



Office of Temporary and Disability Assistance

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Commissioner

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Executive Deputy Commissioner

REQUEST FOR PROPOSALS

New York State Supportive Housing Program (NYSSHP)

RFP Release Date: July 24, 2015

RFP Due Date: September 3, 2015 2:00 pm

Designated Contact:

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Agency: Office of Temporary & Disability Assistance

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**New York State Supportive Housing Program
(NYSSHP)**

RFP # and/or Grants Gateway # (if applicable)

Request for Proposals

Timetable of Key Events:

<u>Event:</u>	<u>Date:</u>
Request for Proposals Release	July 24, 2015
Deadline to Submit Questions	August 7, 2015, 2:00pm
Posted Date of Answers	August 14, 2015
Proposals Due	September 3, 2015 2:00pm
Award(s) Announced	October 2015
Contract Start Date	January 1, 2016
Contract End Date	December 31, 2020

Inquiries:

Any questions about this RFP must be submitted in writing by 2pm on August 7, 2015 to the attention of Karen Pierino at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services, 40 North Pearl Street, Floor 10B, Albany, New York 12243, or FAX (518) 473-8968 or e-mail to Karen.pierino@otda.ny.gov.

All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number. Questions may be submitted prior to the August 7 deadline.

The written response to all questions will be posted at www.otda.ny.gov. The NYS Office of Temporary and Disability Assistance will not entertain questions via telephone. Any question received after the specified deadline will be answered at the discretion of OTDA and will be published in the Question and Answer document.

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Section One.....SUMMARY INFORMATION

1.1 Introduction

The New York State (NYS) Office of Temporary and Disability Assistance (OTDA) announces a funding opportunity from the New York State homeless housing programs fund appropriated in the State Fiscal Year (SFY) 2015-16 Aid to Localities budget for the New York State Supportive Housing Program (NYSSHP). OTDA will make funding available statewide for eligible projects. Applications will be accepted from units of local government, local social services districts, tribal organizations and not-for-profit corporations. NYSSHP funding is intended to support the provision of services that assist residents of supportive housing to remain stably housed so as not to enter or re-enter the homeless services system.

To qualify for funding, a private not-for-profit organization must be one which is exempt from taxation under subtitle A of the Internal Revenue Code, has an accounting system, a voluntary board of directors, and practices nondiscrimination in the provision of assistance. Additionally, a not-for-profit corporation applying to OTDA for funds should provide certification from both the local social service district and the local Continuum of Care body, supporting the project.

Current New York State Supportive Housing Program (NYSSHP) contractors must submit a proposal in response to this RFP to be considered for future funding. Current contractors must submit all requested information with this application even if there have been no changes since prior submissions. Each organization is responsible for ensuring that all requested information is included with the application and that it is current and complete.

Contracts awarded under NYSSHP may include federal TANF funding which has a Catalog of Federal Domestic Assistance (CFDA) number of 93.558.

Contracts awarded under NYSSHP may include Medicaid Redesign Team funds which will require additional reporting.

Contracts awarded under NYSSHP may include Mortgage Insurance Funds (MIF) which will include Homeless Housing and Assistance Corporation (HHAC) as a funding source.

OTDA will award available funds statewide for NYSSHP projects on a competitive basis. Contract awards will be for a five (5) year contract term (SFY 2015-19) to be funded annually for one (1) year periods depending upon the availability of continued NYSSHP funding, satisfactory performance, and at the discretion of OTDA. Proposals should reflect projections, needs, and budgeted items for a one year period. If selected, the proposal and all parts of it submitted in response to this RFP may become part of a contract with OTDA, subject to approval by the New York State Attorney General and the Office of the State Comptroller. At the time of contract development, awardees may be required to submit additional budget, program and/or other information for the final contract. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

Applications should be submitted electronically through Grants Gateway at www.grantsgateway.ny.gov.

OTDA will conduct a thorough review of each application submitted. Eligible applicants should answer all questions and submit all forms requested by this RFP. Failure to submit all required forms and answer all required questions will adversely affect the overall competitive score of an application. Applications should not be submitted in Grants Gateway after the deadline. Any application received after the deadline or outside of the Grants Gateway system will be reviewed solely at the discretion of OTDA.

All applications must meet the two following requirements:

- Applications must be submitted by Eligible Applicants, as defined in Section 1.2.
- Proposals must serve an Eligible Target Population, as defined in Section 1.5.

Should an application fail to meet these requirements, it will be disqualified.

1.2 Eligible Applicants

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

Eligible applicants may also apply in cooperation with one another. A formal agreement establishing the relationship between the two organizations must be presented as part of the proposal. In such circumstances, the primary applicant (the Manager/Owner/Operator) will be required to contract with OTDA and have full legal responsibility to implement the proposed project. The primary applicant will also define an area of the project in which it will receive substantial assistance from the supporting organization. The primary applicant will subcontract with the supporting organization. **Applicants that do not operate, own, or lease transitional and/or permanent supportive housing units may not be the primary applicant for the purposes of this RFP with the exception of local units of government.**

For example a not-for-profit organization may own/operate a property consisting of six (6) – one (1) bedroom apartments while another not-for-profit organization provides support services to the residents. In this example the owner/operator of the housing would be the primary applicant with the service provider being a supporting applicant.

For New York City Applicants Only

All New York City applicants must demonstrate how and/or provide verification that units supported by a direct NYSSHP award to their organization will not also be funded with New York City Department of Homeless Services (DHS) supportive housing funds. Verification may be satisfied by obtaining a letter from DHS that states the applicant will not receive supportive housing funds from DHS for the specified units or by clearly demonstrating that the units are ineligible for DHS funding. Applicants with questions regarding the DHS Support Services Subsidy should contact NYC DHS at (212) 361-0775.

All applicants are encouraged to participate with the local Continuum of Care (CoC) where applicable. Participation with the Homeless Management Information System (HMIS) is also strongly encouraged and is an eligible program expense under NYSSHP.

