

**Request for Applications
(RFA) # 16101 - Community Coalitions**



Expected Timetable for Key Events:

Release Date:	September 6, 2016
Questions Due:	September 20, 2016
Answers and Updates Posted (on or about):	October 10, 2016
Applications Due:	October 31, 2016
OASAS Designated Contact Name & Address:	Karen C. Stackrow New York State Office of Alcoholism and Substance Abuse Services 1450 Western Avenue, 5 th Floor Albany, New York 12203-3526 procurements@oasas.ny.gov

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by the State. Your agency's continued interest in providing services to the State of New York is appreciated.

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Introduction and Background:

The NYS Office of Alcoholism and Substance Abuse Services (OASAS) announces the availability of funding to establish and/or support regional coalitions and partnerships and is seeking applications from eligible applicants. Awards resulting from this procurement are to support or establish community coalitions and partnerships designed to help coordinate community resources to address substance use prevention, treatment and recovery efforts, respond to community-specific concerns, and increase cross-sector collaboration on the prevention, treatment and recovery of substance use disorders.

- **FUNDING AVAILABLE:** Up to \$100,000 is currently available annually to support a coalition(s) in each of the 10 New York State Economic Development Zones for a total of \$1M annually. This amount may increase or decrease based on future appropriations.
- **ELIGIBLE APPLICANTS:** Existing not-for-profit community coalitions or not-for-profit agencies that have experience in coalition building. *If the coalition does not have 501c 3 status or does not have an established fiscal agent with 501c 3 status, an OASAS-funded provider must be a part of the coalition and act as the fiscal agent for the community coalition.* Proprietary entities are not eligible.

Core Objectives:

1. Develop a regional coalition that cuts across county lines representing a diverse group of stakeholders, including but not limited to parents and families, individuals living in recovery, both individuals with the disease of addiction and also family members/loved ones, prevention/treatment/recovery providers, educators, faith based, healthcare providers, judicial, law enforcement, state agencies, local leaders, business and media. This list shall include people of all ages, including youth.
2. Demonstrate a partnership relationship with various stakeholders and show linkages with an OASAS prevention provider. The coalition shall develop a resource list (to be updated regularly) and distributed to coalition stakeholders. It is strongly suggested to include this list on various websites. The list should include:
 - a. all local/regional prevention providers, OASAS local/regional treatment providers and local/regional recovery resources which shall include mutual help organizations including but not limited to 12-step, faith-based, and secular for people with addiction including those who may take medication to support their recovery and family members/loved ones;
 - b. resources to connect individuals to local/regional Medication Supported Recovery/Medication Assisted Treatment programs;
 - c. resources focused on local/regional family support;
 - d. local/regional family navigator information;
 - e. local/regional peer support services and/or peer advocacy services;
local/regional trainings such as Peer Advocacy trainings and Naloxone Overdose Prevention trainings, and; the appropriate local/regional information related to substance abuse treatment, prevention and recovery needs.

The listings below are illustrative of the types of activities that would be considered as appropriate under this grant. The specific programs and initiatives that an applicant proposes should be tailored to meet regional needs.

3. Schedule and promote community activities/events to celebrate Recovery month in September. This will be the opportunity to share and promote resources available from the coalition.
4. Schedule and promote Naloxone Overdose Prevention trainings open to the community and be a resource for additional Naloxone Overdose Prevention trainings available in the community/region.
5. Schedule and promote Prescription Medication Drug Take Back days in the community/region.
6. Develop a local/regional speaker's bureau to be available to participate in various community events and speak publicly. The Speakers Bureau shall represent the community and include a range of ages. All presentations must include a prevention professional and a treatment professional. A list of key speaking points should be developed along with a training for participants. Since speakers will be asked to attend community events, there should be a variety of participants, such as: it is necessary to have several from each of the following categories:
 - a. Family members willing to share their story
 - b. Individuals in recovery willing to share their story. Individual should be secure and comfortable in their recovery (suggesting five years in recovery)
 - c. Law enforcement
7. Schedule and promote quarterly regional forums for the general community with innovative information to increase the community awareness of the prescription opioid and heroin crisis, along with other substances that including community, regional and state resources and to create a greater understanding of the disease of addiction with a focus on eliminating the stigma;
8. Shall ensure all resources are available on-line and distributed electronically.
9. Working with OASAS, shall conduct bi-annual community focus groups on public awareness to assess what information will be most effective.
10. Provide a plan to reach individuals using social media in the following categories:
 - a. Adolescents in school/college
 - b. Young people in recovery
 - c. Individuals in recovery
 - d. Parents/siblings/children/spouses/family members/loved ones
11. The coalition shall include plans to outreach to high risk individuals and events;
12. The coalition shall develop a communication plan to reach community members with a media component;
13. Demonstrate sensitivity to and respect for the diverse cultural background and practices, volunteers and other agency staff.

