



**ANDREW M. CUOMO**  
Governor

## **Office of Temporary and Disability Assistance**

**SAMUEL D. ROBERTS**  
Commissioner

**BARBARA C. GUINN**  
Executive Deputy Commissioner

# **REQUEST FOR PROPOSALS**

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

**RFP Release Date:** September 25, 2017

**RFP Due Date:** October 25, 2017 2:00 pm

**Designated Contact:**

**Name:** Keturah Tallon

**Agency:** Office of Temporary & Disability Assistance

**Title:** Program Manager

**Address:** 40 N. Pearl St. Suite 10B Albany, NY 12243-0001

**Phone/Email:** (518) 473-0408/ [Keturah.Tallon@otda.ny.gov](mailto:Keturah.Tallon@otda.ny.gov)



## Office of Temporary and Disability Assistance

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

## **Request for Proposals**

#### **Timetable of Key Events:**

<u>Event:</u>	<u>Date:</u>
Request for Proposals Release	September 25, 2017
Deadline to Submit Questions	October 10, 2017
Posted Date of Answers (on or about)	October 13, 2017
Proposals Due	October 25, 2017
Award(s) Announced	December 2017
Contract Start Date	April 1, 2018
Contract End Date	March 31, 2021

#### **Inquiries:**

*Any questions about this RFP must be submitted in writing by 2pm on October 10, 2017 to the attention of Keturah Tallon at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services, 40 North Pearl Street, Floor 10C, Albany, New York 12243 or e-mail to [Keturah.tallon@otda.ny.gov](mailto:Keturah.tallon@otda.ny.gov).*

*All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number. Questions must be submitted prior to the 2pm October 10, 2017 deadline.*

*The written responses to all questions will be posted at [www.otda.ny.gov](http://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 may be answered at the discretion of OTDA and may be published in the Question and Answer document.*

# TABLE OF CONTENTS

	Page #
<b>Section One.....SUMMARY INFORMATION</b>	
1.1...Introduction.....	4
1.2...Eligible Applicants.....	5
1.3...Prequalification Requirement in Grants Gateway.....	5
1.4...Program Description.....	6
1.5...Eligible Target Populations.....	7
1.6...Eligible Services and Costs.....	7
1.7...Ineligible Services and Costs.....	9
1.8...Eligible Units.....	9
1.9...Funding Formula .....	10
1.10...Matching Funds .....	10
1.11...Maintenance of Effort.....	11
1.12...Selection Process.....	11
1.13...Award Procedure.....	14
1.14...Reports and Record Keeping.....	15
1.15...General Terms and Conditions.....	16
 <b>Section Two.....APPLICATION INSTRUCTIONS</b>	 22
 <b>Section Three...PRE-SUBMISSION UPLOAD FORMS</b>	 27
 <b>Section Four....PRINTED VERSION OF GRANTS GATEWAY APPLICATION</b>	 47

## **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) 2017-18 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 nonprofit 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 nonprofit 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 nonprofit corporation applying to OTDA for funds should provide certifications from both the local social service district and the local Continuum of Care body supporting the project.

Current NYSSHP grantees under contract need not apply unless it is for eligible units that are not currently under contract.

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 the 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 three (3) year contract term (April 1, 2018-March 31, 2021) 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 must be submitted electronically through Grants Gateway at**  
<https://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 forms and answer all questions will adversely affect the overall competitive score of an application. Applications cannot 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 following requirements:

- Applications must be submitted by Eligible Applicants, as defined in Section 1.2, and prequalified in Grants Gateway as outlined in Section 1.3.
- 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 nonprofit corporation eligible to do business in the State of New York. Eligible applicants must manage, own, lease, or operate transitional or permanent housing or be a local social services district or unit of local government applying on behalf of a nonprofit 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 nonprofit organization may own/operate a property consisting of six (6) – one (1) bedroom apartments while another nonprofit 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 which duplicate services. 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 the NYC DHS at (212) 361-0775.