1.3 Prequalification Requirement in Grants Gateway

All not-for-profits are subject to the Prequalification Requirement in Grants Gateway. Units of local government, local social services districts and tribal entities whose document vaults are available in Grants Gateway are also eligible to apply for these funds.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in 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.

1. 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. If you do not know your Password please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2. 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.

3. Submit Your Prequalification Application

- After completing your Prequalification Application, **click the Submit Document Vault** link located below the Required Documents section in order 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 New York State.

1.4 Program Description

The New York State Supportive Housing Program (NYSSHP) is designed to provide direct services to eligible populations (see Section 1.5 Eligible Target Populations) residing in permanent or transitional housing projects managed by eligible applicants (see Section 1.2 Eligible Applicants). NYSSHP funds support the cost of providing services designed to promote housing stability and greater independence including, employability, mental/physical health stability and/or academic attainment. The support services provided should assist residents in achieving as self-sufficient a life possible while enhancing housing stability. Program performance measures will include occupancy rates and other key indicators that demonstrate increases in residents' self-sufficiency and housing stability.

The service provision for all populations should be designed to assist residents in achieving housing stability to prevent entry into the homeless services system. Employment services or those that otherwise promote self-sufficiency are a high priority.

1.5 Eligible Target Populations

There are three (3) eligible target populations served under NYSSHP: Single Adults, Young Adults, and Families; each is defined below. Preference will be given to applicants who serve Medicaid recipients who also suffer from addiction, physical disability and/or a mental disability.

A **separate application** must be submitted in Grants Gateway **for each target population** you intend to serve.

Single Adults

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

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

Young Adults (age 18 – 25)

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

Families

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

1.6 Eligible Services and Costs

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

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

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

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

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

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

- Emphasis should be placed on increasing residents' existing and potential abilities to achieve long-term housing stability;
- A minimum of 80% of the award amount must be allocated for costs directly associated with the provision of personal support services to tenants (i.e. personnel, fringe and some contractual costs);
- A maximum of 20% of the award amount may be allocated for direct non-personal services. These are costs that are associated with the provision of support services to tenants. Examples include, but are not limited to:
 - office supplies/equipment;
 - security supplies/equipment;
 - staff travel;
 - food for resident gatherings and/or meal provisions;
 - recreational supplies/equipment.
- A maximum of 10% of the award amount may be allocated for administrative costs. Administrative costs are considered to be non-personal services. Some examples include the NYSSHP portion of audit fees, associated payroll costs, and staff salary/fringe costs related to their percentage of time spent:
 - preparing program budgets, schedules, amendments;
 - developing systems to assure program compliance;
 - developing agreements (interagency/subrecipient/contractors) to carry out program activities;
 - monitoring program activities;
 - preparing reports and other documents directly related to the program;
 - coordinating the resolution of audit and monitoring findings;
 - evaluating program results against objectives;
 - managing/supervising NYSSHP direct service staff ; and/or
 - other administrative costs.

Any personnel that provide both direct services and administrative duties may be split accordingly between the personnel and administrative cost categories. The Explanation/Justification should be very specific as to the time spent on activities in such instances. The itemized administrative total must not exceed 10% of the budget total. Funds requested in support of administrative personnel are subject to Executive Order #38. Pursuant to this order, grant funds may not be used to support the salaries of administrative personnel that receive compensation in excess of \$199,000 without an approved waiver. OTDA may adjust the compensation cap annually based on appropriate factors and with the approval of the Director of the Division of Budget.

1.7 Ineligible Services and Costs

New York State Supportive Housing Program funds may not support:

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

1.8 Eligible Units

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

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

In both cases units may be defined as transitional (up to 24 months) or permanent (no time limitation) housing.

In no event shall units be located in an operating:

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

1.9 Funding Formula

Funds requested under this RFP are calculated on a per unit basis. NYSSHP funding is based on a formulaic method of (#units or beds) x (Target Population Monthly Rate) x 12 months.

Population: Singles and Young Adults

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

Grant requests to serve the Single or Young Adult populations may not exceed a rate of \$200 per bed per month. Applications from local social service districts, units of local government and/or not-for-profit corporations must indicate their per bed grant request. There should not be more than 2 beds per eligible unit. This includes the young adult (18-25) population.

Population: Families

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

Grant requests to serve the families population may not exceed a rate of \$275 per unit per month. A family unit is any portion within a supported housing project that provides sleeping accommodations for multiple persons who have a right to use bathing, toilet and kitchen facilities within the same building.

Such portions can include access to common areas in the building; however, common areas are not recognized as units.

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

1.10 Matching Funds

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

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

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

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

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

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

1.11 Maintenance of Effort

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

1.12 Selection Process

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

Applications will be judged on the following general criteria:

- The responsiveness to the RFP (All information and documentation requested is provided in a satisfactory manner);
- Evidence of applicant's understanding of the target population(s) needs and experience working with the target population(s) in the geographic area where the program will operate; and
- The programmatic and fiscal feasibility related to:
 - the overall management and operation of the project, including the project operating budget and revenue streams;
 - the applicant's plan to use program funds for the provision of new support services and/or the continuation of an existing program, if applicable;
 - the completeness of the "Program Specific Questions", "Budget", "Work Plan" and "Upload Submission" portions of the application;
 - the clarity of the measurable and quantifiable expected results and potential for their achievement;
 - evidence of need in the geographic area;
 - the overall cost reasonableness and effectiveness of the proposed project;
 - assurances that the requested funds will be expended in a timely manner once a contract has been executed between OTDA and the applicant.
 - the applicant's understanding of the support services needs of the target population and applicant's ability to provide such services;
 - applicant's standing with NYS (such as compliance with the requirements of the Attorney General's Office, Worker's Compensation etc.);
 - assurances that duplication of services will be avoided in the geographic area in which the NYSSHP program will operate;
 - a commitment to make all NYSSHP related records available to OTDA or its designee(s) as required by this RFP and any resultant contract;
 - clear and acceptable documentation of the applicant's operational readiness for the proposed project;
 - the applicant's demonstrated coordination with the local social services district and the Continuum of Care or other relevant planning committee;
 - cost effectiveness of the proposal in relation to other applications received and the geographic area to be served;
 - for local social services district applicants, evidence that the local social services district can properly supervise the program;
 - evidence that the applicant will meet the program's matching funds requirement; and
 - for those serving a Young Adult (18-25) population, the ability to provide pregnancy prevention services.