Measurement:

The coalition shall submit a bi-annual report on the status of projects and a year-end report of accomplishments of the objectives outlined above, along with other activities provided by the organization(s) to OASAS.

Inquiries:

Written questions from potential applicants received via email will be accepted through September 20, 2016 at 5:00pm Eastern Standard Time. All inquiries must be directed to: Procurements@oasas.ny.gov, with the Subject: "RFA 16101 Community Coalitions". To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Inquiries may be submitted at any time prior to the deadline. Written responses to inquiries submitted by the deadline date will be posted to the OASAS website on or about October 10, 2016.

Submission of Applications:

Only one application per institution and location will be accepted. Applicants shall submit one (1) original and three (3) duplicates of the completed application and supporting attachments and/or appendices.

It is the applicant's responsibility to see that applications are delivered to OASAS Designated Contact noted above by the due date indicated.

The submission should include the following:

- Attachment 1 - Application Form
- Attachment 2 - LGU Letter of Support Template
- Attachment 3 - Work Plan
- Attachment 4 - Initiative Funding Request (IFR) Form
- Attachment 5 - Vendor Responsibility Attestation

OASAS Reserved Rights:

OASAS reserves the right to:

- Reject any or all applications received in response to this RFA;
- Not make an award to any applicant who is not in good standing or who proposes to subcontract with an OASAS-certified provider who is not in good standing at the time a contract is awarded;
- Not make an award to any applicant who proposes to subcontract with any entity that OASAS determines does not meet the criteria of a responsible vendor;
- Withdraw the RFA at any time, at the agency's sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Make awards in a culturally competent and ethnically diverse as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the state;
- Negotiate with the successful applicant within the scope of the RFA in the best interests of the state;
- Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's or its proposed subcontractor's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;

- Amend the RFA to correct errors of oversights, or to supply additional information as it becomes available;
- Direct applicants to submit application modifications addressing subsequent RFA amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- Waive any requirement that is not material;
- Conduct contract negotiations with the next successful applicant, should the agency be unsuccessful in negotiating with the selected applicant;
- Utilize any and all ideas submitted in the applications received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an applicant's application and/or to determine an applicant's compliance with the requirements of the solicitation;
- Accept applications after the due date for submissions, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submissions;
- Cancel or modify contracts due to the insufficiency of appropriations.

Cancellation of Awards:

The OASAS reserves the right to cancel any tentative award where the applicant fails to meet contracting timeframes or experiences significant contract execution issues related to prequalification, vendor responsibility, or any other issue impede the timely implementation of services.

Vendor Responsibility:

Pursuant to New York State Finance Law section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of an applicant's qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful applicant. OASAS requires a successful applicant to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.

OASAS recommends that applicants file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://osc.state.ny.us/vendrep/documents/system/checklist.pdf> or go directly to the VendRep System online at <http://portal.osc.state.ny.us>.

Applicants must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at (866) 370-4672 or (518) 408-4672 or email at ciohelpdesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller's Help Desk for a copy of the paper form.

Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.

Reporting Requirements:

On a semi-annual basis contractors are to provide written reports outlining how what activities occurred and what was successful and what was not successful

ATTACHMENT 1 – Application Form (Page 1 of 2)

NYS Office of Alcoholism and Substance Abuse Services RFA# 16101-Community Coalitions	DO NOT WRITE IN THIS SPACE	
	Application Number 16101-	Date Received
A. Lead Applicant		
Name of Applicant:	Federal Tax ID Number:	
Name of Chief Administrative Official:	NYS SFS Vendor ID Number	
Title:	Telephone Number/Extension:	
Mailing Address:	Fax Number:	
	E-Mail Address:	
	County or Counties:	
	Senate District(s):	
Type of Applicant:	Assembly District(s):	
B. Lead Applicant Contact Person		
Name of Contact Person:	Telephone Number/Extension:	
Title:	Fax Number:	
Address:	E-Mail Address:	
C. General Project Information		
Total Project Cost:		
Project Title: (No more than 10 words)		
Project Description: Provide a brief summary statement that describes the project (Not more than 5 sentences)		

Name of Lead Applicant:

D. Co-Applicants: Other Participants in the Grant Application, If Applicable

Name of Applicant:	Federal Tax ID Number:
Name of Chief Administrative Official:	NYS SFS Vendor ID Number
Title:	Telephone Number/Extension:
Mailing Address:	Fax Number:
	E-Mail Address:
	County or Counties:
	Senate District(s):
Type of Applicant:	Assembly District(s):
Name of Contact Person:	Telephone Number/Extension:

D. Co-Applicants: Other Participants in the Grant Application, If Applicable

Name of Applicant:	Federal Tax ID Number:
Name of Chief Administrative Official:	NYS SFS Vendor ID Number
Title:	Telephone Number/Extension:
Mailing Address:	Fax Number:
	E-Mail Address:
	County or Counties:
	Senate District(s):
Type of Applicant:	Assembly District(s):
Name of Contact Person:	Telephone Number/Extension:

D. Co-Applicants: Other Participants in the Grant Application, If Applicable

Name of Applicant:	Federal Tax ID Number:
Name of Chief Administrative Official:	Vendor ID Number
Title:	Telephone Number/Extension:
Mailing Address:	Fax Number:
	E-Mail Address:
	County or Counties:
	Senate District(s):
Type of Applicant:	Assembly District(s):
Name of Contact Person:	Telephone Number/Extension:

Copy sheet as necessary to include information on additional Co-Applicants.

ATTACHMENT 2 - LGU Letter of Support

OASAS RFA16101 – Community Coalitions

Legal Name of Applicant:
Applicant's Local Governmental Unit:
As a duly authorized official of the above named Applicant's Local Governmental Unit, I attest to the following: I fully support the proposal submitted by the Applicant for the operation of a Community Coalition.
Name of Authorized LGU Official: _____
Title of Authorized LGU Official: _____
Signature of Authorized LGU Official: _____ Date: _____
As a duly authorized official of the above named Applicant's Local Governmental Unit, I attest to the following: If the Applicant is successful in obtaining a funding award, the LGU will execute a local contract agreement or amend an existing contract agreement to accommodate any subsequent operational funding.
Name of Authorized LGU Official: _____
Title of Authorized LGU Official: _____
Signature of Authorized LGU Official: _____ Date: _____

ATTACHMENT 3 – Work Plan

The work plan should be a single-spaced document, labelled “ATTACHMENT 3 – OASAS RFA 16101 Program Proposal”. The work plan should describe how the applicant will meet the objectives of this RFA, how the applicant has the capabilities to carry out the objectives, and how the proposed costs were identified and deemed reasonable. (Maximum 25 pages)

ATTACHMENT 4 - Initiative Funding Request (IFR) Form
RFA16101 - Community Coalitions
(Start-up and Annual Operating Budgets)

1. Printed Legal Name of Applicant Entity:			
2. Printed Name of Local Governmental Unit, if Applicable:			
3. Applicant's OASAS Provider Number:		4. Applicant's Street Address/P.O. Box:	
5. Applicant's City/Town/Village:		6. Postal Zip Code:	7. Date Prepared:
8. Printed Name of Applicant Contact Person:		9. Printed Title of Contact:	
10. Contact Telephone #:			

PART II – OPERATIONAL FUNDING REQUEST

1. Date Initiative expected to be operational:		
REQUESTED OPERATING BUDGET FOR PROPOSAL	(Column A) PROPOSED START-UP OPERATING BUDGET	(Column B) ANNUAL OPERATING BUDGET
2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest \$100.		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
TOTAL GROSS EXPENSE BUDGET		
3. Revenue Budget (see instructions for details): Round Amounts to the nearest \$100.		
Patient Fees		
SSI and SSA		
Public Assistance (Safety Net & TANF)		
Medicaid		
Medicare		
Third Party Insurance/Private Pay		
Food Stamps		
Closely Allied Entity Contributions		
Donations		
Other: Specify:		
Specify:		
Specify:		
TOTAL REVENUE BUDGET		
4. NET OPERATING COST		
5. OASAS State Aid Funding Requested		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:	Date:	

Instructions for Completing the Initiative Funding Request Form (IFR) (Start-up and Annual Operating Budgets)

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**
2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity's local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**
3. **Applicant's OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.
- 4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.
7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.
- 8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering \$0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.
5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.

Applicant Official – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

Signature and Date – The IFR must be signed and dated by the applicant agency representative.

ATTACHMENT 5 - Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in this solicitation, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.

- A hard copy Vendor Responsibility Questionnaire is included with this application and is dated within the last six months.

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

ATTACHMENT 6 – [Map of Economic Development Zones](#)
 (ESD Regional Overviews Page: <http://esd.ny.gov/RegionalOverviews.html>)