All applicants are encouraged to participate with the local Continuum of Care (CoC) where applicable. Participation in the local 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 nonprofits are subject to the Prequalification Requirement in Grants Gateway. Units of local government, local social services districts and tribal organizations that register 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 nonprofits to register in Grants Gateway and complete the Vendor Prequalification process in order for proposals to be considered and 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](mailto:grantsreform@budget.ny.gov). If you do not know your password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

### 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](mailto: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 an email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Grants 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 and Section 1.3 Prequalification Requirement in Grants Gateway). 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 as possible while enhancing housing stability. Program performance measures will include occupancy rates and other key indicators that demonstrate increases in residents' self-sufficiency and their 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 by the NYSSHP: Single Adults, Young Adults, and Families; each is defined below. Preference will be given to applicants that 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 of the following target populations** your program intends 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, 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 (<https://www.acf.hhs.gov/ofa/programs/tanf/laws-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 and counseling;
- family reunification and stabilization;
- life skills training; and/or
- building security services.

Other eligible services 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; and
  - recreational supplies/equipment.
- A maximum of 10% of the award amount may be allocated for itemized 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/sub-recipient/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.



## **Executive Order Number 38: Limits on State-funded Administrative Costs and Executive Compensation**

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.

On January 18, 2012, Governor Andrew M. Cuomo issued Executive Order Number 38, "Limits on State-Funded Administrative Costs and Executive Compensation," which required that certain State agencies, including those involved in this RFP, promulgate regulations limiting State reimbursement for administrative expenses and executive compensation of service providers. Any contract awarded through this RFP will be subject to the EO 38 regulations if the awardee is a "covered provider" within the meaning of those regulations. Important Legal Notice: Based upon the April 8, 2014 decision in Agencies for Children's Therapy Services, Inc. v. New York State Department of Health, et al. ("ACTS"), covered providers conducting business in Nassau County need not file Executive Order 38 disclosures. For purposes of this notice, "conducting business" means having a place of business within Nassau County, providing program services or administrative services involving the use or receipt of State funds or State-authorized payments within Nassau County, or otherwise conducting business within Nassau County in relation to which executive compensation is paid. Please note that the ACTS decision is under appeal. Those affected by the ACTS decision should periodically check the EO 38 website for updates regarding any changes to this notice. <http://executiveorder38.ny.gov/>

### **1.7 Ineligible Services and Costs**

New York State Supportive Housing Program (NYSSHP) funds may not be used to 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 may include 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 in Section 2(23) of the Social Services Law; or any other facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter to recipients of temporary housing assistance.
- 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 the following formula (#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)**

Applications requesting 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, tribal organizations, and/or nonprofit corporations must indicate the number of beds for which they seek funding. 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)**

Applications requesting 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 access to 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 cost of living adjustments.

### **1.10   Matching Funds**

All applicants must provide a dollar-for-dollar match of 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. The matching funds 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 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 awarded through this RFP may be used to initiate services, expand services or enhance a program that is reapplying for NYSSHP funding. Funds awarded 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. 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:

- 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
- 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:

- Proposals that will house families as the target population;
- High priority will be awarded to proposals indicating that 90% or more of those served are in receipt of Medicaid; medium priority to proposals indicating that 50% or more of those served are in receipt of Medicaid; and lower priority to proposals indicating that less than 50% of those served are in receipt of Medicaid;
- Proposals that include housing projects which have been developed with Homeless Housing and Assistance Program (HHAP) 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 indicating that 50% or more 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 (for counties covered by a CoC) or from a local planning entity (for counties not covered by a CoC); and
- 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 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 or areas that proportionately have received the greatest amount of NYSSHP funds from 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.

Projects that are currently in receipt of Empire State Supportive Housing (ESSHI) funding will not be eligible for NYSSHP funds.

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 under this RFP;
- 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; and
- 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	50%
Budget and related uploads	35%
Work Plan	5%
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 the vendor's NYS Office of the Attorney General Charities Registration filing.

It is the policy of OTDA to provide all program Applicants with an opportunity to resolve complaints or inquiries related to bid solicitations or pending contract awards administratively. OTDA encourages all Applicants to seek resolution of complaints concerning the contract award process through consultation with OTDA. All such matters will be accorded impartial and timely consideration. Detailed procedures are provided on OTDA website at Contracts-Grant Opportunities <http://otda.ny.gov/contracts/>. OTDA continues to encourage all successful or unsuccessful applicants who desire a debriefing to contact the Bureau of Housing and Support 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 April 1, 2018. It is anticipated that successful applicants will receive multi-year contracts for three (3) 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 three (3) 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, 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 in response to this RFP in a manner consistent with the award methodology set forth herein;
- 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 will 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 who 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 approved housing 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) or a comparable database. Associated costs are 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 subcontracts.

