



**ANDREW M. CUOMO**  
Governor

## Office of Temporary and Disability Assistance

**SAMUEL D. ROBERTS**  
Commissioner

**BARBARA GUINN**  
Executive Deputy Commissioner

### **REQUEST FOR PROPOSALS**

Operational Support for AIDS Housing  
(OSAH)

**RFP Release Date:** March 14, 2018

**RFP Due Date: 2:00 PM:** May 4, 2018

**Designated Contact:**

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## Office of Temporary and Disability Assistance

### **Operational Support for AIDS Housing (OSAH)**

#### **Request for Proposals**

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

RFP Release.....	March 14, 2018
RFP Questions Due.....	April 5, 2018
RFP Responses Posted on or about ..	April 12, 2018
Proposals Due.....	May 4, 2018
Notification of Awards on or about...	June 26, 2018
Contract Start.....	September 1 <sup>st</sup> , 2018
Contract End .....	August 31, 2023

#### **Inquiries:**

*Any questions about this RFP must be submitted in writing by 2pm on April 5 2018 to the attention of Sandra Ayers at the New York State Office of Temporary and Disability Assistance (OTDA), Bureau of Housing and Support Services, 40 North Pearl Street, Floor 10C, Albany, New York 12243, or e-mail to [sandra.ayers@otda.ny.gov](mailto:sandra.ayers@otda.ny.gov)*

*All questions must be typed. Along with your question(s), provide your name, organization, mailing address and fax number. Questions may be submitted prior to the 2 PM April 5th deadline.*

*The written response to all questions will be posted at [www.otda.ny.gov](http://www.otda.ny.gov). OTDA will not entertain questions via telephone. Any question received after the specified deadline will be answered at the discretion of OTDA and, if answered, will be published in the Question and Answer document.*

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**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BUREAU OF HOUSING AND SUPPORT SERVICES (BHSS)  
REQUEST FOR PROPOSALS  
OPERATIONAL SUPPORT FOR AIDS HOUSING (OSAH)**

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**1.1 INTRODUCTION**

The New York State Office of Temporary and Disability Assistance (hereinafter OTDA) announces a funding opportunity for the **Operational Support for AIDS Housing (OSAH)** program. These funds may be used to provide services and operational support to applicants that have received a capital grant awarded through the Homeless Housing and Assistance Program (HHAP) to provide housing specifically for homeless individuals and/or families living with HIV/AIDS.

OTDA will make funds available, pursuant to an enacted State Fiscal Year 2018-2019 Budget, to eligible applicants. Eligible applicants include nonprofit agencies, governmental entities, or tribal agencies that either exclusively serve individuals and/or families with HIV/AIDS, or are contractually obligated, under their HHAP contract, to set aside a specific number of units for individuals and/or families living with HIV/AIDS. HHAP funds must have been used to construct or rehabilitate the specific AIDS housing units for which OSAH funding is requested. OTDA reserves the right to adjust funding levels based on the availability of funds.

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 certification from both the local Social Services District and the local Continuum of Care body supporting the project.

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

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

OTDA will award available funds statewide for OSAH projects on a competitive basis. Contract awards will be for a five (5) year contract term (SFY 2018-2023) to be funded annually for one (1) year periods depending upon the availability of continued OSAH 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 to ensure that the final agreement meets OTDA objectives.

OTDA will conduct a thorough review of each application submitted. Eligible applicants should answer all questions and submit all forms requested by this RFP. Failure to submit all required forms and answer all required questions will adversely affect the overall competitive score of an application. Applications 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 two 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; and
- 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.

**Applications should be submitted electronically through Grants Gateway at [grantsgateway.ny.gov](http://grantsgateway.ny.gov).**

## **1.2 ELIGIBLE APPLICANTS**

**Eligibility to apply for OSAH funding through this Request for Proposals (RFP) is specifically limited to those HHAP-funded projects obligated to serve homeless and/ or formerly homeless persons living with HIV/AIDS.** Eligible HHAP applicants include nonprofit corporations, governmental, or tribal agencies that either exclusively serve individuals and/or families with HIV/AIDS, or are obligated to set aside a specific number of units for individuals and/or families living with HIV/AIDS. HHAP funds must have been used to construct or rehabilitate the specific AIDS housing units for which OSAH funding is requested.

