to identify at-risk populations and eligible individuals who are not participating in food assistance programs, including identification of barriers to participation and/or the unavailability of such programs. List below at least 'one' task related to this objective. Tasks should be specific and measurable.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the **View/Add** link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
-----------

<b>Objective Name</b>
To Provide Training and Technical Assistance to Subcontractors
<b>Objective Description</b>
The contractor will be responsible for providing training and technical assistance to subcontractors on SNAP and other nutrition assistance program regulations, effective outreach techniques, and program and fiscal management. List below at least 'one' task related to this objective. Tasks should be measurable and specific.

**OBJECTIVES AND TASKS**

**Instructions:**

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

<b>Objective</b>
<b>Objective Name</b>
To Target Food Assistance Outreach to High Risk Areas
<b>Objective Description</b>
Outreach and public education activities will be targeted to high risk areas of the state where a significant portion of those potentially eligible for food assistance programs are not participating in those programs. Insert at least 'one' task below related to this objective. Tasks should be written in S.M.A.R.T format.

**DEFINE TASKS**

**Objective: Establish Annual Priorities for Food Assistance Program Outreach**  
 Task  
 Insert Task

**DEFINE TASKS**

**Objective: To Increase Access to Federal Food Assistance Programs**  
 Task  
 Insert Task

**DEFINE TASKS**

**Objective: To Increase Utilization of Federal Food Assistance Programs**  
 Task  
 Insert Task

**DEFINE TASKS**

**Objective: To Target Food Assistance Outreach to High Risk Areas**  
 Task  
 Insert Task

**DEFINE TASKS**

**Objective: To Provide Training and Technical Assistance to Subcontractors**  
 Task  
 Insert Task

**DEFINE TASKS**

**Objective: Statewide Coordination of Outreach and Public Education Activities**  
 Task  
 Insert task

**DEFINE TASKS**

Objective: Coordination of Outreach Activities with State and Local Agencies  
Task  
Insert Task

**DEFINE TASKS**

Objective: Evaluation of Outreach Impact  
Task  
Insert Task

**PERFORMANCE MEASURE**

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:  
Task:  
Performance Measure Name  
Narrative

**PERFORMANCE MEASURE**

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:  
Task:  
Performance Measure Name  
Narrative

**PERFORMANCE MEASURE**

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.

Objective:  
Task:  
Performance Measure Name  
Narrative

**PERFORMANCE MEASURE**

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the **Save** button.
3. To add another *Performance Measure*, when applicable, select the **Add** button above.
4. Click Forms Menu to return to the navigation links.