|  |  |
| --- | --- |
| New York State Office of Temporary and Disability Assistance Logo | **Kathy Hochul**  Governor  **Barbara C. Guinn** Commissioner  **RAJNI CHAWLA** Executive Deputy Commissioner |

2025 ApplicationStabilization of HHAP Operating Projects

Applications Accepted Beginning June 12, 2025

## Homeless Housing and Assistance Program

## Stabilization of HHAP Operating Project Application

**Please Read the Request for Proposals**

Before Completing the Application

Due Date: This RFP is an open RFP, meaning proposals will be accepted for consideration on a continuous basis until funds are no longer available for award or until HHAC terminates or suspends the open-ended RFP. *Please note, however that applications will not be accepted prior to June 12, 2025.* When available funds are committed and/or HHAC decides to terminate or suspend the acceptance of applications, a notice will be posted on the Office of Temporary and Disability Assistance (OTDA) website ([www.otda.ny.gov](http://www.otda.ny.gov)). Applicants are urged to check the website prior to completing and submitting an application to determine whether proposals are currently being accepted. The RFP and Application may be downloaded from OTDA’s website.

***Proposals Should Be Delivered to:***

Homeless Housing and Assistance Corporation

c/o Bureau of Contract Management

NYS Office of Temporary and Disability Assistance

40 North Pearl Street, 12-D

Albany, New York 12243

(518) 486-6352

Attention: Marcos Ortiz

**Number of Copies Required:** One (1) original, two (2) hard copies, and five (5) complete electronic copies (on separate USB Flash/thumb drives) must be submitted.

Please note that the above contact and telephone number is for delivery purposes only.

***Questions Regarding the* RFP *Should Be Directed to:***

Homeless Housing and Assistance Corporation

Michael Washburn

NYS Office of Temporary and Disability Assistance

40 North Pearl Street, 10-C

Albany, New York 12243

E-mail: [Michael.Washburn@otda.ny.gov](mailto:Michael.Washburn@otda.ny.gov)

[mail to:](mailto:)

Questions regarding this RFP will be accepted continuously. No telephone inquiries will be accepted. Answers to all questions will be posted on OTDA’s website on an ongoing basis. Questions may be submitted via mail or email. All questions must be typed.

**Exhibit A-1:**

**HHAP Stabilization Project Summary Data**

Applicant:       Project Name:

HHAC Contract #:       Project ID #:

Dates: Current Term Expires:       Original Certificate of Occupancy:

Is this a Scattered Site Project:  Yes  No Number of Buildings:

Gross Square Footage:

Is the Applicant Prequalified in SFS?  Yes  No

Site Address:

Street City County Zip

*If there are multiple addresses include these below.*

|  |  |
| --- | --- |
| **Legislative/Congressional Districts (for project site/s)** | |
| NYS Assembly District #: | Representative: |
| NYS Senate District #: | Representative: |
| Congressional District #: | Representative: |

**HHAP Non-HHAP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Units | Permanent | Transitional | Emergency | Permanent | Transitional | Emergency |
| Families | # | # |  | # | # |  |
| Singles | # | # |  | # | # |  |
| Both | # | # |  | # | # |  |
| Totals |  |  |  |  |  |  |

Is the project certified, licensed or otherwise regulated?  Yes  No

If yes, facility type:       Regulatory/certifying agency:

**Exhibit A-1 Continued:**

**HHAP Stabilization Project Summary Data**

Special Populations *(Specify* ***only*** *if the program is specifically tailored to a special needs population; if there are no special populations, please check no next to sub-population). Typically, this involves some form of operating funding specifically for services for the given population or is dictated by the agency’s mission to serve a given population. If proposing to change the population full justification for such must be provided in A-4.*

|  |  |  |
| --- | --- | --- |
| Sub-population *(if any)*  Yes  No | # of units | Operating/ Subsidy sources (if any) |
| Physically Disabled |  |  |
| Severely Mentally Ill |  |  |
| Substance Use Disorder |  |  |
| Developmentally Disabled |  |  |
| Persons with HIV/AIDS |  |  |
| Victims of Domestic Violence |  |  |
| Elderly |  |  |
| Chronically homeless |  |  |
| Youth (specify sub-population if applicable) |  |  |
| Veterans |  |  |
| Re-entry/Ex-Offenders |  |  |
| Other (specify) |  |  |
| Total |  |  |