Projects that are currently in receipt of Empire State Supportive Housing Initiative funding will not be eligible for OSAH funds.

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

## **1.3 PREQUALIFICATION REQUIREMENT IN GRANTS GATEWAY**

All nonprofits are subject to the Prequalification Requirement in Grants Gateway. Governmental and tribal entities whose document vaults are available in Grants Gateway are also eligible to apply for these funds.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require nonprofits to register in Grants Gateway and complete the Vendor Prequalification process for proposals to be evaluated. Information on these initiatives can be found on the [Grants Reform Website](#).

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

### 1. Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.
- If you have previously registered and do not know your Username please email [grantsreform@budget.ny.gov](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 to submit your Prequalification Application for State agency review. Once submitted, the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

## 1.4 PROGRAM DESCRIPTION

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

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

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

## **1.5 ELIGIBLE TARGET POPULATIONS**

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

## **1.6 ELIGIBLE SERVICES AND COSTS**

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

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

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

- **Construction/Rehabilitation** – Funds may be used for minor construction and/or rehabilitation activities that will directly support and improve the operation of the eligible HHAP project. **Please note:** Funds available for construction/rehabilitation are limited and will be awarded strictly on a case-by-case basis. The applicant must clearly demonstrate that such funds are critical to the on-going viability of the project. The

Bureau of Housing and Support Services (BHSS) will not consider activities deemed cosmetic in nature. A visit to the project site by BHSS staff or their representatives may be required before an award for construction/rehabilitation costs is made. The application must include a detailed cost estimate from at least one qualified contractor. Before funds are released for payment of actual costs, OTDA will require that the applicant provide at least three cost estimates from qualified contractors. OTDA may require that the applicant use the lowest reasonable bid.

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

- address issues to protect the health and safety of residents;
- correct code compliance issues or meet handicapped accessibility requirements, and/or
- assure continued viability and operation of the HHAP project.
- **Administrative** – Not more than **10%** of the OSAH award for a given project will be available to fund administrative activities, provided that the costs of such activities are sufficiently documented and can be appropriately charged to the OSAH program. All funds requested in support of this category should be itemized. Administrative activities may include, but are not limited to the following:
  - supervisory salaries and fringe benefits,
  - audit/bookkeeping;
  - office telephone;
  - postage;
  - administrative personnel salaries and fringe for general oversight.

Funding for 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 MAINTENANCE OF EFFORT**

Funds awarded through this RFP may be used to initiate services, expand services or enhance a program that is reapplying for OSAH 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.

## **1.8 SELECTION PROCESS**

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

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

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

- Projects that demonstrate an urgent need for OSAH funds;
- Projects providing employment and / or educational programs; and
- Projects that are 100% operational at the time of application.

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

- 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 disqualify an application based on other relevant information, such as an agency's financial position, findings or issues raised by other Government funders, vendor responsibility determination, and/or the status of the NYS Office of the Attorney General Charities registration filing.

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

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

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

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

- No one award will exceed 30% of available funds.
- The lowest-scored awarded proposal may not receive the entire requested amount if there are insufficient funds remaining;
- The requested amount may be reduced by all ineligible expenses;
- Awards may be proportionately reduced to ensure the availability and viability of OSAH projects;
- In the event that OTDA has determined via competitive scoring that a contractor with a history of unspent OSAH monies should be awarded new funds, OTDA reserves the right to reduce the award based on the performance history and the reasonableness of the request. In such an instance, the reduced annual award would not exceed 125% of the contractor's prior year's average annual spending. Contractors that have been funded under the previous award should thoroughly justify the need for the additional funds if requesting an amount in excess of past awards; and,
- OTDA reserves the right to reduce funding amounts for projects that will not be operational for the full contract term.

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

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.

