

**Andrew M. Cuomo**  
Governor

**Arlene González-Sánchez**  
Commissioner

**New York / New York III  
Permanent Supportive Housing for Homeless  
Families -- Round Three**

**Request for Proposals**

**AUGUST 2013**



NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES  
*Addiction Services for Prevention, Treatment, Recovery*

**OASAS 2013 Request for Proposals**  
**NEW YORK/NEW YORK III**  
**PERMANENT SUPPORTIVE HOUSING FOR HOMELESS FAMILIES**  
**ROUND THREE**

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**NEW YORK STATE  
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

**2013 Request for Proposals  
New York/New York III  
Permanent Supportive Housing for Homeless Families  
Round Three**

- **FUNDING AVAILABLE:** Up to \$1,750,000 is currently available annually. This amount may increase or decrease based on future State appropriations.
  
- **GRANT PARAMETERS:** Up to \$25,000 per unit for Operating and Supportive Services.
  
- **FUNDING GOAL:** At least 70 apartments, with no fewer than 10 as the minimum award and no more than 15 as the maximum located in the 5 boroughs of New York City. It is expected that all apartment units will eventually be located in congregate settings. Apartments may be located in scatter-sites or congregate settings at the start of an award.
  
- **ELIGIBLE APPLICANTS:** OASAS-certified agencies and Local Governmental Units **in good standing** that have completed the not-for-profit prequalification process and operate OASAS-certified chemical dependence programs in any of the 5 boroughs of New York City.
  
- **GEOGRAPHIC PREFERENCE:** Preference will be made to award 20-30 units in Richmond (Staten Island) and Queens Counties, both of which are underserved areas.



## I. INTRODUCTION AND BACKGROUND

### A. Purpose of Request for Proposals

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces the availability of funds for operating and support services costs of congregate/single-site housing to be developed within the 5 boroughs of New York City (NYC) under the New York/New York III (NY/NY III) Agreement. This operational funding will be targeted to only NY/NY III Population G housing units being developed with capital funding from the New York State Office of Temporary and Disability Assistance (OTDA), New York State Homes and Community Renewal (HCR) and/or other governmental agencies acceptable to OASAS. This operational funding is available for up to 70 units of housing for families that meet the eligibility criteria for NY/NY III Population G housing as outlined within this RFP.

### B. Funding

#### Capital Funding

OASAS is making no capital funds available through this RFP. Applicants may apply for capital funding directly with OTDA, HCR, or other acceptable governmental agency, or may partner, whenever possible, with a project developer that has secured or is in the process of securing capital funding. The applicant must clearly state whether the project developer has secured capital funding, or clearly describe the status of any capital funding applications that have or will be submitted to the capital funding agency.

For questions regarding how to apply for capital funding, or who to partner with as a project developer, contact by email:

OTDA: Brett Hebner, Assistant Director Bureau of Housing and Support Services -- [Brett.Hebner@otda.ny.gov](mailto:Brett.Hebner@otda.ny.gov)

HCR: John Serio, Special Needs Manager – [JSerio@nyshcr.org](mailto:JSerio@nyshcr.org) OR  
Earnest Langhorne, Downstate Director of Development [Elanghorne@nyshr.org](mailto:Elanghorne@nyshr.org)

#### Operating Funding

A total of \$1,750,000 is available for this initiative to support at least 70 apartments. Applicants may request up to \$25,000 per unit in operating costs. Applicants may request a program size of no fewer than 10 units as the minimum and no more than 15 as the maximum. Each family will be required to contribute 30% of their household income toward rent.



### C. Availability of the RFP

The full RFP will be available on the OASAS website. An announcement regarding the RFP will be e-mailed to all potential eligible agencies and will be advertised in the NYS Contract Reporter. The RFP will also be available on New York State Grants Gateway Grant Opportunity Portal at:

[https://grantsgateway.ny.gov/Intelligrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/Intelligrants_NYSGG/module/nysgg/goportal.aspx)

## II. PROPOSALS AND SUBMISSIONS

### A. Letters of Intent -- MANDATORY

Agencies interested in responding to the Request for Proposals are **required** to submit a non-binding letter of intent to OASAS by August 30, 2013. Please mail the Letter of Intent to:

Judy Monson  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue, Room 205  
Albany, New York 12203-3526  
**Attn: Letter of Intent**

### B. Bidders Conference --MANDATORY

A **mandatory** Bidders' Conference will be held on September 18, 2013 from 1:30 PM until 3:30 PM at OASAS' offices located at 501 7<sup>th</sup> Avenue, New York, New York 10018. Only those applicants that submit a Letter of Intent by the deadline may attend the Bidders' Conference. Applications will only be accepted from those who attend the Bidders' Conference. During this meeting, OASAS staff will provide an overview of the RFP and will be available to answer questions related directly to this RFP. If an applicant is unable to attend the meeting in person, OASAS will make arrangements for participation via conference call. Such applicants should contact the Designated Contact Agent below for details.