* If this contract received other sources of funding previously, please note below:

**Agency**

New York Homes and Community Renewal (HCR)

Housing Finance Agency (HFA)

Office of Mental Health (OMH)

NYC Department of Housing Preservation and Development (HPD)

NYC Housing Development Corporation (HDC)

Federal Home Loan Bank:

Any Other Funding Sources That Will Need to Approve New Funds Coming into the Project.

**EXHIBIT A-2:**

**HHAP Stabilization Project Applicant Information**

|  |
| --- |
| Incorporated Name:       Project Name: |
| Executive Director/CEO/President:       E-Mail: |
| Contact Name:       Title: |
| E-Mail:       Contact Phone: |
| Mailing Address: |
|  |
|  |
| County: |
| Charities Registration Number: |
| Federal Tax ID#:  Federal Tax-Exempt Status Received? |

|  |  |
| --- | --- |
| Legislative/Congressional Districts (for Applicant’s offices) | |
| NYS Assembly District #: | Representative: |
| NYS Senate District #: | Representative: |
| Congressional District #: | Representative: |

|  |  |
| --- | --- |
| **HHAC Funds** | |
| Current HHAC Request | **$** |
| HHAC Original Award | $ |
| Previous HHAC Amendment/s with Funds *(if any)* | $ |
| Total HHAP Funds | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Construction/Repair cost** | Per Unit | Per Bed | Per Square Foot |
|  |  |  |  |
| Totals |  |  |  |

|  |  |
| --- | --- |
| President, Board of Directors: | |
| Email:       Phone: |

**EXHIBIT A-2:**

**HHAP Stabilization Project Applicant Information**

Incorporated Name: Project Name:

Executive Director/CEO/President: E-Mail:

Contact Name: Title:

E-Mail: Contact Phone:

Mailing Address:

County:

Charities Registration Number:

Federal Tax ID#: Federal Tax-Exempt Status Received?

Legislative/Congressional Districts (for Applicant’s offices)

**EXHIBIT A-3:**

**HHAP Stabilization Development and Management Team**

**Provide contact information, *as it applies*, for all members of the proposed stabilization project.**

|  |  |  |
| --- | --- | --- |
| **Co-Applicant (if any)** |  | |
| Agency |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **Consultant** |  | |
| Firm: |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **Architect** |  | |
| Firm: |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **(General) Contractor if preselected** | | |
| Firm: |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **Attorney** | | |
| Firm: |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **Property Manager (if not the applicant)** | | |
| Name: |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |
|  | | |
| **Support Services Provider (if not the applicant)** | | |
| Agency |  | |
| Contact: | Title: |  |
| Email: | Phone: |  |

**EXHIBIT A-4:**

**HHAP Stabilization Project Summary Narrative**

Add pages as needed

Provide a summary description of the work to be undertaken including the status of design (if needed), a cost estimate and timeline. Outline the impact on operations if the identified work is not undertaken including if the building has received any code violations. Describe any mortgages other than to HHAC and/or any deed restrictions on the project site. Briefly outline the operating funds supporting the project. If An Integrated Physical Needs Assessment (IPNA), or a Capital Needs Assessment (CNA) was performed, please include it with the application.

**EXHIBIT A-5:**

**HHAP Stabilization Project Referral Source/s**

**Referrals**

Identify anticipated resident referral sources. For all projects, complete the table below showing approximate percentages of residents expected to come from each referral source. Describe referral sources other than HRA, DHS or local districts.

|  |  |  |  |
| --- | --- | --- | --- |
| **New York City Project Referral Sources** | | **Rest of State Project Referral Sources** | |
| DHS/ HRA | % | Local Social Services District | % |
| Coordinated Entry/ CoC | % | Coordinated Entry/ CoC | % |
| SPOA | % | SPOA | % |
| Not-for-profit Organizations | % | Not-for-profit Organizations | % |
| Other | % | Other | % |
| Total All Referral Sources | 100% | Total All Referral Sources | 100% |

**Occupancy/Vacancy Rates:**

1. Please comment on if the project has experienced a low occupancy rate (>20% in emergency/transitional housing) /high vacancy rate (> 5% in permanent) in the past three years and, if so, has this been addressed or is there a plan to remedy the situation.
2. Provide documentation that a sufficient number of referrals will be received to maintain full project occupancy.