## **1.9 AWARD PROCEDURES**

The contracts resulting from this RFP will start on or about September 1, 2018. It is anticipated that successful applicants will receive multi-year contracts for five (5) years with an allowance for termination at any time. Contracts submitted to the NYS Office of State Comptroller (OSC) and the NYS Office of the Attorney General (OAG) will include the maximum amount of the award for the entire five (5) year period. Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to awardees. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OSAH program objectives. Awardees will be required 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 (2018 – 2023), 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 who are on track to expend 90% of their awarded funds by the end of an annual funding cycle, and who can demonstrate a need in the community for increased funds, and/or who acquire additional eligible supportive housing units; and/or
- OTDA may choose to change its projected use of funds.

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 those contractors who are on track to expend 90% of their awarded funds by the end of an annual funding cycle, and who can demonstrate a need in the community for increased funds, and/or who acquire additional eligible supportive housing units.

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 OSAH spending history.

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

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

#### **1.10 REPORTS AND RECORD KEEPING**

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

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

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

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

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

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

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

## **1.11 GENERAL TERMS AND CONDITIONS**

Contracts resulting from this RFP will commence on or about September 1, 2018. This RFP governs the provision of OSAH for a five (5) year contract cycle to be funded annually for one (1) year budget periods. All contract funding will be dependent upon the availability of continued OSAH 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 RFP

- The Master Contract
- Attachment A-1, (OTDA and OSAH 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/Contractors are strongly encouraged and 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.

For purposes of this procurement, OTDA conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by

SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidder/Contractor is encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss methods of maximizing participation by SDVOBs on the Contract.

## **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 8th 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 subcontractors 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 Operational Support for AIDS Housing Application should be submitted in Grants Gateway. Applications submitted outside of the Grants Gateway system may not be reviewed.

Eligible entities are nonprofits subject to Prequalification Requirements, and local governments and tribal nations with available document vaults in Grants Gateway. Read and follow all instructions while completing the screens in Grants Gateway. A printed version of the application appears in Section Four.

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

- **Log into Grants Gateway as a Grantee, Grantee Contract Signatory or Grantee System Administrator.**
- **Click the “Available Opportunities” button.**
- **From the “search by funding agency” drop-down menu, select Office of Temporary and Disability Assistance. Click “search”.**
- **Locate Operational Support for AIDS Housing 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 4pm  
Phone: 1-518-474-5595 Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)
- 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 OSAH 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.**

**Please note: If a section does not apply to your application, leave blank. DO NOT enter in NA or other notations.**

**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 #5, #25, and #32 request an upload, if applicable.

**Budget Section**

Complete the Budget section screens as directed below. Only use whole dollar amounts.

**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 OSAH 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 OSAH, 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 61.48%. 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.

**Space/Property Rent-** This category includes the cost of program space in a rented facility

**Space/Property Own-** This category includes for the cost of program space in an agency owned facility.

**Utilities-** Itemize the Utilities, and amounts.

**Operating Expenses-** Itemize the expense and the amount.

**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 OSAH 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 OSAH contract and whose services are to be funded under the OSAH budget. This includes any other nonprofits performing work under the proposed OSAH 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 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 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 OSAH program as detailed in Section 1.8 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 OSAH 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: 09/01/2018 to 08/31/2019.

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,
- Number of units (family), beds (singles), SRO's
- Type of housing units (permanent, transitional, or both), if not permanent housing discuss process for clients as they transition on;
- Client Eligibility guidelines,
- Onsite services offered,

- Offsite services offered,
- How the program operates and a description of what grant funds will pay for,
- 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.