### C. Prequalification Requirement for Not-for-profit Applicants - MANDATORY

The State of New York has implemented a new statewide prequalification process designed to facilitate prompt contracting for not-for-profit vendors.

All not-for-profit agencies seeking to do business with the State of New York are required to submit commonly requested documents, answer frequently asked questions once and submit updates to this information periodically. The application requests organizational information about the agencies capacity, legal compliance, and integrity.

**Only those applicants that have completed the prequalification process are eligible to submit a proposal in response to this RFP.**



Following is a summary of the steps that must be undertaken in order for you to prequalify.

Go to the Grants Reform website (<http://www.grantsreform.ny.gov/Grantees>) and download a copy of the Registration Form. Please review the instructions for submission of this Form. The form must be signed and notarized by an authorized representative of your organization, and must be sent to the Division of Budget as soon as possible in order to gain access to the Grants Gateway to enable prequalification.

Upon submission of your Registration Form, you will be provided with a User ID allowing you to gain access to the Gateway. From there, please logon to the Gateway System and begin your Prequalification Application at:  
([https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/login2.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx))

Agencies that already submitted registration materials and received their user credentials can begin to upload documents into the Document Vault and complete their online Prequalification Questionnaire.

As you fill out the Questionnaire, please refer to the Gateway Training Materials and resource links posted on the “grantees” section of the Grants Reform website to help you navigate the questionnaire. If you still have questions, contact your State agency program contact, or post your question to [GrantsReform@Budget.ny.gov](mailto:GrantsReform@Budget.ny.gov), and someone will get back to you quickly with a response.

**Agencies are strongly encouraged to begin the process as soon as possible in order to participate in this RFP bid competition.**

If you have any questions about prequalification, please go to the Grants Reform website or contact the OASAS prequalification specialist, Peter Drenchko at [Peter.Drenchko@oasas.ny.gov](mailto:Peter.Drenchko@oasas.ny.gov).

#### **D. Designated Contact Agent**

OASAS has designated a Contact Agent who shall be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period. The designated contact agent is:

Judy Monson  
New York State Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue, Room 205  
Albany, New York 12203-3526  
[JudyMonson@oasas.ny.gov](mailto:JudyMonson@oasas.ny.gov)  
Phone: (518) 485-2145  
Fax: (518) 485-1332



## E. Inquiries Related to the RFP

Any questions or requests for clarification about this RFP must be received in writing by 5:00 p.m. on September 25, 2013 and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, email address, and fax number. Please reference the New York/New York III Permanent Supportive Housing for Homeless Families RFP. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by mail, e-mail or facsimile. OASAS will not entertain inquiries via telephone, made to anyone other than the designated contact agent or received after the deadline date. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders' Conference will be posted on the OASAS website [www.oasas.ny.gov](http://www.oasas.ny.gov) on or about October 2, 2013.

## F. Addenda to the RFP

In the event that it becomes necessary to revise any part of the RFP an addendum will be posted on the OASAS website.

## G. Key Events/Timeline

RFP Release Date	August 21, 2013
Mandatory Letter of Intent Due	August 30, 2013
Mandatory Bidders Conference Date	September 18, 2013
Questions Due	September 25, 2013
Questions and Answers Posted on Website	October 2, 2013 (on or about)
Proposals Due	October 16, 2013

## H. Eligible Applicants

OASAS is seeking funding proposals from voluntary agencies and Local Governmental Units (LGUs) that are **in good standing**, have completed the not-for-profit prequalification process and that operate OASAS-certified chemical dependence programs in NYC as follows:

<b><u>Program Type</u></b>	<b><u>OASAS Certification Part</u></b>
Chemical Dependence Withdrawal and Stabilization Services	Part 816
Chemical Dependence Inpatient Rehabilitation Services	Part 818
Chemical Dependence Residential Services	Part 819
Chemical Dependence Outpatient Treatment Programs	Part 822-4
Opioid Treatment Programs	Part 822-5 (formerly Part 828)



The agency receiving an allocation of funding pursuant to this RFP (the operating entity) may be a separate entity from the agency receiving capital funding (the developer). However, the two entities must enter into a Memorandum of Understanding (MOU) demonstrating how collaboration will be achieved. If the applicant is proposing to place families directly into the congregate facility, the MOU must accompany the proposal at the time of submission. MOUs that are submitted will be subject to review by OASAS after awards are made. Successful applicants agree to obtain any modifications to MOUs deemed necessary by OASAS prior to the funding of any award. For applicants proposing the Alternative Two-Phase Approach (described on Page 13), the MOU may be submitted for review and approval after the award is made.

For purposes of this solicitation the following definitions apply:

***Voluntary Agencies:*** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency “*means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.*” Accordingly, for profit or proprietary entities are **not eligible** to apply for funding.

***Local Governmental Unit:*** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “*means the unit of local government given authority in accordance with this chapter by local government to provide local services.*”

***OASAS Certified:*** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of *Chemical Dependence Withdrawal and Stabilization Services* as defined in Part 816, *Chemical Dependence Inpatient Rehabilitation Services* as defined in Part 818, *Chemical Dependence Residential Services* as defined in Part 819, *Chemical Dependence Outpatient Services* as defined in Part 822-4, or *Opioid Treatment Programs* as defined in Part 822-5 (formerly Part 828) of the *Official Compilation of Rules and Regulations* of the State of New York.

***In good standing:*** all of a provider’s operating certificates which are subject to a compliance rating have a current compliance rating of partial (two year) or substantial (three year) compliance.

Applicants are advised that only proposals submitted by agencies that are in good standing with OASAS will be accepted. Applicants must maintain their in good standing status in order to be considered for an award through this RFP.



## **I. Format of Proposal and Instructions for Submission**

### **Format**

Proposers may submit only one proposal for this initiative. The proposal should be typed double-spaced on both sides of 8 ½" x 11" paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length.

Each proposal should contain:

#### 1. Proposal Cover Letter

A Proposal Cover Letter will transmit the applicant agency's Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the applicant agency. The letter should include a designated agency contact name, phone number and e-mail address.

#### 2. Proposal Narrative

The Proposal Narrative should be concise (no more than 15 pages, not including attachments).

#### 3. Resumes and/or Job Descriptions which detail qualifications for key staff as well as proposed salaries.

#### 4. Organizational Chart indicating where the proposed program will function within the agency's structure.

#### 5. MOU(s) and/or Linkage Agreement(s) with a community-based prevention program AND with agencies that will provide supportive services.

#### 6. MOU between the operating entity and the developer, if applicable.

#### 7. Letter of Support from either NYC Department of Homeless Services, or NYC Continuum of Care.

#### 8. Documentation regarding NYS Mandated Reporter.

#### 9. Documentation regarding compliance with criminal background check provisions of the Justice Center Legislation and Part 805 of the OASAS regulations.

#### 10. Documentation demonstrating not-for-profit status.

#### 11. Agency's Conflict of Interest Policy.



## 12. Initiative Funding Request Form – Appendix A

- a. The funding request should include a line item budget, as referenced in the Appendix A of this RFP.
- b. Complete the Initiative Funding Request (IFR) form to itemize the one-time only expenses. This is the start-up budget.
- c. Complete the IFR form for the full annual operating budget and include cost per unit data.
- d. If an application identifies a funding commitment for some of the support service costs of the NY/NY III Program, please list the source, the amount of operating monies and the services that will be supported by these additional monies.

## 13. Budget Narratives for Start-up and Fully Annualized Budgets

## 14. Financial Audit Report or Certified Financial Statement

### **Submission Process**

Interested applicants should submit, in a sealed envelope, **ONE ORIGINAL AND FOUR COPIES** of a completed proposal to the following address:

James Carroll – 4<sup>th</sup> Floor  
Bureau of Financial Management  
Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany NY 12203-3526

The cover of the sealed envelope should be labeled **“OASAS 2013 Request for Proposals – New York / New York III Permanent Supportive Housing for Homeless Families Round Three”**.