Proposals will be prioritized based on the following criteria:

- High priority will be awarded to proposals that indicate > 89% of those served are in receipt of Medicaid; medium priority to proposals that indicate > 49% of those served are in receipt of Medicaid; and lower priority to proposals that indicate < 50% of those served are in receipt of Medicaid.
- Proposals that include housing projects which have been developed with Homeless Housing and Assistance Program funds and are able to provide an active HHAC contract number;

- Proposals that indicate at least ninety percent (90%) of the project's direct service costs are dependent on NYSSHP funds;
- Projects that do not receive any additional or enhanced revenue support beyond direct participant rents and rental subsidies (such as Shelter Plus Care subsidies, Veterans Affairs Supportive Housing (VASH) vouchers, Housing for Persons with AIDS (HOPWA) vouchers, project and/or tenant based Section 8 vouchers.) Supportive housing projects that have been constructed and receive an ongoing operating subsidy from the Federal or State Government are of a lesser priority;
- Projects that house tenants who are in receipt of temporary assistance or SSI and/or who are veterans or formerly homeless individuals; or individuals who have exceed TANF time limits;
- Proposals that indicate > 49% of those served have transitioned from foster care or the emergency shelter system;
 - Applications that include a letter of support from the Local Social Services District;
 - Applications that include a letter of support from the local Continuum of Care;
 - Proposals that demonstrate an ability to operate the program for the complete term of the contract (applications requesting funds in support of units/beds that are not available by the anticipated contract start date are a lesser priority).

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

Proposals will be evaluated on a comparative analysis basis among proposals received. Proposals will be reviewed and assigned an overall competitive score. Proposals will be funded based upon the application's score and will be subject to the availability of funds. Projects will be awarded NYSSHP funds in descending order, beginning with the highest ranked proposal, until the initial year's funding is exhausted, with the following exceptions:

- Awards may be reduced during the application process or contract term if another source of funding becomes available, and is deemed appropriate, in which case OTDA may choose to dedicate those funds to other activities at its discretion.
- If there are additional proposals which qualify for funding, no one agency will be awarded more than 50% of the total funds available for NYSSHP.
- The lowest scored awarded proposal may not receive the entire requested amount if there are insufficient funds remaining.
- Awards may be proportionately reduced to ensure the availability of funds statewide.
- The requested amount of funding may be reduced by ineligible expenses.
- If there are other viable proposals, OTDA reserves the right to fund projects in excess of 51 units at a lower rate per bed per month.
- The requested amount may be reduced for units that will not be operational for the full contract term.
- The requested amount of funding may be reduced based on past NYSSHP spending practices. In the event OTDA has determined via a competitive scoring process that an existing awardee with a history of unspent contract monies should be awarded new funds, OTDA reserves the right to

reduce the award based on the contractual spending history and the reasonableness of the request.

In the event that two or more proposals receive an overall score which is tied and funding would be exhausted before an award could be made to each applicant for the requested amount, OTDA will award each applicant a prorated portion of the remaining funds based upon funds requested and amount available.

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

Program Specific Questions and related uploads	45%
Budget and related uploads	35%
Work Plan	10%
Pre-Submission uploads	10%

Regardless of score, OTDA reserves the right to fund or not fund an application based on other relevant information, such as the occurrence of NYSSHP funds supplanting existing funds, an agency's financial position, an agency's prequalification status in Grants Gateway, vendor responsibility determination and the status of their NYS Office of the Attorney General Charities Registration filing.

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

It is the policy of the OTDA to provide all program Applicants with an opportunity to resolve complaints or inquiries related to bid solicitations or pending contract awards administratively. The OTDA encourages all Applicants to seek resolution of complaints concerning the contract award process through consultation with the OTDA. All such matters will be accorded impartial and timely consideration. Detailed procedures are provided on the OTDA website at Contracts-Grant Opportunities <http://otda.ny.gov/contracts/>. The OTDA continues to encourage all successful or unsuccessful applicants who desire a debriefing to contact the Bureau of Housing Services directly.

An appeal may be requested by following the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in the OSC Guide to Financial Operations at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. Go to Chapter XI Procurement and Contract Management, 17. Protest Procedures for further information.

1.13 Award Procedure

The contracts resulting from this RFP will start on or about January 1, 2016. It is anticipated that successful applicants will receive multi-year contracts for five (5) years with an allowance for termination at any time. Contracts submitted to the NYS Office of State Comptroller (OSC) and the NYS Office of the Attorney General (OAG) will include the maximum amount of the award for the entire five (5) year period. Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to awardees. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets NYSSHP program objectives. Awardees will be asked to develop and provide electronically a detailed implementation plan that sets forth the program goals. Successful applicants are encouraged to register with the OSC Vendor Responsibility System at <http://www.osc.state.ny.us/vendrep>

Should additional funds become available at any time during the period which this RFP covers, (2016 – 2020), in lieu of releasing a new RFP if deemed in the best interest of the State:

- OTDA may make additional awards based on the remaining unfunded proposals submitted to OTDA as a result of this RFP in a manner consistent with the award methodology set forth;
- OTDA may increase previously proportionally reduced award amounts to current contractors;

- OTDA may increase awards to contractors based upon an increase in the funding rate per eligible population;
- OTDA may increase awards to contractors who are on track to expend 90% of their awarded funds by the end of an annual funding cycle, and/or who can demonstrate a need in the community for increased funds, and/or who acquire additional eligible supportive housing units;
- OTDA may choose to change its projected use of funds;
- OTDA would award funding in a manner consistent with the eligibility guidelines and award methodology set forth in this Request for Proposals.

OTDA reserves the right to adjust funding levels in subsequent contract years should a contractor not maintain an overall 90% occupancy rate. The overall occupancy rate would be determined by averaging the occupancy rates stated in previous Quarterly Reports.