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 April 1, 2018. This RFP governs the provision of NYSSHP for a three (3) year contract cycle to be funded annually for one (1) year budget 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 (RFP):

- 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.

### **Participation Opportunities For New York State Certified Service-Disabled Veteran Owned Businesses**

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses ("SDVOB"), thereby further integrating such businesses into New York State's economy. OTDA recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of OTDA contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders are expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

### **Contract Goals**

A. OTDA establishes an overall goal of 1% for SDVOB participation, based on the current availability of qualified SDVOBs. For purposes of providing meaningful participation by SDVOBs, the Bidder/Contractor should reference the directory of New York State Certified SDVOBs found at: [https://ogs.ny.gov/veterans/Docs/CertifiedNYS\\_SDVOB.pdf](https://ogs.ny.gov/veterans/Docs/CertifiedNYS_SDVOB.pdf). Questions regarding compliance with SDVOB participation goals should be directed to OTDA (contact information to be provided). Additionally, following Contract execution, Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veterans' Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss additional methods of maximizing participation by SDVOBs on the Contract.



B. Contractor must document “good faith efforts” to provide meaningful participation by SDVOBs as subcontractors or suppliers in the performance of the Contract (see clause IV below).

### **SDVOB Utilization Plan**

A. In accordance with 9 NYCRR § 252.2(i), Bidders are required to submit a completed SDVOB Utilization Plan on Form SDVOB 100 with their bid.

B. The Utilization Plan shall list the SDVOBs that the Bidder intends to use to perform the Contract, a description of the work that the Bidder intends the SDVOB to perform to meet the goals on the Contract, the estimated dollar amounts to be paid to an SDVOB, or, if not known, an estimate of the percentage of Contract work the SDVOB will perform. By signing the Utilization Plan, the Bidder acknowledges that making false representations or providing information that shows a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Any modifications or changes to the agreed participation by SDVOBs after the Contract award and during the term of the Contract must be reported on a revised SDVOB Utilization Plan and submitted to OTDA.

C. OTDA will review the submitted SDVOB Utilization Plan and advise the Bidder/Contractor of OTDA acceptance or issue a notice of deficiency within 20 days of receipt.

D. If a notice of deficiency is issued, Bidder/Contractor agrees that it shall respond to the notice of deficiency, within seven business days of receipt, by submitting to OTDA a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the Bidder/Contractor and direct the Bidder/Contractor to submit, within five business days of notification by OTDA, a request for a partial or total waiver of SDVOB participation goals on SDVOB 200. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

E. OTDA may disqualify a Bidder’s bid or proposal as being nonresponsive under the following circumstances: (1) If a Bidder fails to submit a written remedy to a notice of deficiency; (2) If a Bidder fails to submit a request for waiver; or (3) If OTDA determines that the Bidder has failed to document good faith efforts. (4) If a Bidder fails to submit an SDVOB Utilization Plan;

F. If awarded a Contract, Contractor certifies that it will follow the submitted SDVOB Utilization Plan for the performance of SDVOBs on the Contract pursuant to the prescribed SDVOB contract goals set forth above.

G. Contractor further agrees that a failure to use SDVOBs as agreed in the 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 Contractor non-responsibility.

### **Request for Waiver**

A. Prior to submission of a request for a partial or total waiver, Bidder/Contractor shall speak to the Designated Contacts at OTDA for guidance.

B. In accordance with 9 NYCRR § 252.2(m), a Bidder/Contractor that is able to document good faith efforts to meet the goal requirements, as set forth in clause IV below, may submit a request for a partial or total waiver on Form SDVOB 200, accompanied by supporting documentation. A Bidder may submit the request

for waiver at the same time it submits its SDVOB Utilization Plan. If a request for waiver is submitted with the SDVOB Utilization Plan and is not accepted by OTDA at that time, the provisions of clauses II (C), (D) & (E) will apply. If the documentation included with the Bidder's/Contractor's waiver request is complete, OTDA shall evaluate the request and issue a written notice of acceptance or denial within 20 days of receipt.