**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 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.

**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

**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 OSAH 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.

- **Notice to Social Services District of Intent to Apply and Social Services District letter of support:** Notify your Social Services District of your intent to apply and request a letter of support. Sample 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.
- **OSAH Budget to Actual Report** Use the Excel form provided. Upload
- **EEO Policy and MWBE Documents:** Complete all sections as indicated. Upload.
- **Verification of current Charities Registration.** Upload.
- **Verification of current Workers Compensation Coverage** - Upload.  
Acceptable proof of coverage is one of the following:
  - **Form C-105.2** – Certificate of Workers’ Compensation Insurance issued by private insurance carriers, or
  - **Form U-26.3** issued by the State Insurance Fund; or
  - **Form SI-12** – Certificate of Workers’ Compensation Self-Insurance; or
  - **Form GSI-105.2** Certificate of Participation in Workers’ Compensation Group Self-Insurance; or
  - **CE-200** – Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage.
- **Verification of current Disability Insurance.** Upload  
Acceptable proof of coverage is one of the following”
  - **Form DB-120.1** - Certificate of Disability Benefits Insurance; or
  - **Form DB-155** - Certificate of Disability Benefits Self-Insurance; or
  - **CE-200**– Certificate of Attestation of Exemption from New York State Workers’ Compensation and/or Disability Benefits Coverage.
- **Funding Agency Contact Information Form** . **Please use the form provided.** Upload.
- **Grantee Quick Start Guide:** Use this document to aid you in completing your application in Grants Gateway.
- **Other:** Upload any other relevant documents.

FOR REFERENCE ONLY
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**Notice to Social Services District of Intent to Apply - Support Letter format: Notify your Social Services District 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 Social Services District</b>
--

**YOUR AGENCY LETTERHEAD**

Date

Name of 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 Operational Support for AIDS Housing (OSAH), which is offered through the NYS Office of Temporary and Disability Assistance (OTDA).

It is our understanding that **Name of Social Services District** 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**

FOR REFERENCE ONLY
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**Social Services District Letter of Support Sample Format**

<b>NOTE: Example of a Support Letter format for your Social Services District. They may also use their own.</b>
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**SOCIAL SERVICES DISTRICT LETTERHEAD**

Date

Name and Title of Authorized Agency Representative

Agency Name

Street

City, State

Zip Code

Dear \_\_\_\_\_:

I, **Name**, serving as **Title** of **Social Services District**, am in support of the project proposed by **Agency Name** for funding from the Operational Support for AIDS Housing Program (OSAH). **Social Services District** approves of **Agency Name** plan to undertake eligible activities under the OSAH program.

Sincerely,

**Signature**

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#### CONTINUUM OF CARE APPROVAL

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

Of Care, acknowledge that the aforementioned body fully supports the



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

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

our COC coordinating body.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Agreement: sign and date as indicated. Upload**

**AGREEMENT**

It is understood and agreed to by the applicant that (1) This RFP does not commit the New York State Office of Temporary and Disability Assistance (OTDA) to award any contracts, pay the costs incurred in the preparation of response to this RFP, or to procure or contract services. (2) OTDA reserves the right to amend, modify or withdraw this RFP and to reject any proposals submitted, and may exercise such right at any time and without notice and without liability to any offeror or other parties for their expenses incurred in the preparation of a proposal or otherwise. Proposals will be prepared at the sole cost and expense of the offeror. (3) OTDA reserves the right to accept or reject any or all proposals that do not completely conform to the instructions given in the RFP, including time frames for submission thereof. (4) Submission of a proposal will be deemed to be the consent of the applicant to any inquiry made by OTDA of third parties with regard to the applicant's experience or other matters deemed by OTDA relevant to the

proposal. (5) Funds awarded for this project will be used only for the conduct of the project as approved. (6) The contract may be terminated in whole, or in part, by OTDA. Such termination shall not affect obligations incurred under the contract prior to the effective date of such termination. (7) When funds are advanced any unexpended balance or funds unaccounted for at the end of the approved period must be returned. (8) Any significant revision of the approved project proposal must be requested in writing by the contractor prior to enactment of the change. (9) Progress reports must be submitted as required by OTDA. The final program and financial reports must be submitted within a specified time period after the project terminates. Necessary records and accounts including financial and property controls will be maintained and made available to OTDA for audit purposes. (10) All reports of investigations, studies, and publications made as a result of this proposal must acknowledge the support provided by OTDA. (11) All personal information concerning individuals served or studies conducted under the project are confidential and such information may not be disclosed to unauthorized persons, corporations, or agencies. (12) OTDA reserves a royalty free non-exclusive license to use and to authorize others to use all copyrighted material resulting from this project. (13) Successful applicants will be subject to the State's prompt contracting law. (14) Selected contractors agree to be bound by the Affirmative Action/Equal Opportunities anti-discrimination provisions as more fully set forth in Section XIII, General Terms and Conditions of this RFP.