OTDA may reallocate unused and/or unspent funds from contractors unable to spend their full award amount to NYSSHP contractors who will exhaust funds by the end of a funding cycle and demonstrate additional need.

OTDA also reserves the right to solicit and accept new proposals, as funding becomes available, should there not be acceptable remaining proposals.

Should available funds be decreased in future years, OTDA reserves the right to reduce awards on a pro-rated basis and/or based on prior years NYSSHP spending history.

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

OTDA may withhold funding during the contract term should units be unavailable for more than a 90 day period.

1.14 Reports and Record Keeping

Reports that describe the progress of NYSSHP activities and those served will be required on at least a quarterly basis. Minimally they must certify the number and types of services provided, the number of individuals served, those in receipt of Medicaid, the occupancy rate per month, and the number of available units. Contractors must ensure that books, records, documents and other evidence pertaining to cost and expenses of the contract are maintained in such detail as will reflect all costs of materials, equipment, supplies, services, building costs and all other costs and expenses for which reimbursement is claimed or payment is made under the contract. All expenditures shall be reported on an accrual basis. A reporting format has been developed and will be distributed to awardees. Contractors may be required to report participant data in the local Continuum of Care Homeless Management Information System (HMIS) Database, or a comparable database. If required to report in HMIS, associated costs would be considered eligible expenses.

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

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

In the event that any claim, audit, litigation, or State/Federal investigation is commenced before the expiration of the aforementioned record retention period, the records must be retained by the contractor until all claims or findings regarding the records are finally resolved. OTDA or its designee shall have access to any records relevant to the project (including books, documents, photographs, correspondence,

and records), for audits, examinations, transcripts, and excerpts. If OTDA determines that such records possess long-term or historic value, they must be transferred, as requested to OTDA.

Projects will be monitored by OTDA on a regular basis throughout the term of the contract. Monitoring may include site visits as well as regular telephone contact. The goal of monitoring is to ensure that the terms of the contract are being met. In addition, monitoring enables OTDA to provide technical assistance, where necessary, in order to assist the contractor in meeting the terms of the contract. It is the responsibility of the contractor to monitor any and all sub contracts.

To the extent permitted by Federal law and regulation, OTDA may, at its own discretion, make advance payments to the Contractor of up to 25%, upon the submission of sufficient justification. Said advance may be eligible for payment only upon approval of this AGREEMENT by the Attorney General and by the Comptroller of the State of New York and upon the submission to OTDA by the Contractor of a properly executed State of New York Claim for Payment form (AC3253-s) acceptable to OTDA and to the Comptroller of the State of New York. Any unexpended advance balance at the end of the contract period will be refunded by the Contractor to OTDA. In the event either party terminates the contract prior to its expiration, the Contractor agrees to refund to OTDA immediately any outstanding advance balance.

1.15 General Terms and Conditions

Contracts resulting from this RFP will commence on or about January 1, 2016. This RFP governs the provision of NYSSHP for a five (5) year contract cycle to be funded annually for one (1) year periods. All contract funding will be dependent upon the availability of continued NYSSHP funding, the need for the services, satisfactory performance and at the sole discretion of OTDA.

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

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

- The Master Contract
- Attachment A-1, (OTDA and NYSSHP Program terms and conditions)
- Attachment B-1 (expenditure based budget)
- Attachment C (workplan)
- Attachment D (payment and reporting schedule)

As referenced in Sections IV J-K of the Master Contract and Attachment A-1, Equal Opportunities for minorities and women apply as do Minority and Women-Owned Business Enterprise goals on discretionary expenses.

The terms and conditions specified in a detailed contract must be signed by OTDA and approved by New York State's Attorney General's Office and the Office of the State Comptroller before any work is begun or payments made. Please note that no services may be reimbursed until a contract has been fully executed.

Minority and Women-Owned Business Enterprise (M/WBE) and Equal Employment Opportunity (EEO) Participation

New York State Executive Law §§ 310–318, (Article 15-A: Participation By Minority Group Members and Women With Respect To State Contracts -- hereinafter "the Statute"), was enacted to promote equality of

employment and economic opportunities for minority group members and women in State contracting activities. The New York State Office of Temporary and Disability Assistance (OTDA) fully supports the efforts of the State of New York to promote Equal Employment Opportunity (EEO) for all persons, and to promote equality of economic opportunity for minority group members and women who own business enterprises.

OTDA has developed compliance requirements, forms and procedures to ensure that (i) all contractors as defined under § 310 (3) (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State Contracts, as defined in § 310 (13) [hereinafter "Contractors"], as well as proposed or actual "Subcontractors", as defined in § 310 (14) shall comply with requirements to ensure Equal Employment Opportunities for Minority Group Members and Women, and, (ii) there are meaningful participation opportunities for certified minority or women-owned business enterprises (M/WBEs) in the OTDA procurement process. Contractors participating in and/or selected for procurement opportunities with OTDA shall fulfill their obligations to comply with applicable Federal, State and Local requirements concerning Equal Employment Opportunity and opportunities for Minority and Women Business Enterprises, including but not limited to the Statute and its implementing regulations as promulgated by the New York State Division of Minority and Women's Business Development (DMWBD) and set forth at 5 NYCRR Parts 140-144). Please refer to Appendix Z, attached and incorporated by reference herein, for the specific EEO/MWBE requirements and associated forms required by this procurement. These forms are to be submitted without change to goals specified in the RFP or contract, unless otherwise authorized by OTDA. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA's Internet site at <http://otda.ny.gov/contracts/mwbe/forms.asp>.

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

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

General Provisions

- A. The OTDA is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 140-145 ("MWBE Regulations") for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The contractor to the subject contract (the "Contractor" and the "Contract," respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State OTDA, to fully comply and cooperate with the OTDA in the implementation of

New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). The Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.