**EXHIBIT B-1:**

**HHAP Stabilization Amendment Budget**

Image of the development budget. Applicants are recommended to complete the budget in the excel workbook. 

**COMPLETE ALL BUDGETS USING THE EXCEL WORKBOOK**

**EXHIBIT B-2:**

**HHAP Stabilization Budget Description**

1. Please describe the basis for determining the cost of all items in the development budget (other than construction). Specifically include how the amounts requested were determined for the following items, if applicable: hazardous materials testing, abatement, and monitoring; insurance; developer’s fees; legal costs; furniture; equipment; start-up costs; and reserves. If the costs are based on quotes, please attach documentation of the quotes following D-2-B. If based on agency experience with a similar project, identify and describe that project.
2. Provide any information relating to non-HHAP funds required for project development. Detail the terms and conditions of other funding sources, if any, and document the commitment of other funds. If a final commitment of funding is unavailable, please submit the most recent documentation available to show that the funding is forthcoming.

Please note that MWBE and SDVOB goals apply (page 66 of this RFP)

**EXHIBIT B-3:**

**HHAP Stabilization First Year Operating Budget**

Image of current operating budget. Applicants are requested to complete the operating budget in excel. 

**COMPLETE ALL BUDGETS USING THE EXCEL WORKBOOK**

**EXHIBIT B-4:**

**HHAP Stabilization Seven Year Operating Budget**

Table listing Seven years of projected annual operating budget and debt service. Includes Taxes, Utilities, Maintenance, Management Fee, Admin, Staffing, and Reserves. All field entries are zero. 

**COMPLETE ALL BUDGETS USING THE EXCEL WORKBOOK**

**EXHIBIT B-5:**

**HHAP Stabilization Seven Year Cash Flow**

Table listing seven years of projected revenue stream and cash flow. Includes project income and total expenses.

**COMPLETE ALL BUDGETS USING THE EXCEL WORKBOOK**

**EXHIBIT C:**

**HHAP Stabilization Documentation of Need**

Add pages as needed.

**Enhancements Required (check all that apply):**

to permit the safe continuation of a necessary public use or function.

to protect the property of the State of New York.

to protect the life, health and safety of any person

to assure the ongoing viability of the project.

**Demonstrate that there is a compelling need for HHAP funding.**

1. Indicate why preservation of the existing units is necessary in view of the impact the potential loss of the units would have on the homeless delivery system in the community.
2. Document that the conditions, if not corrected, are severe enough to impact the health and safety of residents and/or the ongoing viability of the project.
3. Demonstrate that HHAP funding is necessary to ensure the continued operation of the homeless units.
4. Document that any other available sources and reasonable alternatives for meeting such costs have been pursued and exhausted (including, but not limited to reserves, insurance or warranty coverage, other available public and foundation grants, and debt service). Please explain why your project is not eligible for preservation funding from other sources such as NYS HCR [HCR Preservation Term Sheet](https://hcr.ny.gov/system/files/documents/2023/12/hcr-supportive-housing-preservation-term-sheet_2023-12.pdf) and NYC HPD [Preservation - HPD](https://www.nyc.gov/site/hpd/services-and-information/preservation.page).

**EXHIBIT D:**

**HHAP Stabilization Sponsor Qualifications**

Add pages as needed.

1. If recent HHAP annual report reviews and/ or monitoring visits generated findings, and these have not been addressed to HHAP’s satisfaction, please provide a plan to ensure that compliance with the terms of the contract is achieved. Findings may include but are not limited to:
   1. the timely submission of annual reports,
   2. providing all requested documentation for reporting purposes,
   3. assuring that tenant files contain documentation of homeless status (ideally third party)
   4. the provision of support services and documentation of such in tenant files
   5. The submission of incident reports as required
2. How does your agency manage and maintain the building’s physical plant, including emergency, routine, and preventive maintenance, once rehabilitation is completed?
3. Attach a copy of your agency’s strategic plan/framework if one has been developed.