All applications must be received by 5 p.m. **October 16, 2013**.

### **III. Administrative Information**

#### **A. 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://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) 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](mailto: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](http://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.

## **B. Reserved Rights**

OASAS reserves the right to:

- Reject any or all proposals received in response to this RFP;
- Not make an award to any applicant who is not in Good Standing at the time a contract is awarded;
- Withdraw the RFP at any time, at the agency's sole discretion;
- Make an award under this RFP in whole or in part;
- Make awards based on geographical or regional consideration to best serve the interests of the State;
- Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;
- Seek clarifications and revisions of proposals;



- Use proposal information obtained through site visits, management interviews and the state’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFP;
- Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;
- Waive any requirement that is not material;
- Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
- Utilize any and all ideas submitted in the proposals received;
- Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s proposal and/or to determine a bidder’s compliance with the requirements of the solicitation.
- Cancel or modify contracts due to the insufficiency of appropriations.

### **C. Debriefing**

A debriefing is available to any APPLICANT that submitted a proposal in response to this RFP (“*Bidder*”). A Bidder will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing shall be requested in writing by the unsuccessful Bidder within five (5) business days of OASAS notifying the unsuccessful Bidder that another vendor was selected.

An unsuccessful Bidder’s written request for a debriefing shall be submitted to the designated contact agent referenced above by electronic mail, facsimile or first class mail. The debriefing shall be scheduled within seven (7) business days of receipt of written request by OASAS or as soon after that time as practicable under the circumstances. The debriefing may be by telephone, videoconference or in person, at the sole discretion of OASAS.



## **D. Funding Availability and Awards**

Agencies whose applications receive an overall final score of 70 or higher will be eligible to receive an award under this RFP. OASAS will select a successful applicant, in its sole discretion, based on consideration of a number of factors, including but not necessarily limited to the amount of available State appropriation authority. Awards will be made until the funds for this RFP are committed.

If an award is made pursuant to this RFP, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with the approval of the Attorney General and the Office of the State Comptroller, shall constitute a contract between a successful applicant and the State of New York.

This RFP, all information submitted in the successful applicant's proposal and any revisions thereto, any follow-up questions and answers, and any RFP addenda, amendments or clarification will be included as part of the successful applicant's contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an applicant until a contract is signed and approved.

OASAS will provide written notification to the successful applicant and all applicants not selected to receive funding under the RFP.

OASAS intends to enter into multiyear agreements with the initial agreement being for a period of up to five (5) years, subject to funding availability and appropriations.

## **IV. Scope of Work**

### **A. Target Population**

Under this RFP, providers shall develop permanent supportive housing for individuals meeting NY/NY III Population G eligibility criteria. Population G is defined as chronically homeless families or families at serious risk of becoming chronically homeless in which the head-of-household has a substance use disorder.

**Families living in the DHS Family Shelter system will be the first priority.** Families living in other transitional housing settings are also considered to be a priority population, including those families who were at risk of chronic homelessness when they entered an OASAS-certified Intensive Residential facility designed to serve women and their children, and are now scheduled to complete that course of treatment, as long as providers follow the Client Eligibility and Placement criteria listed below.



## **B. Client Eligibility and Placement**

The eligibility of a family seeking housing under NY/NY III will be determined by Human Resources Administration (HRA) upon electronic submission of the supportive housing application (HRA Form 2010e) by the family or anyone acting on behalf of the family such as an outreach worker, case manager, shelter or drop-in center staff, etc. The Department of Homeless Services will be responsible for placing approved applicants by sending NY/NY III housing providers a limited, but reasonable, number of eligible applicants from which they will be required to select tenants.

Documentation of addiction-related problems and documentation of head-of-household willingness to participate in a permanent supportive housing program, including development of an overall Family Recovery Plan, will be required. The Family Recovery Plan is to be developed with the family by a recovery coach and/or peer in recovery that is assigned to the family to assist them in accessing resources in the community to help them achieve their family recovery plan goals.

The programming goals for these families are to ensure housing stability in a safe and supportive environment; to improve family functioning and stability; to promote family health and wellness; to enable families to achieve the maximum possible recovery and integration into the community; and to ensure family members enrollment in health exchanges, Medicaid and/or private insurance as per the guidelines under the Affordable Care Act (ACA). The recovery coach/peer in recovery may be utilized to assist in the enrollment process.