- C. Copies of the required OTDA Forms are identified in this Appendix and available on OTDA’s Internet site at <http://www.otda.ny.gov>. The Contractor agrees to complete and submit these forms without change in response to the goals specified in the RFP or contract. All forms and reports must be submitted to the OTDA program manager for this contract, and they will forward to the NYS OTDA, MWBE Program Management Unit, Harlem Center, 317 Lenox Avenue, New York NY 10027; (212) 961-8214; e-mail to: otda.sm.co.quarterly.compliance.eeo.staffing.reports@otda.ny.gov.
- D. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

Contract Goals

- A. For purposes of this procurement, the OTDA hereby establishes an overall goal of 30% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 15% for New York State certified minority-owned business enterprises (“MBE”) participation and 15% for New York State certified women-owned business enterprises (“WBE”) participation (collectively, “MWBE Contract Goals”) based on the current availability of qualified MBEs and WBEs.
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the MWBE Contract Goals established in Section II-A hereof, the Contractor should reference the directory of New York State Certified MBWEs found at the following internet address: <https://ny.newnycontracts.com>.

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

- C. Where MWBE Contract Goals have been established herein, pursuant to 5 NYCRR §142.8, the Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the OTDA for liquidated or other appropriate damages, as set forth herein.

EEO Requirements

- A. The Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department

of Economic Development (the "Division"). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and subcontractor performing work on the Contract ("Subcontractor") shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. The Contractor shall submit an EEO policy statement to the OTDA within seventy two (72) hours after the date of the notice by OTDA to award the Contract to the Contractor.
3. If the Contractor or Subcontractor does not have an existing EEO policy statement, the OTDA may provide the Contractor or Subcontractor a model statement (see Form OTDA 4970 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
 - c. The Contractor shall request each employment OTDA, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment OTDA, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each Subcontractor as to work in connection with the Contract.

C. Form OTDA 4934 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document

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

D. Form OTDA 4971 - Workforce Employment Utilization Report (“Workforce Report”)

1. Once a contract has been awarded and during the term of Contract, the Contractor is responsible for updating and providing notice to the OTDA of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the contract to report the actual workforce utilized in the performance of the contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Report must be submitted to report this information.
2. Separate forms shall be completed by Contractor and any Subcontractor.
3. In limited instances, the Contractor may not be able to separate out the workforce utilized in the performance of the Contract from the Contractor's and/or Subcontractor's total workforce. When a separation can be made, the Contractor shall submit the Workforce Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from the Contractor's and/or Subcontractor's total workforce, the Contractor shall submit the Workforce Report and indicate that the information provided is the Contractor's total workforce during the subject time frame, not limited to work specifically under the contract.

E. The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and Subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

MWBE Utilization Plan

- A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan, by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that the Contractor may arrange to provide such evidence via a non-electronic method to OTDA, either prior to, or at the time of, the execution of the contract.
- B. The Contractor agrees to use such MWBE Utilization Plan (Form OTDA 4937 - MWBE Utilization Plan) for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.
- C. The Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, OTDA shall be entitled to any remedy provided herein, including but not limited to, a finding of the Contractor non-responsiveness.

Waivers

- A. For Waiver Requests, the Contractor should use the NYSCS, provided, however, that Bidder may arrange to provide such evidence via a non-electronic method to the OTDA.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the OTDA shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the OTDA, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports (Form OTDA 4968 - Quarterly MWBE Contractor Compliance Report) determines that the Contractor is failing or refusing to comply with the MWBE Contract Goals and no waiver has been issued in regards to such non-compliance, the OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

Quarterly MWBE Contractor Compliance Report

The Contractor is required to submit a Quarterly MWBE Contractor Compliance Report through the NYSCS, provided, however, that Bidder may arrange to provide such evidence via a non-electronic method to the OTDA by the 10th day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract.

Liquidated Damages – MWBE Participation

- A. Where OTDA determines that the Contractor is not in compliance with the requirements of the Contract and the Contractor refuses to comply with such requirements, or if the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, the Contractor shall be obligated to pay to the OTDA liquidated damages.
- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
 - 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.
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the OTDA, the Contractor shall pay such liquidated damages to the OTDA within sixty (60) days after they are assessed by the OTDA unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the OTDA.

Section Two.....APPLICATION INSTRUCTIONS

The entire NYS Supportive Housing Program Application should be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system may not be reviewed. Eligible entities are not-for-profits subject to Prequalification Requirements, and local governments and tribal nations with available document vaults in Grants Gateway. Read and follow all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Section Four.

Here are some general guidelines for navigating the Grants Gateway system:

- **Log into Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator.**
- **Click the “Available Opportunities” button.**
- **From the “search by funding agency” drop-down menu, select Office of Temporary and Disability Assistance. Click “search”.**
- **Locate New York State Supportive Housing Program 2015 and click on the blue link.**
- **Click the “Apply for Opportunity” button.**
- **From the FORMS MENU, complete the forms as described on the next page. Sections from the Forms Menu do not have to be completed in any particular order. Certain forms may be left blank if they do not apply to your application, such as budget items not requested. There will be a “global warning” error if you try to submit an application without completing required forms.**
- **You must SAVE YOUR WORK before moving onto a new screen.**
- **If you do not complete the application in one session, it will be in your “tasks” box labeled “application in process”. Another way to find an application in process is to click the “applications” tab at the top of the screen.**
- **Please note: those logged in as Grantees may work on the application, only those logged in as a Grantee Signatory or a Grantee System Administrator can submit the application to the State. When the application is ready for submission, click the Status Changes tab, then click the “apply status” button under “application submitted”.**

Other helpful information:

- There is a Grantee Application Tutorial Video available. After logging into Grants Gateway, click the “training materials” tab at the top of the screen.
- Helpdesk information: Monday thru Friday 8am to 8pm
Phone: 1-800-820-1890 Email: helpdesk@agatesoftware.com
- The Grantee Quick Start Guide is available in the Pre-Submission Upload section of the application.

The following underlined headings correspond to the screens that must be completed for your NYSSHP Application in Grants Gateway. Each screen is listed as a link under the Forms Menu. Click a link, complete the screen as directed, save the screen, go back to the Forms Menu and click another link. Continue in this manner until you have completed all the links/screens. Remember to ‘SAVE’ often.

Project Site Address screen - Enter your administrative office address.