**EXHIBIT E-1:**

**HHAP Stabilization Scope of Work Narrative**

Add pages as needed

1. **Provide a detailed Narrative Description of the Work to be Undertaken and the Manner in which it will be Completed.** The scope of work for rehabilitation projects should be comprehensive and should address each significant building component due to be repaired and/or replaced and to what extent. The narrative should address whether the capacity, age, and effectiveness of existing systems was considered. The scope of work and cost estimate must be reasonable, and the repaired/upgraded items should last for at least 10-15 years without further capital investment.
2. Include whether the project incorporates energy efficiency measures and if a new Certificate of Occupancy (CofO) will be required once repairs are completed. Speak to if design changes are required to better meets the needs of the residents, this should also include safety and security measures. Outline whether life cycle costs, durability of materials, and ease of maintenance were considered. Broadly explain how rehabilitation will happen with tenants in place or if there are plans for relocating tenants at any time during the work.

**EXHIBIT E-2**

**HHAP Stabilization Contractor or Vendors**

**(If more than one site, duplicate this page for each building in the proposed project**

**and provide a summary page setting forth cumulative cost information.)**

Site       of

Site Address:

**Level of Construction Work Required**

Moderate Rehabilitation  Minor Rehabilitation  Other – specify

**Project will be Constructed by:**

General Contractor Selected via Bid; or Pre-selected General Contractor (GC); or

Various Vendors Completing the Trades Independently

Other – please specify.

If proposing a pre-selected contractor, identify the individual or firm below and provide contact and other information as required in Exhibit A-3. In addition, please provide justification for utilizing the services of a preselected GC and indicate whether the firm is a M/WBE or SDVOB.

WBE       MBE       NYS Certified?  Yes  No

SDVOB       NYS Certified?  Yes  No

**\*\***HHAC may require that 50% of the value of the work is competitively bid, which may be accomplished through trade subcontractors. In lieu of bidding 50% of the total construction value, HHAC may, at its discretion, accept a bid plan and matrix for review and approval, when bidding is completed prior to an HHAC Award. If there is an identity of interest among a sponsor/owner development team and the pre-selected general contractor or construction manager, HHAC may, in its sole discretion, require that all trades or subcontracts be competitively bid.

Please chose between D-2.A and D-2.B using the one that best fits your project.

**Complete D-2-A.** *Construction Standards Institute (CSI)* categories when using a general contractor that will complete the work and or bid to subcontractors.

**Complete D-2-B.** When using various vendors for the work and supervising the work yourself or with the assistance of an Owner’s Rep, include a budget by trade or scope of work. Specifically include how the amounts requested were determined. For items in excess of $10,000 three comparative quotes are required. Quotes may be obtained via the internet.

**EXHIBIT E-3-A: HHAP Stabilization Cost Estimate**

**Construction Standards Institute (CSI) category**

**(If more than one site, duplicate this page for each building in the proposed project**

**and provide a summary page setting forth cumulative cost information.)**

Site       of

Site Address:

Division 1 General Requirements $0

Division 2 Demolition and Site Work $0

Division 3 Concrete $0

Division 4 Masonry $0

Division 5 Metals $0

Division 6 Wood & Plastic $0

Division 7 Thermal & Moisture Protection $0

Division 8 Doors & Windows $0

Division 9 Finishes $0

Division 10 Specialties $0

Division 11 Equipment $0

Division 12 Furnishings $0

Division 13 Special Construction $0

Division 14 Conveying systems $0

Division 15 Mechanical $0

Division 16 Electrical $0

**Total Building Construction Cost (without contingency) $****0**

*(this figure should be transferred to Exhibit B-1, Line C.1)*

(Includes      % General Conditions,      % Overhead,      % Profit)

**Construction Change Order Contingency** $0

(15% for Rehabilitation)