## **C. Description of Permanent Supportive Housing**

OASAS believes that safe, affordable housing and stable living-wage employment are fundamental to successful long-term recovery. OASAS' Permanent Supportive Housing program provides support services necessary to assist families in gaining stability, daily life skills and marketable work skills. Supportive services which are geared to help families maintain physical and emotional health, assist with educational and employment opportunities for all household members, sustain healthy relationships and generally improve the quality of their lives must be provided either directly or through linkages.

The length of stay should be individualized and should be driven by the head of household and family members' needs, interests, and development of strengths necessary for successful economic self-sufficiency and full independent living (including establishment of positive family and social supports in the community). Staff must have skills, qualifications and experience necessary to help the head of household set meaningful goals and make progress toward their own personal recovery.



The living units may be designed as two-bedroom and/or three-bedroom apartments. One-bedroom units may also be considered in order to accommodate adult families with no children. Programs should consider no more than two units for this family sub-group. All apartments must meet federal Housing and Urban Development (HUD) Housing Quality Standards. Leases should be secured as close to the HUD 2013 Fair Market Rental Rates as possible -- \$1,243 per month for a one-bedroom apartment, \$1,474 per month for a two-bedroom apartment and \$1,895 per month for a three-bedroom apartment.

#### **D. Program Development Strategies**

**In accord with the NY/NY III Agreement, the units for the Category G population “...shall be congregate (single-site) housing in which a site will be acquired and a building constructed or renovated for the purpose of providing apartments of a size and character that conform to applicable State and City laws and regulations. The supportive housing units developed in this fashion may be a part of a larger building. Supportive services will be provided by a qualified provider.”**

The single-site building may be owned by the service agency, the housing agency, or the housing developer. If the single-site units for this program are part of a larger building, then it is required that the OASAS service agency have a Memorandum of Understanding or contract with the housing developer that commits the program apartment units for at least a 30 year lease. Applicants are reminded that operational funding will be targeted to only housing units being developed with capital funding from OTDA, HCR and/or other governmental agency acceptable to OASAS.

##### **Direct Approach**

Agencies that already own a single site building which is ready for occupancy, or will be ready for occupancy within six months of a grant award should plan to place families directly into its building.

##### **Alternative, Two-Phase Approach**

It is critical to move families from Family Homeless Shelters as soon as possible. An agency is not required to have site control in order to submit a proposal. In cases where the single-site building is not ready for occupancy, OASAS will encourage applicants to use a two-phase program development approach as described below.

1. **Phase I** – Agencies will lease scatter-site or small cluster rental apartments based on the HUD Fair Market Rental rates from private landlords in the neighborhood where the applicant has control of an appropriate site for the capital development of a single site.



2. **Phase II** – Upon the single-site building’s opening for occupancy, agencies will relocate tenants from the scatter-site units to the new single-site building. The single-site building should include 24 hour security or front desk coverage.

Agencies that use the Two-Phase approach must clearly explain the process to the families so that they are fully aware of the plan to relocate from the scatter-site unit to the single-site building. The head of household should sign an agreement with the provider, which acknowledges their understanding of the Two-Phase approach. In addition, it is important to ensure that the scatter-site units are located in close proximity to the projected single-site location, such as in the same elementary school district as the single-site building. Proposed staffing and anticipated costs should be described for Phase I and Phase II.

#### **E. Reporting Requirements**

Agencies which receive an allocation of housing resources under this RFP must agree to comply with the referral process for NY/NY III. Agencies must report all admissions and discharges in the NYC Human Resources Administration’s (HRA’s) Turn Around Document (TAD). All agencies will be subject to OASAS monitoring visits and must operate according to all applicable OASAS regulations and guidelines. Pursuant to the NY/NY III Agreement, New York State and New York City will implement evaluation protocols to ensure the quality and effectiveness of the services developed. Providers must agree to participate in this evaluation and provide additional data, as needed.

### **V. Evaluation Factors for Awards**

#### **A. Threshold Review Criteria**

Following the opening of bids, a preliminary review of all proposals will be conducted by the Issuing Officer or a designee to determine whether the application meets specific threshold.