Program Specific Questions screen – Provide the information requested. Narratives are limited to 4,000 characters. Questions #28, #37 and #39 request an upload, if applicable.

Budget Section

Complete the Budget section screens as directed below. Only use whole dollar amounts. Remember your Matching funds must be included in order to complete the budget. The Matching Funds requirement is described in Part A, Section 1.10 of this RFP. When creating your Matching Funds letter follow the format provided in the Pre-Submission Uploads section.

Personal Services - Salary screen - List all positions that provide direct service to residents and will be supported with grant funds or matching funds. Each position should be entered on a separate screen. Briefly describe the role/responsibility of the position in relation to the NYSSHP program. Click Save. Click Add to open a new screen for listing the next position.

Personal Services – Salary Narrative screen – This screen should be used only if needed to describe or explain things out of the ordinary, exceptions in staffing patterns, unusual salary costs, justification of staff funded by more than one funding source and explanation of the percent time allocated to NYSSHP, including the percentage of time allocated to administrative and program activities where necessary.

Personal Services - Fringe screen - Provide a brief explanation of the percentage and composition of your fringe benefit structure. Fringe should not exceed the Office of the State Comptroller's rate, currently at 50.06%. If fringe is not applicable, leave this section blank.

Personal Services - Fringe Narrative screen - This screen should be used only if needed to describe or explain things out of the ordinary, and/or unusual costs.

Contractual Services screen – List services that are provided under a formal or written agreement and will be supported with grant funds or matching funds. Provide both a description of the services and justification for the services. 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 NYSSHP is allowed. This line includes institutions, individuals or organizations external to the contractor which have entered into an agreement with the contractor to provide any services outlined in or associated with the NYSSHP contract and whose services are to be funded under the NYSSHP budget. This includes any other not-for-profits performing work under the proposed NYSSHP contract. All such agreements are to be bona fide written contracts: NYS OTDA reserves the right to request these documents at any time in the future.

Travel screen - This category includes travel costs for personnel listed under Personal Services Costs, participant travel and other travel expenses. Mileage costs may be reimbursed up to the NY State rate (currently the maximum rate is \$.56 per mile). 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 screen - 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, the contractor must purchase equipment from the lowest bidder. Complete the Equipment form for requested equipment. Complete the Equipment Narrative form if there is any substantial equipment costing more than \$5,000 per item. Requests in support of this grant category, if not with another not for profit or unit of local government, are required to demonstrate how they will use these purchases to meet MWBE goals.

Equipment Narrative screen – Provide information on bids received and provide explanation/justification as instructed.

Other screen - This category should include grant or match funded program items that do not fit in the other categories such as food, postage, copies, office supplies, and administrative costs. Each cost must be listed on its own screen. Allowable administrative costs are those costs directly related to administering the NYSSHP program as detailed in Part A, Section 1.6 of the RFP. If including administrative costs, please use the prefix ADM when completing the Type/Description section (i.e. ADM- Executive Director, or ADM- ExDir Fringe, or ADM- Audit Fee). The total combined administrative costs

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may not exceed 10% of the annual requested funds. **Administrative costs must be itemized. Indirect Cost Rates are not allowed.**

Other Narrative screen - Use this section to provide details for any staff/position listed as administrative (ADM) under Other. List the title, the annual salary, and the percentage of time spent on NYSSHP administrative activities; also include a brief description of those activities.

Workplan Overview Form – a screen shot of this section is provided below. This section will be used to create the Work Plan portion of the contract. Some of the information requested will be duplicative of information provided earlier in the application. You may copy/paste previous responses where appropriate when developing your Project Summary and/or Organizational Capacity narratives. Be sure to follow the guidance provided below.

The **Work Plan Period** should state the annual award period. For year 1 the period will be: 01/01/2016 to 12/31/2016

The **Project Summary** section should include a high level overview of the project as instructed. The narrative should also identify:

- Service Area,
- Target Population and Annual number of individuals served,
- Client Eligibility guidelines,
- Onsite services offered,
- Offsite services offered,
- How the program operates and a description of what grant funds will pay for,
- Number and type of housing units (Permanent, Transitional or Both), if not permanent housing discuss process for clients as they transition on;
- How you determine/evaluate the success of the program.

The **Organizational Capacity** section should include the information requested and a brief description of any other services/programs offered by the organization.

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.

0 of 50000

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

0 of 4000

Objectives and Tasks – This section will be used to set up quarterly reports and collect performance data. There are five pre-established Objectives-Tasks, they are listed below. Under the Forms menu click on Objectives-Tasks and the first objective with its description will appear along with an associated task. Click on view/add. For Performance Measure Name restate the Objective then enter the data requested in the box below; you may provide anticipated data where applicable. Click Save. Now go back to Forms Menu → Objectives and Tasks →select the next Objective from the drop down menu in upper right corner → Go; continue in this manner until all 5 objectives/tasks are completed.

- **Target Population** – define the target population; enter Singles, Young Adults, or Families.
- **Housing Model** – define your housing model; enter Permanent, Transitional, or Both.
- **Occupancy Rate** – provide the overall occupancy rate anticipated.
- **Unduplicated Count – all residents** – provide annual anticipated cumulative count of all residents over age 18 served
- **Unduplicated Count – children** – provide annual anticipated cumulative count of all children (under 18).
- **Average Length of Stay** – provide anticipated average length of stay in whole months.

Pre-Submission Uploads Screen – This section contains forms for completion with recommended formats. You may download applicable forms by clicking on the appropriate link. Once a form is opened, click 'Enable Editing' at the top of the document to be able to enter data. Rename and save the completed form to your computer. Upload your completed form in the Pre-Submission Upload section and/or where indicated throughout the application. If required information is not available or cannot be produced, an explanation must be uploaded. You should complete and upload MWBE forms if requesting NYSSHP funds for supplies, contractual, and/or equipment categories. If a contractual expense is with another not-for-profit, MWBE forms are not applicable. The following is a list of the forms; copies of the forms begin on the next page.