**Total Construction Cost** $0

**Total gross square footage to be constructed/improved** 0

*(this figure should be the same as Exhibit E-2, page 2)*

Construction Cost (without contingency) divided by GSF $     /GSF

**EXHIBIT E-3-B: HHAP Stabilization Cost Estimate**

**Various Vendors**

**(If more than one site, duplicate this page for each building in the proposed project**

**and provide a summary page setting forth cumulative cost information.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRADE/SCOPE OF WORK** | Scope 1 (define) | Scope 2 (define) | Scope 3 (define) | Scope 4 (define) |
| Quote/bid 1 |  |  |  |  |
| Quote/bid 2 |  |  |  |  |
| Quote/bid 3 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

You may provide a spreadsheet as an attachment if preferred over the format above.

**EXHIBIT E-4:**

**HHAP Stabilization Site Photographs**

Add pages as needed

1. Please include photo documentation of the site conditions that, if not corrected, may impact the health and safety of tenants and/or the ongoing viability of the project. Please also include one exterior photo.

## EXHIBIT F HHAP Stabilization Certifications

### Faith-based certification

I certify that, pursuant to page 54 of the Homeless Housing and Assistance Program Application, the applicant is:

Not a faith-based (sectarian) organization.

A faith-based (sectarian) organization and that none of the services proposed in this application sectarian in nature, that the proposed services be not provided on the basis of race, religion, color or national origin or to further a sectarian purpose.

### Vendor Responsibility Questionnaire (AC 3291-6)

I certify that, pursuant to page 39 of the RFP and page 65 of the Homeless Housing and Assistance Program Application, the applicant is:

Current with the Office of the State Comptroller’s required filing.

Will complete the required AC 3291-6 form and append to this application.

### MacBride Fair Employment Principles certification

I certify that, pursuant to page 39 of the RFP and page 72 of the Homeless Housing and Assistance Program Application, the applicant:

Compliant with the MacBride Fair Employment Principles

Not compliant with the MacBride Fair Employment Principles

### Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury that to the best of their knowledge and belief is in compliance with the Non-Collusive bidding certification required by Section 139-D of the State Finance Law as set forth on page 39 of the RFP and page 73 of the Homeless Housing and Assistance Program Application.

Compliant

Not compliant

### Agreement

Applicant has read and concurs with the agreement contained on page 39 of the RFP and page 75 of the Homeless Housing and Assistance Program Application.

Agree

Disagree

### Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Applicant certifies and attests, pursuant to page 86 of the RFP and Appendix L, page 78 of the Homeless Housing and Assistance Program Application, as a contractor, joint venture contractor, subcontractor, or consultant, that its performance of the services outlined in this application does not and will not create a conflict of interest as described in the RFP nor position the Applicant to breach any other contract currently in force with the State of New York.

Agree, no conflict of interest

Disagree, conflict of interest

**The applicant and co-applicant, if any, certifies to the best of its knowledge the responses are true and correct, that if awarded funds will comply with any and all HHAP requirements.**

**Date**

**Authorized Agency Representative Name**

**Authorized Agency Representative Title**

## *Note on the Completeness of the Application*

All proposals received must be in the form and contain the content as set out in this Application. Applications which are deemed incomplete or otherwise fail to meet the requirements of the RFP may be disqualified from consideration.

|  |  |  |
| --- | --- | --- |
|  | Exhibit | Check if provided |
| A-1 | Project Summary Data |  |
| A-2 | Project Applicant Information |  |
| A-3 | Development and Management Team |  |
| A-4 | Project Summary Narrative |  |
| A-5 | Project Referral Source/s |  |
| B-1 | Stabilization Amendment Budget |  |
| B-2 | Budget Description |  |
| B-3 | First Year (i.e.) Current Year Operating Budget |  |
| B-4 | Seven Year Operating Budget |  |
| B-5 | Seven Year Cash Flow |  |
| C | Documentation of Need |  |
| D | Sponsor Qualifications |  |
| E-1 | Scope of Work Narrative |  |
| E-2 | Contractors or Vendors |  |
| E-3.A | Cost Estimate – CSI category/ general contractor **OR** |  |
| E-3.B | Cost Estimate – Various Vendors |  |
| E-4 | Site Photographs |  |
| F | Certifications |  |