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

D. If OTDA, upon review of the SDVOB Utilization Plan and Monthly SDVOB Compliance Report (SDVOB 101) determines that Contractor is failing or refusing to comply with the contract goals and no waiver has been issued in regards to such non-compliance, OTDA may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven business days of receipt. Such response may include a request for partial or total waiver of SDVOB contract goals.

Waiver requests should be sent to OTDA.

### **Required Good Faith Effort**

In accordance with 9 NYCRR § 252.2(n), Contractors must document their good faith efforts toward utilizing SDVOBs on the Contract. Evidence of required good faith efforts shall include, but not be limited to, the following:

- (1) Copies of solicitations to SDVOBs and any responses thereto;
- (2) Explanation of the specific reasons each SDVOB that responded to Bidders/Contractors' solicitation was not selected;
- (3) Dates of any pre-bid, pre-award or other meetings attended by Contractor, if any, scheduled by OTDA with certified SDVOBs whom OTDA determined were capable of fulfilling the SDVOB goals set in the Contract.
- (4) Information describing the specific steps undertaken to reasonably structure the Contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified SDVOBs.
- (5) Other information deemed relevant to the waiver request.

### **Monthly SDVOB Contractor Compliance Report**

In accordance with 9 NYCRR § 252.2(q), Contractor is required to report Monthly SDVOB Contractor Compliance to OTDA during the term of the Contract for the preceding month's activity, documenting progress made towards achieving the Contract SDVOB goals. This information must be submitted using form SDVOB 101 available on OTDA website and should be completed by the Contractor and submitted to OTDA, by the 10th day of each month during the term of the Contract, for the preceding month's activity to OTDA (contact information to be provided).

## **Breach of Contract and Damages**

In accordance with 9 NYCRR § 252.2(s), any Contractor found to have willfully and intentionally failed to comply with the SDVOB participation goals set forth in the Contract, shall be found to have breached the contract and Contractor shall pay damages as set forth therein.

**All Forms Are Available at:** <https://ogs.ny.gov/veterans/>

## **CONTRACTOR REQUIREMENTS AND PROCEDURES FOR PARTICIPATION BY NEW YORK STATE-CERTIFIED MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES AND EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITY GROUP MEMBERS AND WOMEN**

### **NEW YORK STATE LAW**

Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations OTDA is required to promote opportunities for the maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) and the employment of minority group members and women in the performance of OTDA contracts.

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

For purposes of this solicitation, OTDA hereby establishes an overall goal of 30% for MWBE participation, 15% percent for New York State-certified Minority-owned Business Enterprise (“MBE”) participation and 15% percent for New York State-certified Women-owned Business Enterprise (“WBE”) participation (based on the current availability of MBEs and WBEs). A contractor (“Contractor”) on any contract resulting from this procurement (“Contract”) must document its good faith efforts to provide meaningful participation by MWBEs as subcontractors and suppliers in the performance of the Contract. To that end, by submitting a response to this RFP, the respondent agrees that OTDA may withhold payment pursuant to any Contract awarded as a result of this RFP pending receipt of the required MWBE documentation. The directory of MWBEs can be viewed at: <https://ny.newnycontracts.com>. For guidance on how OTDA will evaluate a Contractor’s “good faith efforts,” refer to 5 NYCRR § 142.8.

The respondent understands that only sums paid to MWBEs for the performance of a commercially useful function, as that term is defined in 5 NYCRR § 140.1, may be applied towards the achievement of the applicable MWBE participation goal. [FOR CONSTRUCTION CONTRACTS – The portion of a contract with an MWBE serving as a supplier that shall be deemed to represent the commercially useful function performed by the MWBE shall be 60 percent of the total value of the contract. The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be the monetary value for fees, or the markup percentage, charged by the MWBE]. [FOR ALL OTHER CONTRACTS - The portion of a contract with an MWBE serving as a broker that shall be deemed to represent the commercially useful function performed by the MWBE shall be 25 percent of the total value of the contract].

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

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

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System ("NYSCS"), which can be viewed at <https://ny.newnycontracts.com>, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting the Contract's program manager at OTDA.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

- A. An MWBE Utilization Plan with their bid or proposal. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to OTDA for review and approval.