- **LDSS Documents:** FOR DSS APPLICANTS ONLY, all others may disregard. If you are a Local District of Social Services download the LDSS Documents, complete the information page and funding summary page and upload to your application.
- **Notice to LDSS of Intent to Apply - Support Letter format:** Notify your LDSS of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.
- **Continuum of Care (CoC) Letter of support:** Notify your local Continuum of Care of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.
- **Agreement:** Sign and date as indicated. Upload.
- **Site Locations:** Use the Excel form provided. List each site for which you are requesting funds on a separate line, provide the additional information as applicable. Upload.
- **Project Operations Data - FIVE tabs:** Use the Excel form provided. Complete each of the FIVE tabs within the workbook. Upload your completed Excel workbook.
- **EEO Policy and MWBE Documents:** Complete all sections as indicated. Upload.
- **Grantee Quick Start Guide:** Use this document to aid you in completing your application in Grants Gateway.

Section Three...PRE-SUBMISSION UPLOAD FORMS

The following pages show the various documents listed in the Pre-Submission Upload section of the application.

LDSS Documents: These following 2 forms should be completed only if applicant is a Local District of Social Services; all others may disregard.

LOCAL SOCIAL SERVICES DISTRICT /UNIT OF GOVERNMENT

INFORMATION FORM

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

_____ Yes _____ No

If partial, what percent _____%

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

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

For Participating Local Social Services Districts and Units of Government Only

LOCAL SOCIAL SERVICES DISTRICT/UNIT OF GOVERNMENT FUNDING PLAN SUMMARY

New York State Supportive Housing Program (NYSSHP)

1. Funding Plan Summary

Please list the supportive housing projects in your district that you are including in your application for NYSSHP

funding using the format below:

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

TOTAL
(Use additional sheets if necessary)

Prepared By: _____

Title: _____

Phone: _____

Date: _____

Prepared By: _____

Title: _____

Phone: _____

Date: _____

Notice to LDSS of Intent to Apply - Support Letter format: Notify your LDSS of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.

NOTE: This is the format to use for notifying your LDSS.

YOUR AGENCY LETTERHEAD

Date

Name of Local Department of Social Services

Street

City, State

Zip Code

To Whom It May Concern:

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

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

Sincerely,

Signature of Authorized Agency Representative

LDSS Letter of Support Sample Format

NOTE: Example of a Support Letter format for your LDSS. They may also use their own.

LDSS LETTERHEAD

Date

Name and Title of Authorized Agency Representative
Agency Name
Street
City, State
Zip Code

Dear _____:

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

Sincerely,

Signature

CONTINUUM OF CARE APPROVAL

I, _____, as the representative of _____ Continuum
Of Care, acknowledge that the aforementioned body fully supports the
_____ (program/project) administered by
_____ (Agency) and that this agency is a regular member of
our COC coordinating body.

Signature

Date

Printed Name

Agreement: Sign and date as indicated. Upload.

AGREEMENT

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

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

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

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

(Signature of official authorized to sign for applicant)

(Date)

(Typed Name and Title)

(Date)

Site Locations: List each site for which you are requesting funds. Upload to your application in the EXCEL format provided. The following is a representation of the information requested in the EXCEL document.

FOR REFERENCE ONLY

Site Name:

Address:

City:

State:

County:

Region:

Population Served:

of Units or Beds:

Developed or Rehabbed with HHAP funds:

HHAP contract number, if applicable:

HHAP contract expiration date, if applicable:

Identify other NYS capital funds, if any:

Is site owned by applicant:

What type of verification document is on file with applicant to show own/operate or manage the units:

Federal Congressional District(s):

State Assembly District(s):

State Senate Districts(s):

Project Operations Data: Complete each of the FIVE tabs within the Excel workbook. Upload the completed Excel workbook to your application. The following is a representation of the FIVE tabs within the EXCEL workbook.

#1. Target Pop-Max Funding tab

FOR REFERENCE ONLY

Identify Target Population - Calculate Annual Funding

In the space below, please complete the funding formula that corresponds to your agency's proposed NYSSHP annual budget. Funding should be calculated using a per bed (or unit), per month rate. Applicants serving a Single Adult or Young Adult population are allowed a maximum rate of \$200 per bed per month. Those serving Families are allowed a maximum rate of \$275 per unit per month. You may refer to Section 1.9 (Funding Formula) of the RFP for additional information.

FUNDING FORMULA

Enter Target Population	Enter Rate	Enter # of Beds or Units	Months	Multiply Rate x #units/bed x 12 to = Annual Funding Request
i.e.: Single Adults	\$200	25	12	200 *25 *12= \$60,000

#2. Support Service Plan tab

FOR REFERENCE ONLY

Check all support services that are currently provided and identify those that would be provided through NYSSHP.

Service	Services currently provided				Services provided by NYSSHP		
	By Applicant	By Other Agencies	On-site		By Applicant	By Other Agencies	On-site
Housekeeping							
Front Desk Service							
Security							
Information/Referral							
Advocacy Assistance							
Recreational Services							
Counseling							
Services Coordination							
Breakfast							
Lunch							
Dinner							
Employment Services							
Health/Mental Health							
Substance Abuse							
Educational Services							
Pregnancy Prevention							
Independent Living Skills Development							
Other - specify							

#3. Project Operating Budget tab

FOR REFERENCE ONLY

Please provide operating cost figures for the project site, if not yet operational provide estimated costs. Include only actual cash expenditures and only those items for which residents are not charged individually (e.g., if residents pay their own electric bills, include utility charges for non-residential space only).

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

#4. Project Revenue tab

FOR REFERENCE ONLY

PROJECT REVENUE

Please provide sources of project revenue/income by completing information below. Enter applicable data under the columns titled units, and rent. Be sure to fully list all sources of revenue beyond rental income in section #4, but DO NOT include NYSSHP funds.