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

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

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

---

(Signature of official authorized to sign for applicant)  
(Date)

---

(Typed Name and Title)

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(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
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Site Name:

Address:

City:

State:

County:

Region:

Population Served:

# of Units or Beds:

HHAP contract number

HHAP contract expiration date

Identify other NYS capital funds, if any:

Is site owned by applicant:

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

Federal Congressional District(s):

State Assembly District(s):

State Senate Districts(s):

**OSAH Budget to Actual Report: Please complete the form provided and upload to your application. The following is a representation of the information requested.**

FOR REFERENCE ONLY

**OSAH Budget to Actual Report**

	<b>EXPENSES</b>	<b>Budgeted</b>	<b>Actual</b>	<b>Difference</b>	<b>Comments</b>
	Real Estate Tax			\$0	
	Water & Sewer Expense			\$0	
	Fire/Liability/Other Insurance			\$0	
	Fuel			\$0	
	Utilities			\$0	
	Exterminating			\$0	
	Trash Removal Contract Expense			\$0	
	Repairs and Maintenance			\$0	
	Maintenance Payroll			\$0	
	Legal and Accounting			\$0	
	Miscellaneous ( <i>Please detail</i> )			\$0	
	Replacement Reserves deposited during this contract year			\$0	
	Operating Reserves deposited during this contract year			\$0	
	Management Fee			\$0	
	Other: ( <i>Please detail</i> )			\$0	
Program Budget and Debt	Support Services Payroll			\$0	
	Laundry			\$0	
	Food			\$0	
	Program Admin Costs ( <i>Please detail</i> )			\$0	
	Other Program Costs ( <i>Please detail</i> )			\$0	
	Debt Service			\$0	
	<b>TOTAL EXPENSES</b>	\$0	\$0	\$0	
	<b>REVENUES</b>	<b>Budgeted</b>	<b>Actual</b>	<b>Difference</b>	
Rents	OSAH Unit Rent			\$0	
	Other Unit Rents				
	Commercial Rent			\$0	
Other Income	Program Income ( <b>Specify</b> )			\$0	
	Program Income ( <b>Specify</b> )			\$0	
	Other Income ( <b>Specify</b> )			\$0	
	<b>TOTAL REVENUES</b>	\$0	\$0	\$0	
	<b>NET INCOME OR (LOSS)</b>	\$0	\$0	\$0	

## **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
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

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: [ ]  
Company Official's Signature  
Address: [ ]

Title: [ ]  
Date: [ ]

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

Company Official's Name: [ ]  
Company Official's Signature  
Telephone Number: [ ]

Title: [ ]  
Date: [ ]  
Fax Number: [ ]

### M/WBE UTILIZATION PLAN

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

Offeror's Name: [REDACTED] Address: [REDACTED] City, State, Zip Code: [REDACTED] Telephone No.: [REDACTED] Region/Location of Work: [REDACTED]			Federal Identification No.: [REDACTED] Solicitation Name/Contract No.: [REDACTED] MWBE Certified: Y/N [REDACTED] MWBE Participation Goals: MBE [REDACTED] % WBE [REDACTED] %		
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. [REDACTED]	NY'S ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[REDACTED]	[REDACTED]	[REDACTED]	
B. [REDACTED]	NY'S ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE	[REDACTED]	[REDACTED]	[REDACTED]	
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): [REDACTED] DATE: [REDACTED]		TELEPHONE NO.: [REDACTED] EMAIL ADDRESS: [REDACTED]			
NAME AND TITLE OF PREPARER (Print or Type): [REDACTED]					
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 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.					
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: [REDACTED] Contract No.: [REDACTED] Contract Award Date: [REDACTED] Estimated Date of Completion: [REDACTED] Amount Obligated Under the Contract: [REDACTED] Description of Work: [REDACTED] NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: [REDACTED] NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: [REDACTED]					