OTDA will review the submitted MWBE Utilization Plan and advise the respondent of OTDA acceptance or issue a notice of deficiency within 30 days of receipt.

- B. If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to OTDA a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by OTDA to be inadequate, OTDA shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

OTDA may disqualify a respondent as being non-responsive under the following circumstances:

- a) If a respondent fails to submit an MWBE Utilization Plan;
- b) If a respondent fails to submit a written remedy to a notice of deficiency;
- c) If a respondent fails to submit a request for waiver; or
- d) If OTDA determines that the respondent has failed to document good faith efforts.

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

The successful respondent will be required to submit a quarterly M/WBE Contractor Compliance & Payment Report to OTDA, by the 8<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

## **Equal Employment Opportunity Requirements**

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of [Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women OR Authority equivalent to Appendix A]. The respondent is required to ensure that it and any subcontractors awarded a subcontract for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the respondent, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form OTDA-4970, to OTDA with its bid or proposal.

If awarded a Contract, respondent shall submit a Workforce Utilization Report, Form OTDA-4971, and shall require each of its Subcontractors to submit a Workforce Utilization Report, in such format as shall be required by OTDA on a QUARTERLY basis during the term of the Contract.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

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

## **Section Two.....APPLICATION INSTRUCTIONS**

The entire NYS Supportive Housing Program Application is to be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system will not be reviewed.

Eligible entities are nonprofits subject to Prequalification Requirements, and units of local government, local social service districts, and tribal organizations 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 2018 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](mailto: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 #27, #29, #36 and #38 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 58.71%. 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 nonprofits 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 \$.535 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 three (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 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: 04/01/2018 to 03/31/2021

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 nonprofit, MWBE forms are not applicable. The following is a list of the forms; copies of the forms begin on the next page.

- **LSSD Documents:** FOR DSS APPLICANTS ONLY, all others may disregard. If you are a Local Social Service District download the LSSD Documents, complete the information page and funding summary page and upload to your application.
- **Notice to LSSD of Intent to Apply and LSSD letter of support:** Notify your LSSD 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)/Local Planning Entity Letter of support:** Notify your local Continuum of Care or local planning entity 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.
- **Agency Contact List:** Use the excel form provided. 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.
- **Other:** Upload any other relevant documents.

### Section Three...PRE-SUBMISSION UPLOAD FORMS

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

**LSSD Documents:** These following 2 forms should be completed only if applicant is a Local Social Services District; 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 LSSD of Intent to Apply - Support Letter format: Notify your LSSD of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.**

<b>NOTE: This is the format to use for notifying your LSSD.</b>
---

**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 LSSD** 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**

**LSSD Letter of Support Sample Format**

<b>NOTE: Example of a Support Letter format for your LSSD. They may also use their own.</b>
---

**LSSD 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/LOCAL PLANNING ENTITY APPROVAL**

I, \_\_\_\_\_, as the representative of \_\_\_\_\_ Continuum

Of Care/Local Planning Entity, acknowledge that the aforementioned body fully supports the

\_\_\_\_\_ (program/project) administered by

\_\_\_\_\_ (Agency) and that this agency is a regular member of

our 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 a response to this RFP, or to procure or contract for any 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 this 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 three (3) year contract cycle to be funded annually for one (1) year budget periods. For those applicants selected as a result of this Request for Proposals (RFP), subsequent year's funding may be at a decreased or increased level.

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

---

(Signature of official authorized to sign for applicant)

(Date)

---

(Typed Name and Title)

(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, operated or leased 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.

	Services currently provided				Services provided by NYSSHP		
Service	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	% Change
<b>A.</b>	<b>OPERATING BUDGET</b>				
	1. Real Estate Tax				
	2. Water & Sewer Tax				
	3. Fire/Liability/Other Insurance				
	4. Fuel				
	5. Utilities				
	6. Exterminating				
	7. Carting				
	8. Repairs & 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>B.</b>	<b>PROGRAM BUDGET</b>				
	1. NYSSHP Funded Support Services Payroll **				
	2. Other than NYSSHP Support Services Payroll **				
	3. Laundry				
	4. Food				
	5. NYSSHP Administrative Costs				
	6. Other than NYSSHP Administrative Costs				
	7. Other Program Costs				
	Total Lines 1 - 7				
<b>C.</b>	<b>ANNUAL DEBT SERVICE</b>				
	1. Debt Service				
	** Include Fringe and Contractual Staffing Costs	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	
<b>TOTAL A + B + C</b>					