Sec	RENT revenue for HHAP developed units	#Units		Rent		Months		Annual Revenue
1	SRO Units		*		*	12	=	
	Studio Units		*		*	12	=	
	1 Bedroom Units		*		*	12	=	
	2 Bedroom Units		*		*	12	=	
	3 Bedroom Units		*		*	12	=	
				TOTAL HHAP RENTS				
				Less Vacancy Rate/Uncollectable		(enter % here)		
				NET HHAP RENTS				

Sec	RENT revenue for non-HHAP developed units	#Units		Rent		Months		Annual Revenue
2	SRO Units		*		*	12	=	
	Studio Units		*		*	12	=	
	1 Bedroom Units		*		*	12	=	
	2 Bedroom Units		*		*	12	=	
	3 Bedroom Units		*		*	12	=	
				TOTAL non-HHAP RENTS				
				Less Vacancy Rate/Uncollectable		(enter % here)		
				NET non-HHAP RENTS				

FOR REFERENCE ONLY

Sec	Commercial Space - at per square foot per month	# of Sq. Ft.		\$ per Sq. Ft.		Months		Annual Revenue
3	Briefly describe commercial uses, space		*			12	=	
	<i>add more lines as needed</i>		*			12		
TOTAL Commercial RENTS								
Less Vacancy Rate/Uncollectable							(enter % here)	
NET Commercial RENTS								

Sec	List all other sources of revenue and/or income for project, DO NOT include NYSSHP funds.		Annual Revenue
4	enter source of funds	enter brief description of funds, uses, etc., enter annual value in next box ----->	
	enter source of funds	enter brief description of funds, uses, etc., enter annual value in next box ----->	
	enter source of funds	enter brief description of funds, uses, etc., enter annual value in next box ----->	
	<i>add more lines as needed</i>		
Other revenue sources			

TOTAL PROJECT REVENUE

#5. NYSSHP Dependence tab

FOR REFERENCE ONLY

NYSSHP Support Dependence

Enter the information requested for the boxes below.

A. = Total Amount of NYSSHP Grant Request for Personnel

B. = Total Amount of NYSSHP Grant Request for Fringe

C. = Total Amount of NYSSHP Grant Request for Contractual – staffing costs

D. = Total (add A through C)

E. = Support Services Payroll Total from Project Operating Budget

(Transfer figure from Project Operating Budget tab, section – B. 1)

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

**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

**M/WBE SUBCONTRACTORS AND SUPPLIERS
LETTER OF INTENT TO PARTICIPATE**

Recipient/Contractor: _____ Contract/Project No.: _____

Address: _____

Federal ID#: _____ Project/Contract # _____ Location of Work: _____

Dear Recipient/Contractor:

I, _____ intend to perform work for _____
(Name of Subcontractor/Vendor's Firm) (Name of Consultant/Contractor)

located at _____ in connection with the above project. My Minority/Women
Business Enterprise (M/WBE) status as a MBE () and/or WBE () is certified as of _____
(Check all as applies) (Certification date)

_____ is prepared to do the following
(Name of Subcontractor/Vendor's Firm)

(Describe work to be performed on the above project)	Unit Price	Total Amount

You have projected _____ for such work to start.
(Commencement Date)

_____ will sign a formal contract for the above work conditioned
upon the (Name of Subcontractor/Vendor's Firm)
approval of your executed contract with the recipient/contractor.

MBE: Subcontractor or Supplier (Please circle one)
WBE: Subcontractor or Supplier (Please circle one)

Company Official's Name _____ Title: _____

Company Official's Signature: _____ Address: _____

Consultant/Contractor (Please circle one)

Company Official's Name: _____ Title: _____

Company Official's Signature _____ Date: _____

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

Office of Temporary and Disability Assistance
 40 North Pearl Street, Albany, NY 12243-0001
 Phone Number | email
www.otda.ny.gov

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Note - A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Federal Identification No.: [] M/WBE Certified? []
 Solicitation No.: []
 Project No.: []
 M/WBE Goals in the Contract: MBE [] % WBE [] %
 Contract No.: []

1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A. []	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[]	[]	[]
B. []	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[]	[]	[]

6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM - OTDA - 4969.

PREPARED BY (Signature): [] TELEPHONE NO.: [] EMAIL ADDRESS: []
 DATE: [] FOR M/WBE USE ONLY

REVIEWED BY: [] DATE: []

UTILIZATION PLAN APPROVED: YES NO Date: []
 Contract No.: [] Project No. (if applicable): []
 Contract Award Date: []
 Estimated Date of Completion: []
 Amount Obligated Under the Contract: []
 Description of Work: []

NOTICE OF DEFICIENCY ISSUED: YES NO Date: []
 NOTICE OF ACCEPTANCE ISSUED: YES NO Date: []

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, § 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.



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

M/WBE AND EEO POLICY STATEMENT

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

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
(2) Request a list of State-certified M/WBEs from OTDA and solicit bids from them directly.
(3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
(4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
(5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.
(6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

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



Agreed to this _____ day of _____, 20_____

By _____

Print: _____ Title: _____

Minority Business Enterprise Liaison

_____ is designated as the Minority Business Enterprise Liaison
(Name of Designated Liaison)

responsible for administering the Minority and Women Owned Business Enterprises Equal Employment Opportunity (M/WBE-EEO) program.

M/WBE Contract Goals

_____ % Minority Business Enterprise Participation

_____ % Women's Business Enterprise Participation

EEO Contract Goals

_____ % Minority Labor Force Participation

_____ % Female Labor Force Participation

(Authorized Representative)

Title: _____

Date: _____

**EQUAL EMPLOYMENT OPPORTUNITY
STAFFING PLAN**

Submit with Bid or Proposal - Instructions on page 2

Solicitation/Program Name: 	Report includes: <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total work force
Offeror's Name: 	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor Subcontractor's name _____
Offeror's Address: 	

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

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

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

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

Instructions for completing:

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

RACE/ETHNIC IDENTIFICATION

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

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

OTHER CATEGORIES

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

Section Four....PRINTED VERSION OF GRANTS GATEWAY APPLICATION

These screen titles correlate with instructions in Section Two of this RFP. The preview button on the screens (upper right) may be used to more easily view the answers you provide to questions as the application is being developed. Remember to SAVE OFTEN! The application may also be printed at any time during the process for your reference. Do not send a printed copy to OTDA. Applications submitted outside of the Grants Gateway system may not be reviewed.