The following “threshold review criteria” will be rated either *yes* or *no*. **If any of the criteria are rated *no*, the application will be immediately disqualified from further consideration without exception.**

1. Was the application received by OASAS by the submission deadline date as set forth in the *OASAS 2013 Request for Proposals -- New York/New York III Permanent Supportive Housing for Homeless Families Round Three*?
2. Is the applicant entity eligible to apply as set forth in Section II H. Eligible Applicants of this RFP?
3. Is the Initiative Funding Request Form completed, signed, dated?
4. Did the applicant include documentation of having a designated staff NYS Mandated Reporter or agency documentation of intent to have a staff member trained to become a NYS Mandated Reported upon receipt of award letter and



understanding? OASAS will request documentation of a certified mandated reporter and agency policies and procedures of reporting to be on file as a contractual obligation.

5. Did the applicant include documentation of having a process in place for complying with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations?
6. Did the applicant include a Letter of Support from the NYC Department of Homeless Services or the NYC Continuum of Care?
7. If applicable, did the applicant include a Memorandum of Understanding with a developer?
8. Was the mandatory Letter of Intent received by OASAS by the stated deadline?
9. Did the applicant attend the mandatory Bidders Conference?

## **B. Geographic Preference**

Award preference for 20-30 units will be given to applicants who submit proposals for housing in Richmond County and Queens County. Currently, there are only 28 units of OASAS permanent supportive housing in Richmond, and only 33 units in Queens. Very few of these units are targeted to serve families. In an effort to help meet the need for housing in these underserved areas, OASAS will seek to award 20-30 units to agencies who submit successful applications to develop housing in these counties.

## **C. Evaluation Criteria**

Applications passing the Threshold Review will be reviewed, rated and ranked in order of highest score based on an evaluation of each proposer's written submission.

The evaluation will apply points in the following categories:

Demonstrated Successful Relevant Experience	10 points
Organizational Capability	10 points
Program Approach, Services and Supports	30 points
Outcomes and Goals	20 points
Agency Performance	5 points
Program Budget	20 points
Fiscal Viability	5 points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 POINTS</b>

## **D. Method for Evaluating Proposals**

Evaluation of proposals will be conducted in two parts: Program Evaluation and Fiscal Assessment. OASAS' evaluation team, consisting of at least three evaluators, will review the program portion of each proposal and compute a program score. All of the program scores will be added together and averaged to arrive at a final program score. A fiscal score will be computed separately based on the operating budget, budget narrative, financial audit statements submitted, as well as OASAS



fiscal viability reviews. The final program and fiscal scores for each proposal will be added together, resulting in an overall final score.

Evaluators of the Program Evaluation component may then meet to provide clarity or clear any questions an evaluator has about a particular section of a proposal. Following the discussion, evaluators may independently revise their original score in any section, and will note changes on the evaluation sheet. Once completed, final Program Evaluation scores will then be recalculated, averaged, and applied to the final Fiscal Assessment score to arrive at an overall final score.

## **VI. Application Proposal**

### **Narrative**

When submitting proposals for funding under this RFP the narrative should be brief (no more than 15 pages, excluding attachments) and address all of the components listed below, in the following order:

### **Project Description**

Provide a brief narrative which describes in full detail the model proposed for the housing. Describe if you will follow the Direct Approach or the Two-Phase approach as outlined under **Program Development Strategies**. Include the phase of development and current status of the single-site building.

State the borough where you are proposing to develop the housing and the number of units to be developed.

Proposals will be evaluated based on the following areas:

#### **A. Experience (10 points)**

1. Describe the proposer's experience providing services to the target population – chronically homeless families or families at serious risk of becoming chronically homeless in which the head-of-household has a substance use disorder. If your agency's experience deals exclusively with another special needs homeless population (e.g. mental health), please describe your experience in providing services to that population. Include the number of years that your agency has been providing services to the population.
2. Describe the proposer's experience in managing supportive housing (either transitional or permanent) for persons with substance use disorders. Include a description on experience developing residential housing in a single-site setting. If your agency's housing experience deals exclusively with another special needs population (e.g., mental health), please describe how the population differs from the substance abuse population and how your agency



will manage permanent supportive housing for the substance abuse population. Include the number of years that your agency has been managing supportive housing.