#### #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 units	#Unit s		Rent		Months		Annual Revenue
1	Studio Units		*		*	12	=	
	1 Bedroom Units		*		*	12	=	
	2 Bedroom Units		*		*	12	=	
	3 Bedroom Units		*		*	12	=	
				TOTAL RENTS				
				Less Vacancy Rate/Uncollectable		(enter % here)		
	NET RENTS							

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>		
	<b>Other revenue sources</b>		
	<b>TOTAL PROJECT REVENUE</b>		

## #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.  = NYSSHP Funded Support Services Staff Payroll Total from Project Operating Budget tab.
- F.  = Other than NYSSHP Funded Support Staff Payroll- Total from Project Operating Budget tab.
- (Transfer figure from Project Operating Budget tab, section – B. 1 and B.2)
- G.  = Percentage of project's overall Support Services Payroll that is dependent on  
NYSSHP funds (Will calculate automatically but is equivalent to  $E/(F+E)$ )

OTDA-4976 (Rev. 1/2016)

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

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

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

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

Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises;

- (k) The Contractor negotiated in good faith with certified minority- and women-owned business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any certified minority- or women-owned business enterprise. "Good faith" negotiating means engaging in good faith discussions with certified minority- or women-owned business enterprises about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available; and,
- (l) The Contractor undertook efforts to make payments for any work performed by certified minority- and women-owned business enterprises in a timely fashion so as to facilitate continued performance by certified minority- and women-owned business enterprises.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

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

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



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

Contractor:

Contract No.:

Address:

Federal ID#:

Dear Contractor:

I,  intend to perform work for   
(Name of Subcontractor/Supplier) (Name of Prime Contractor)

My Minority/Women Business Enterprise (M/WBE) status as a MBE (☐) and/or WBE (☐) is certified as of   
(Certification date)

is prepared to do the following:  
(Name of Subcontractor/Supplier)

(Describe work to be performed on the above project)	Unit Price	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

will sign a formal contract for the above work conditioned  
(Name of Subcontractor/Supplier)

upon the approval of your executed contract with the contractor.

Please choose one of the following options:

**MBE: Subcontractor [ ☐ ] Supplier [ ☐ ]**

**WBE: Subcontractor [ ☐ ] Supplier [ ☐ ]**

Company Official's Name:

Title:

Company Official's Signature

Date:

Address:

**\*\*\*This section is to be completed by the prime contractor\*\*\***

Company Official's Name:

Title:

Company Official's Signature

Date:

Telephone Number:

Fax Number:

## MWBE 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 (MWBE) under the contract. Note – A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Offeror's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Region/Location of Work: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_  
Solicitation Name/Contract No.: \_\_\_\_\_  
MWBE Certified: Y/N \_\_\_\_\_  
MWBE Participation Goals: MBE \_\_\_\_\_% WBE \_\_\_\_\_%

1. Certified MWBE 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. _____	NY'S ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	_____	_____	_____
B. _____	NY'S 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: _____
NAME AND TITLE OF PREPARER (Print or Type): _____			
<p style="font-size: small;">SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE MWBE REQUIREMENTS SET FORTH UNDER NY'S EXECUTIVE LAW, ARTICLE 15-A, § 5 NYORR 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.</p>			

**UTILIZATION PLAN APPROVED:** ☐ YES ☐ NO Date: \_\_\_\_\_

**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: \_\_\_\_\_

## 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 \_\_\_\_\_

#### **M/WBE**

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 AGENCY 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. The 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, if legally permissible, 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 work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, 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 organization's obligations herein.

(d) 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.