## 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 <input type="checkbox"/> Subcontractor
<b>Offeror's Address:</b> [REDACTED]	Subcontractor's name [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							Disabled (M) (F)	Veteran (M) (F)	
	Total Male (M)	Total Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	Native American (M) (F)					
Officials/Administrators	[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]
Technicians	[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]
Office/Clerical	[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]
Laborers	[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]
Temporary /Apprentices	[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]

PREPARED BY (Signature): [REDACTED]      TELEPHONE NO.: [REDACTED]      DATE: [REDACTED]  
 EMAIL ADDRESS: [REDACTED]

Submit completed with bid or proposal

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

**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.
3. For Project Title enter "OSAH"

**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 provide the HHAP contract number for this project.

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

3. Explain your agency's participation in the local Continuum of Care. \*

4. Explain how this project is, or will be, integrated into the local Continuum of Care Coordinated Entry Process.

5. Explain how the program described in this RFP will be coordinated with existing programs that are part of the Continuum of Care. \*

6. Does the proposed program receive Continuum of Care funding? If yes, explain the ranking of the program within the Continuum of Care NOFA process.

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

Upload:

Choose File

8. Is there a local Empire State Poverty Reduction Initiative, or other poverty reduction initiative, in your community? If yes, how is the proposed program integrated with that initiative?

9. Summarize all findings or issues raised by other Government funders regarding programs operated by your agency over the last two years.

**B. ELIGIBLE POPULATION INFORMATION**

10. Define/describe your target population. \*

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

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

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

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

#### C. GAP ANALYSIS/ HOUSING NEEDS

15. Please provide the statistical data on the number of active HIV/AIDS cases among people who are homeless or at risk of being homeless in the community to be served. \*

16. Describe the supportive housing units, within the service area, dedicated to providing housing and services to this population. \*

17. Please provide your communities most recent Point in Time (PIT) count. How does your program address the need shown through the PIT count?

#### D. SERVICE NEEDS

18. Please describe the medical needs of the residents in the proposed program and how they are currently, being met. How does your program address these needs? \*

19. What are the employment and/or educational needs of the residents in your program? What resources currently exist to assist them with the employment needs? How does your program enhance these resources or connect residents to these resources?

20. What are the support services needs of the residents in your program e.g. mental health, life skills, substance abuse? How are these needs, currently, being met? How does your program address those needs? \*

21. Describe the gaps in service within your proposed program that the requested OSAH funds will address. \*

22. Discuss the impact to the service area and target population if this project is not funded. \*

#### E. PROGRAM DESCRIPTION

23. What is the amount of funding being requested? Please refer to your Budget and verify this amount. \*

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

25. Please provide a comprehensive list of onsite services to be provided \*

26. 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

Choose File



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

28. Is a client - centered service plan established for all residents? How often is it revisited and/or updated?

29. Discuss the measurable and quantifiable anticipated outcomes that the proposed program will provide to participants and how it will benefit them. \*

30. 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 the availability during non-traditional hours. \*

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. BUILDING AND FACILITIES

33. Provide a brief narrative describing the building/property addressing the following points: type of units, transitional or permanent; support service space; common areas; other non-residential space, etc. \*

34. Please provide the number of beds (singles), units (family) and / or SRO units will be supported. \*

35. Describe the facility's Management and Operating Plan (MOP). Discuss any current problems in management and operation of the project and how you are addressing these problems. Identify any proposed OSAH - funded costs related to the operation of the physical plant and how these would enhance the project viability and resident well-being. \*

G. PRIORITIES

36. What percentage (%) of the project's total annual costs are dependent on OSAH funds (meaning there are no other sources of funding that will support those costs)? \* Please relate answers to Budget to Actual Report upload.

37. Do you provide employment and /or educational services? Are they provided on-site or by referral? \*

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. \*