## **B. Organizational Capability (10 points)**

1. Describe the proposed staffing plan by shifts and by day, if it differs. For each key staff position, attach a resume and/or description of the qualifications and experience that will be required. Staffing must include a staff member designated as a Mandated Reporter of child abuse/maltreatment (New York Social Service Law §413). If there is not one certified at the time of application, the agency must hire or mandate a staff member to become certified by the start of NY/NY III family housing program. Verification of certification of a Mandated Reporter should be made available to OASAS staff at the time of a programmatic site visit. Describe the process by which the agency will comply with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations as they relate to the hiring of new employees.
2. Describe how staff will be trained and supervised to integrate rehabilitation and recovery principles in the operation of the program. Describe the support and professional development activities that will be made available to direct care staff, including trauma-informed training.
3. Describe the strategies the agency will employ to demonstrate respect for the experiences, beliefs, and values of the diverse cultural and linguistic groups in NYC. Applicants should ensure that all information provided to program participants will be in easily understandable language.
4. Describe and demonstrate a detailed emergency response plan including response to medical and psychiatric emergencies. Include in the program description an explanation of personnel training including assessing risk and safety; handling emergencies; coordinating with medical, mental health, law enforcement, and other professionals; and implementing health and safety procedures. The emergency plan should also address situations such as child safety, fire, sexual harassment, domestic violence, disaster, and other incidents that may jeopardize the health and safety of residents.
5. Describe tenant eviction policies. Ensure that due process procedures and NYC's landlord/tenant law would be followed. Include strategies that will be used to assist residents to retain housing by observing the terms of their lease.

## **C. Program Approach, Services and Supports (30 points)**

**Describe your agency's program model and how it will serve the target population. Incorporate the following in your response:**



1. Describe your agency's approach to transitioning families into permanent supportive housing.
2. Describe how participants will be assisted in developing client centered recovery plans and how the agency will handle relapses.
3. Describe the strategies that will be used to engage and motivate individuals toward recovery from substance abuse.
4. Describe the strategies that will be used to build a sense of community for the families participating in this program.
5. Describe how the program will address situations where the head of household must leave the home due to inpatient treatment, hospitalization, incarceration, etc. Specify where the children will be placed during the absence of the head of household.
6. Describe the services and supports that will be available on-site through the agency, as well as those that will be provided by other agencies through service agreements and other linkages.

Supports for individuals coping with substance abuse disorders must be included. Services that are unique to families, including services that will be available to dependents living in the household must also be addressed. The applicant agency should directly provide outpatient treatment services and medically assisted treatment services. If not, the applicant agency should have the appropriate memorandum of understanding(s) in place for such services. The provision of outpatient treatment services to residents of the NY/NY III family units should be located as close as possible to the community where the families are living. In any case, the outpatient services should be accessible by public transportation.

7. Describe how peer-to-peer services and supports will be incorporated in the housing model.
8. Explain how participants will be assisted to gain and utilize the skills and supports necessary for independent living and achieving normal life roles. Describe the assessment and support planning process.

#### **D. Outcomes and Goals (20 points)**

1. State and quantify each of the outcomes to be achieved by families served and demonstrate how the program would effectively assist them to achieve those outcomes.



2. Describe how the program will encourage, foster and support the residents' ability to set and reach his or her educational and employment goals.
3. Describe the resources and supports that will be used to help families who desire to move into a more independent housing setting.

**E. Agency Performance (5 points)**

Describe an actual family, with a history of homelessness where the head of household has a substance use disorder or other special need, has experienced trauma as a result of their homelessness and has recently been served in your housing or program (without violating HIPPA Laws). Illustrate the challenges posed and how your agency addressed these challenges. Describe in detail how you supported the head of household in his or her recovery and/or in addressing his or her special need, including collaboration with other providers, and in providing trauma-informed services. How did the approach compare to services and interventions typically provided to other adults? In reviewing the work with this family, is there anything that could have been done differently? Please limit your response to one page.

**F. Program Budget (20 points)**

Program budget scores will be determined by awarding the maximum points to the lowest cost budget. Remaining budgets will be compared to the lowest cost budget and awarded points based on the percentage difference the cost is from the low cost budget.

1. Bidders must develop a full annual budget for the housing units using the "Initiative Funding Request Form" (Appendix A). The budget must include service expenditures, estimated property operating expenses for the units, and revenue. Bidders should also identify other sources of revenue in addition to OASAS funding, if applicable. The budget should not exceed \$25,000 per unit. Other factors to consider:
  - Leasing costs should be based on the HUD 2013 Fair Market Rental (FMR) rates: \$1,243 for a one-bedroom apartment, \$1,474 for a two-bedroom apartment and \$1,895 for a three-bedroom apartment.
  - Each family will be required to contribute 30% of their household income toward rent.
  - Staffing costs should include one full-time case manager, part-time vocational/employment counselor and some clinical supervision time.
2. Bidders must include a budget narrative for the proposed units. The budget narrative should include the following:
  - Detailed expense components that make up the total operating expenses;



- The calculation or justification that supports the budgeted value of each category;
- Description of how your agency's salaries are adequate to attract and retain qualified employees.