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

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_

By \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ 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 and Women's Business Enterprise Participation

\_\_\_\_\_ % Minority Business Enterprise Participation

\_\_\_\_\_ % Women's Business Enterprise Participation

\_\_\_\_\_  
(Authorized Representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### STAFFING PLAN

Submit with Bid or Proposal – Instructions on page 2

<b>Solicitation No.:</b> [REDACTED]	<b>Reporting Entity:</b> [REDACTED]	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Workforce to be utilized on this contract
<b>Offeror's Name:</b> [REDACTED]	<input type="checkbox"/> Offeror	
<b>Offeror's Address:</b> [REDACTED]	<input type="checkbox"/> Subcontractor	
<b>Subcontractor's name:</b> [REDACTED]		

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

EEO-Job Category	Workforce by Gender		Workforce by Race/Ethnic Identification						Total								
	Total Male (M)	Total Female (F)	White (M)	White (F)	Black (M)	Black (F)	Hispanic (M)	Hispanic (F)		Asian (M)	Asian (F)	Native American (M)	Native American (F)	Disabled (M)	Disabled (F)	Veteran (M)	Veteran (F)
Officials/Administrators	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Professionals	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Technicians	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Sales Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Office/Clerical	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Craft Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Laborers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Service Workers	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Temporary /Apprentices	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>Totals</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<b>PREPARED BY (Signature):</b> [REDACTED]		<b>TELEPHONE NO.:</b> [REDACTED] <b>EMAIL ADDRESS:</b> [REDACTED]										<b>DATE:</b> [REDACTED]					
<b>NAME AND TITLE OF PREPARER (Print or Type):</b> [REDACTED]		<b>Submit completed with bid or proposal</b>															

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (M/WBE 101) 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 and/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 and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check the box acknowledging work force to be utilized on the contract.
3. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading "Work force by Gender".
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading "Work force by Race/Ethnic Identification". Contact the OM/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated 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 form, 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      Male      or      Female

## 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.



New York State  
Grants Gateway

### PROGRAM SPECIFIC QUESTIONS

#### Instructions:

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

**Project Title**

You should print and/or refer to the RFP-part B, Instructions to Complete the Application; while completing this application. Be aware that the application consists of both your responses to questions and your uploaded documents. The template documents are located in the Pre-Submission Upload section under the Forms menu. Remember to SAVE your work frequently.

#### A. COMMUNITY TO BE SERVED/ HOMELESS SERVICE DELIVERY SYSTEM

1. Please indicate which target population your agency will be serving for this project. Acceptable target populations are either single adults, families or young adults. Please note that a separate application must be submitted for each target population. \*

2. Please indicate the number of beds/units in the project. For single adults and young adults state the # of beds. For families state the # of units. \*

3. Have Empire State Supportive Housing Initiative (ESSHI) funds or another operating subsidy, i.e. NYC 15/15, been awarded for this project? If yes, the project is not eligible for NYSSHP funding. If not, do you intend to apply for ESSHI funds or for another operating subsidy for this project in the future? \*

4. Identify the service area (county, city, borough etc.) you intend to serve and briefly describe the community. \*

5. Identify how the delivery of homeless services are coordinated in the service area in question #4. Indicate if there is a Continuum of Care, a Ten Year Plan to End Homelessness and/or some other coordinating body. \*

6. Provide the following information as it relates to the homeless service delivery system(s): who is the lead organization, what other organizations are represented (please list), how often do meetings occur, what types of activities are undertaken, how has this coordination impacted the delivery of homeless services, identify any meaningful outcomes (i.e. better service coordination, more emergency beds available etc.). Describe the role of the Local Social Services District (LSSD) in the planning process and describe your organizations role in the planning process. \*

7. Explain how the program described in this RFP will be coordinated with existing programs that are part of the local planning process. \*

8. Does your agency currently participate in the Homeless Management Information System (HMIS)? If not, discuss what steps your agency will take towards participating in HMIS. \*

#### B. ELIGIBLE POPULATION INFORMATION

9. Define/describe your target population: be sure to include all of the following demographic information: gender, age, economic status, family size and makeup, what percentage are veterans, runaway and homeless youth, mentally ill, disabled, ex-offenders, alcohol and substance abusers, persons living with HIV/AIDS, victims of domestic violence, other (describe). \*



10. Describe any special needs of the target population. \*

11. Describe the typical living situations for clients prior to entering your program. \*

12. Describe the anticipated sources of income for your target population. What portion of clients will receive income from Public Assistance, Social Security, SSI, Disability, Employment and/or other sources (identify other sources)? \*

13. Please state and explain your anticipated recidivism rate (% of clients who return to homelessness). \*

#### C. GAP ANALYSIS/ HOUSING NEEDS

14. What is the Fair Market Rent (FMR) in the service area for studio, 1, 2 and 3-bedroom rental units? \*

15. What is the Vacancy Rate in the proposed service area?

16. Identify and describe any existing supportive housing programs within the service area. Be sure to include the number of units available, the services provided, target population and how you work with them. \*

17. Describe the critical gaps in services and/or the need for supportive housing units within the service area. How does your program address these gaps? \*

18. Explain how duplication of effort will be avoided if this proposal were to be funded. \*

#### D. SUPPORT SERVICE NEEDS

19. Provide an overview of the employment resources within the service area as they apply to the population served. Explain the employment needs of the target population and how your program assists with their respective needs. \*

20. What are the support services needs of the target population (i.e. mental health, substance abuse, life skills etc.)? How are these needs currently being met and what resources exist in the service area? \*

21. Describe the impact to the service area, services and target population if this project were not funded. \*

#### E. PROGRAM DESCRIPTION

22. Provide an overview of your program detailing how you perform outreach, your primary source of referrals, how eligibility is determined and explain the intake process. \*

23. Does your agency participate in a coordinated entry process? Please discuss what happens to those individuals determined ineligible. \*

24. Please provide a comprehensive list of onsite services to be provided and briefly describe your day to day operations. \*

25. Discuss and explain any program participation requirements for clients. \*

26. How are support service needs determined and how is instruction in independent living skills (and any other support services) implemented? \*

27. Is a client centered service plan established for all residents? Please explain how frequently service plans are revisited and updated. \*

28. What services will be provided by referral? Please upload copies of any linkage agreements with those organizations. Agreements should include a synopsis of the services to be provided and discuss how your organization will verify the provision of these services. If services are provided through subcontract; provide a description of the subcontractor's experience providing the support service(s) to the target population. Upload copies of any draft contracts that would be executed with the subcontractor(s). \*

Upload:

29. Explain/discuss staffing for the project. Identify by title (do not include specific names) those within your organization who will perform the activities you've described. Provide a brief job description for each title, explain the staffing pattern and discuss any consultant roles. Include any special provisions (i.e. bilingual services) and availability during non-traditional hours. \*

30. Provide a brief narrative describing the building/property and also addressing the following points: type of units; transitional or permanent; support service space; common areas; other non-residential space, etc. (Include blueprints or pictures if desired maximum of 5 pages). \*

Upload:

Choose File

31. Please discuss the following: does your program have a waiting list; what is the average occupancy rate; average length of stay for residents; average time for turnover of apartments (how long it takes for a vacated apartment to be reused)? \*

32. Explain your eviction policy and procedures for handling evictions. Discuss your procedures for handling other types of client incidents or behavioral issues. Are there any current problems in the management and/or operation of the project and if so, how are you addressing these problems? \*

#### F. PRIORITIES

33. What percent (%) of clients will be in receipt of Medicaid upon entry to your program? Discuss how you determined this number. What are your future expectations for serving Medicaid recipients; would the % increase, decrease or remain the same? \*

34. What percentage (%) of the housing units identified in this application have been (or will be) developed with Homeless Housing and Assistance Program (HHAP) funds? \*

35. What percentage (%) of the project's total annual direct service costs (total cost for Personnel, Fringe and Contractual staffing costs) are dependent on NYSSHP funds (meaning there are no other sources of funding that will support those costs)? \*

36. What percentage (%) of clients will be considered chronically homeless (according to the HUD definition of homelessness)? \*

37. Does your application include letters of support from your Local Social Services District and local Continuum of Care or local planning entity? Upload letters if available. \*

Upload:

Choose File

38. Discuss/explain your ability to operate the program for the full contract term. If all units/staff will not be available on the contract start date, discuss when the program will be fully operational. Be sure to verify how many units will be operational for 100% of the contract term. For those that will become operational at a later date, include the # of units and projected date of operation.

39. FOR NYC APPLICANTS ONLY: all others may respond with NOT APPLICABLE- Discuss/verify how the supportive housing units identified in this application will not also be funded with New York City Department of Homeless Services (DHS) supportive housing funds. Verification may be satisfied by uploading a letter from DHA that states the applicant will not receive supportive housing funds for the specified units or by clearly demonstrating that the units are ineligible for DHS funding. Simply stating the units are ineligible is not a sufficient response. \*

Upload:

Choose File