The budget information presented below is intended to be used as a guide in developing a program budget. Applicants may propose an alternate budget, as long as the cost does not exceed \$25,000 per unit.

### SAMPLE BUDGET

#### **Budget Parameters**

\$25,000/apartment Net for a Ten Apartment program = \$250,000

- **Leasing Costs**

1) Gross Costs = HUD 2013 Fair Market Rentals

a) Four Three-bedroom Apts. = \$1,895/month x 12 months = \$22,740 x 4 units = \$90,960 +

b) Six Two-bedroom Apts. = \$1,474/month x 12 months = \$17,688 x 6 units = \$106,128

**Gross Costs = \$197,088**

2) Client Contributions = 30% of Gross Monthly Income or HRA Shelter Allowance. **For example:**

a) Family of four = \$450/month x 12 months = \$5,400 x 4 clients = \$21,600

b) Family of three = \$400/month x 12 months = \$4,800 x 6 clients = \$28,800

**Total Client Contributions = \$50,400 x 95% collected = \$47,880**

3) **Net Leasing Costs = \$197,088 - \$47,880 = \$149,208**

- **Other Apartment-related Costs**

1) Contingency Fund = \$500/family x 10 families = \$5,000

2) Damages = \$2,000

3) Legal = \$2,000

**Subtotal of Other Apartment-related Costs = \$9,000**

- **OTPS Costs**

1) Supplies = \$600

2) Travel = \$600

**Subtotal OTPS Costs = \$1,200**

- **Staffing Costs - For example:**

1) Case Manager = FTE = \$45,000 salary + 30% Fringe (\$13,500) = \$58,500

2) Employment/Job Developer = 0.2 FTE = \$8,000 + 11% Fringe (\$900) = \$8,900

3) Clinical Supervisor = 0.1 FTE = \$6,000 + 11% Fringe (\$700) = \$6,700

**Staffing Costs Subtotal = \$74,100**



**Direct Services Subtotal = \$ 149,208 + \$9,000 + \$ 1,200 + \$74,100 = \$233,508**  
**A&OH =7% of Direct Services = \$16,346**

**TOTAL NET OPERATING COSTS = \$249,854**  
**NET COST PER APARTMENT = \$24,985**

**G. Fiscal Viability (5 points)**

Applicants will undergo an internal review by OASAS to determine the agency's fiscal viability through the review of the agency's financial statement and history of OASAS contracts.



**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: the **start-up, part year costs**, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.



Column B: 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.
6. **Full-Time Equivalent (FTE) Staff Requested:** Enter the number of FTE's requested as part of this initiative in Columns A and B.

**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.**



**APPENDIX A - OASAS 2012 REQUEST FOR PROPOSALS –NEW YORK/NEW YORK III PERMANENT  
SUPPORTIVE HOUSING FOR HOMELESS FAMILIES ROUND TWO  
INITIATIVE FUNDING REQUEST (IFR) FORM  
(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**

<b>1. Date Initiative expected to be operational:</b>		
<b>REQUESTED OPERATING BUDGET FOR PROPOSAL</b>	<b>(Column A) PROPOSED START-UP OPERATING BUDGET</b>	<b>(Column B) ANNUAL OPERATING BUDGET</b>
<b>2. Gross Expense Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
Personal Services		
Fringe Benefits		
Non-Personal Services		
Equipment		
Property/Space		
Agency Administration		
<b>TOTAL GROSS EXPENSE BUDGET</b>		
<b>3. Revenue Budget</b> (see instructions for details): <b>Round Amounts to the nearest \$100.</b>		
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:		
<b>TOTAL REVENUE BUDGET</b>		
<b>4. NET OPERATING COST</b>		
<b>5. OASAS State Aid Funding Requested</b>		
<b>6. Full-Time Equivalent (FTE) Staff Requested:</b>		
Applicant Official:		
Printed Name:	Printed Title:	
Signature:		
		Date: