

**HOMELESSNESS PREVENTION  
AND  
RAPID RE-HOUSING PROGRAM  
(HPRP)**

*REQUEST FOR PROPOSALS  
AND  
APPLICATION*

*2009-2011*

**State of New York  
David A. Paterson  
Governor**



**NEW YORK STATE  
OFFICE OF TEMPORARY & DISABILITY ASSISTANCE  
David A. Hansell, Commissioner**

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
HOMELESSNESS PREVENTION & RAPID RE-HOUSING PROGRAM (HPRP)  
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***PART A SUMMARY INFORMATION***

**I. Introduction**

The New York State Office of Temporary and Disability Assistance (OTDA) is requesting proposals from local social services districts, municipalities, not-for-profit corporations and charitable organizations, including faith-based organizations, to be considered for funding through the Homelessness Prevention and Rapid Re-housing Program hereafter known as HPRP. HPRP funding will provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.

This Request for Proposals (RFP) is issued pursuant to the American Recovery and Reinvestment Act of 2009 (Recovery Act) signed on February 17, 2009 by President Obama. Through the Homelessness Prevention Fund, the U.S. Department of Housing and Urban Development (HUD) has been authorized by Congress to dedicate funds for homelessness prevention and rapid re-housing activities, including: short-term or medium-term rental assistance, housing relocation and stabilization services, mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, case management, or other appropriate activities for homelessness prevention and rapid re-housing of persons that have become homeless. Contracts awarded under this program are 100% federally funded and have a catalog of federal assistance (CFDA) number of 14.257.

For federal fiscal year 2009, the OTDA is anticipating approximately \$24.3 million in U.S. Department of Housing and Urban Development (HUD) Homelessness Prevention Funds to be available for a twenty-two month period for eligible providers in NYS.

Not-for-profit corporations and charitable organizations, including faith-based organizations, applying directly to OTDA for funds should provide certification that the local social service district approves of the project. In addition, to qualify for funding participation, a private nonprofit organization as defined by program regulations, must be one which is exempt from taxation under subtitle A of the Internal Revenue Code, has an accounting system and a voluntary board, and practices nondiscrimination in the provision of assistance.

In order to assure that we have the most accurate information on file, applicants are encouraged to submit all documents with this application. Each organization is responsible for ensuring that all required documents are included with the application and are current and complete.

**The deadline for receipt of proposal packets is July 7, 2009 at 3:00pm in the Albany Office. See page 24 for additional information.**

**The OTDA will conduct a thorough review of each application. Eligible applicants should complete and submit all forms and narratives required by this RFP and all relevant attachments. Faxed materials and materials sent via electronic mail will not be accepted.** Required forms are listed on the "Checklist of Required Forms". Failure to complete and submit all required forms will reduce the overall competitive score. Any proposal received after the deadline will be reviewed solely at the discretion of OTDA.

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All applications will be reviewed to determine if the following minimum requirements are met:

- Proposals must be submitted by Eligible Grant Applicants, as defined in Section IV of this RFP.
- Proposals must serve an eligible target population, as defined in Section VII of this RFP.

If it is determined that the application fails to meet these minimum requirements the proposal will be disqualified.

Funds will be awarded by the OTDA on a competitive basis. Proposals will be funded based upon the overall competitive score received and will be subject to the availability of funds from the U.S. Department of Housing and Urban Development. OTDA reserves the right to award funds by geographic region to reach underserved areas. *See Section XI Selection Process.*

This funding will be for a twenty-two (22) month contract cycle. The second ten months of funding may be adjusted dependent on availability of funding, satisfactory performance, and the discretion of the OTDA. Proposals should reflect projections, needs and budget(s) for the entire twenty-two (22) months. 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 will be required to submit additional budget and program information for the final contract. Successful grantees will be required to submit all final contract documents, narratives and budgets electronically. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets OTDA objectives.

**II. PROCUREMENT SCHEDULE**

RFP Released.....May 27, 2009  
Questions and Answers Due.....June 8, 2009  
Proposals Due.....July 7, 2009  
Notification of Awards.....September, 2009  
Contract Start Date:.....October 1, 2009 (on or about)

OTDA reserves the right, upon notice to the Offerors, to modify any of the cited dates.

**QUESTIONS AND ANSWERS ABOUT THIS RFP**

Any questions about this RFP must be submitted in writing by **June 8, 2009 2:00 pm** to the attention of Mr. Richard Umholtz at the New York State Office of Temporary and Disability Assistance, Bureau of Housing and Shelter Services, 40 North Pearl Street, Albany, New York 12243, or FAX (518) 486-7068, or e-mail to [Richard.Umholtz@otda.state.ny.us](mailto:Richard.Umholtz@otda.state.ny.us).

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 **June 8, 2009** deadline.

The written response to all questions will be posted on the OTDA website ([www.otda.state.ny.us](http://www.otda.state.ny.us)). NYS Office of Temporary and Disability Assistance will not entertain questions via telephone. Any question received after the specified deadline may be answered at the discretion of OTDA and may be published in the Question and Answer document.

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**III. PROGRAM DESCRIPTION AND DEFINITION OF TERMS**

The purpose of the Homelessness Prevention and Rapid Re-housing Program (HPRP) is to provide assistance to households that have been identified as at-risk and who otherwise without such assistance would experience homelessness. HPRP is also intended to rapidly re-house individuals and families who are homeless as defined by Section 103 of the McKinney Vento Homeless Assistance Act (42 U.S.C 11302). HPRP will support two distinct program models, Homelessness Prevention and Rapid Re-Housing. However, both program models should meet locally defined needs. HPRP resources will be targeted and prioritized to serve households that are most in need of assistance and are most likely to achieve stable housing after the program funds terminate.

Prevention programs should be targeted towards households that have a demonstrated housing crisis and that present with imminent risk of losing their permanent housing. Program components should include intensive outreach to identify eligible households, thorough assessment of the needs of each household, assistance to households in expanding housing options and resources, provision of both short-term and medium term financial assistance, and provision of the supportive services needed to assist the family in achieving housing stability.

Rapid Re-housing programs should assist homeless households move into stable housing. Program components should involve housing location, financial assistance, and support services. Such programs should give careful consideration to the coordination of community resources to ensure that program participants are linked to any necessary on-going assistance.

The following definitions are provided for terms used in the RFP:

***Homelessness Prevention*** – Programs designed to prevent the incidence of homelessness.

***Rapid Re-housing*** – Programs designed to quickly facilitate the transition of homeless individuals or families into permanent housing and connect the household(s) to on-going assistance.

***Housing Assistance*** – Financial assistance that directly supports the household with obtaining or maintaining housing. Assistance is limited to only third parties such as landlords or utility companies. In no event may assisted properties be owned by the awardee or parent, subsidiary or affiliated organization of the awardee.

***Support Services*** – Expenses that are directly related to the services used to assist program participants with housing stability and placement. Support services include agency staffing and fringe benefits, program supplies, consultants, etc. *See Section V for eligible services.*

***Housing Assistance and Management System (HAMS)*** – The electronic data collection system that facilitates the gathering of information on persons who are homeless or at-risk of becoming homeless. Awardees will be required to report on the financial assistance and services delivered to program participants in HAMS or a comparable database system. HAMS is a web-based application.

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***Homeless Management and Information System (HMIS)*** – The electronic data collection system that facilitates the gathering of information on persons who are homeless or at-risk of becoming homeless. HMIS directly relates to Continuum of Care (CoC) areas and is used to collect data to report on outputs and outcomes to HUD. Awardees will be required to report on the financial assistance and services delivered to program participants in HMIS or HAMS or a comparable database system.

***Rent Reasonableness*** – The total rent charged for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same period for comparable non-luxury unassisted units. Such determinations should consider: (a) location, quality, size, type, and age of unit; and (b) any amenities, housing services, maintenance and utilities to be provided by the owner. Comparable rents may be verified by using a market study, reviewing comparable units advertised for rent, or obtain written verification from the property owner documenting comparable rents for other units owned.

#### **IV. ELIGIBLE GRANT APPLICANTS**

Local social services districts, municipalities, not-for-profit corporations and charitable organizations, including faith-based organizations, are eligible to apply for these funds. To meet the definition of a not-for-profit organization, an organization must be incorporated as a not-for-profit corporation or religious corporation or public agency under the laws of this state, or a corporation formed under laws of another state and authorized under New York State law to conduct corporate activities in this state, or provide care and services in this state and have been granted federal tax exempt status.

#### **V. ELIGIBLE ACTIVITIES AND COSTS**

Funds received under the HPRP may be used for one or more of the activities listed below relating to homelessness prevention services and/or rapid re-housing for **those at-risk of homelessness or those who are experiencing homelessness.**

Eligible activities include:

A. Housing Assistance

- Short-term rental assistance (up to 3 months) and medium-term rental assistance (4-18 months) may be used for tenant based rental assistance that can be used to allow eligible households to remain in their existing housing or assist with obtaining new rental housing. No program participant may receive more than 18 months of assistance. After 3 months, if program participants receiving short-term rental assistance need additional financial assistance to remain housed, they must be evaluated for eligibility to receive up to 15 additional months of medium-term rental assistance for a total of 18 months. Program participants receiving rental assistance must be certified every 3 months as to their eligibility. “Shallow subsidies” (payment for a portion of rent) are acceptable. All rental subsidies should be based on the standard of “rent reasonableness.”

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- Security deposits may be used in combination with other assistance. For example, a security deposit for a participant in the HUD-VA Supportive Housing program, which provides rental assistance, would be appropriate.
- Utility payments may be used in combination with other assistance.
- Rent/utility arrears for up to 6 months – rent arrears can not exceed the cost reasonableness standard for such a unit.
- Moving costs may be used for reasonable moving costs such as truck rental, hiring of a moving company, or short-term storage fees for a maximum of 3 months or until the program participant is in housing, whichever is shorter.
- Motel and hotel vouchers may be used for reasonable and appropriate motel and hotel vouchers for up to 30 days if no appropriate shelter beds are available and subsequent rental housing has been identified but is not immediately available for move-in by the program participants.

Households may receive rental subsidies for up to 18 months. Households are expected to independently sustain housing, either subsidized or unsubsidized, at the end of the subsidy; therefore, it is crucial that households are appropriately assessed.

- B. Supportive services may include
- housing-related case management;
  - outreach and engagement;
  - housing search and payment;
  - legal services for eviction prevention for renters; and/or
  - credit repair.

## **VI. INELIGIBLE ACTIVITIES AND COSTS**

Funds received under this program may not be used for categorical expenses other than those listed above. Examples of ineligible activities include:

- mortgage costs (including expenses needed by homeowners to assist with any fees, taxes, or other costs of refinancing a mortgage to make it affordable);
- construction or rehabilitation;
- credit card bills or other consumer debt;
- car repair or other transportation costs;
- travel costs;
- operational costs for housing program;
- food;
- medical or dental care and medicines;
- clothing and grooming;
- home furnishings;
- pet care;
- entertainment activities;
- work or education related materials
- cash assistance to program participants;

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- activities supporting discharge planning programs in mainstream institutions such as hospitals, jails, or prisons; and
- costs associated with certifications, licenses, and general training classes (programs may not charge fees to HPRP participants).

Training for case managers and program supervisors must be charged under administrative costs.

## **VII. ELIGIBLE SERVICE POPULATION**

HPRP will support eligible activities directed at serving homeless families and individuals and those at risk of homelessness with no appropriate subsequent housing options and lack the financial resources and support networks needed to obtain immediate housing or remain in existing housing. The household must be at or below 50 percent of the Area Median Income (AMI). Income limits are available at <http://www.huduser.org/DATASETS/il.html>. Applicants are encouraged to use HUD's Section 8 income eligibility standards for HPRP.

HPRP funds may also assist those households that have been identified as being at-risk of homelessness. An *at-risk of homelessness* person is someone that has been identified as in imminent danger of losing their present housing situation and without HPRP assistance would otherwise be homeless. A person is considered at-risk of homelessness when one of the situations described is occurring:

- the household has received an eviction notice within 2 weeks from a private dwelling;
- an individual has been discharged within 2 weeks from an institution for which the person has been a resident for more than 180 days (prisons, mental health institutions, hospitals);
- a household's current residency in housing that has been condemned;
- there has been sudden and significant loss of income for the household;
- there has been sudden and significant increase in utility costs for the household;
- the head of household experiences mental health and substance abuse;
- the family or individual has physical disabilities and other chronic health concerns;
- the household has a severe housing cost burden (greater than 50% of income for housing costs);
- person(s) have been homeless in the last 12 months;
- the family has been involved with child welfare, including foster care;
- foreclosure proceedings are pending on the household's rental housing;
- the household may be considered extremely low income (less than 30% of Area Median Income);
- the household is in an extreme overcrowded situation (the number of persons exceeds health and/or safety standards for the units' size);
- the individual or family members present with histories of institutional care (prison, treatment facility, hospital);
- the household has a recent traumatic life event (death of a spouse or primary care giver, health crisis, or other incident that prevents the household from meeting financial responsibilities);
- the household's credit precludes them from obtaining housing; and/or
- a household has significant medical debt.

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For the purposes of HPRP, a *homeless* person must be at or below 50 percent of Area Median Income and meet one of the following criteria:

- sleeping in an emergency shelter;
- sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks;
- staying in a hospital or other institution for up to 180 days but was sleeping in an emergency or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
- graduation from, or timing out of a transitional housing program; and/or
- victims of domestic violence.

**VIII. FUNDING LIMITATIONS AND PROVISIONS**

Applicants should carefully consider that HPRP funds are not anticipated to be recurring at the termination of contracts. Therefore proposals should detail how the agency will manage the conclusion of HPRP funds.

*Matching Funds Requirement*

There is not a match requirement for the HPRP program. However, HPRP funds may be used to leverage other resources to address homelessness in the community.

*Maximum Grant Amount*

The maximum award to any applicant will not exceed 15% of the total available funds. However, OTDA has not established a minimum amount applicants may request. Proposals should thoroughly document the need for HPRP funds and justify the amount requested. Agencies are encouraged to exercise reasonableness and consider the expected timeline to fully liquidate HPRP funds by the end of the contract term.

*Advances*

OTDA may, at its own discretion, make advance payments to the Contractor for up to 25% of the annual award pursuant to procedures outlined in 24 CFR 84.22 for non-profit organizations and 24 CFR 85.21 for units of government, and upon the submission of sufficient justification. This advance may be eligible for payment only upon approval of the executed AGREEMENT by the Attorney General and by the Comptroller of the State of New York and upon the submission to OTDA by the Contractor of a properly executed State of New York 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 will refund to OTDA immediately any advance balance then outstanding.

*Projected Uses for HPRP Funds*

The OTDA is soliciting applications in support of homelessness prevention and rapid re-housing programs. OTDA anticipates awarding 60% of the available HPRP funds for homelessness prevention

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programs with the remaining balance supporting rapid re-housing activities. In the event OTDA does not receive sufficient fundable proposals for either homelessness prevention or rapid re-housing, the balance of available funds may then be used to support eligible activities for the other program.

Applicants are encouraged to develop budgets maintaining a minimum of 70% of the grant request in housing assistance (direct financial assistance). The remaining amount may then be used for support services.

**IX. FEDERAL PROGRAM REQUIREMENTS**

A number of federal mandates exist for the Homelessness Prevention and Rapid Re-housing (HPRP) program. These include requirements that each grantee will

- (1) conduct an assessment for each program participant and document that status for the household (nature of homelessness or the at-risk factors);
- (2) determine client eligibility every three months;
- (3) conduct or verify housing habitability standards for participants receiving **rapid re-housing rental** assistance initially and annually thereafter;
- (4) report client level data in the local Continuum of Care Homeless Management Information System (HMIS) and/or OTDA's Housing Assistance Management System (HAMS). (Ideally systems will be able to export and/or import data to minimize duplication of effort.);
- (5) submit Performance Reports no later than 5 days after the close of the quarter;
- (6) meet any additional reporting standards as prescribed by the American Recovery and Reinvestment Act of 2009 or HUD;
- (7) meet the established timelines for expending funds awarded;
- (8) ensure the confidentiality of records concerning project participants;
- (9) conform to the Americans with Disabilities Act as of 1990 and the ADA Amendments Act of 2008;
- (10) comply with Fair Housing and Civil Rights Laws; and,
- (11) meet other generally applicable requirements, such as nondiscrimination and equal opportunity.

**Deadlines for Using Grant Amounts**

Each grantee is strongly encouraged to spend all of the awarded funds within 22 months (by July 31, 2011). However, OTDA reserves the right for agencies that have expended at least 60 percent of funds within the initial term to extend the contract for additional 12 month period(s) provided there is adequate funding. According to the parameters of this grant, additional funding and/or period(s) are contingent on OTDA achieving an overall 60% liquidation of HPRP funds. If OTDA fails to achieve the overall 60% liquidation goal, all unspent funds revert back to HUD on July 31, 2011. In order to meet this goal, OTDA reserves the right to adjust award amounts based on contractor performance.

**Documentation of Client Eligibility**

HPRP recipients are required to maintain adequate documentation of homelessness or at-risk status to determine the eligibility of persons served by the program. The documentation is typically obtained from the participant or a third party at the time of referral, entry, intake or orientation to the HPRP-funded project. A copy of the documentation should be maintained in the client file.

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**X. SELECTION PROCESS**

All proposals will be reviewed by OTDA staff assisted by such other State personnel as is deemed appropriate. Following the desk review of applications, several other steps may take place to further evaluate proposals. These steps may include a telephone interview with the designated contact person in the organization; a request for additional written information or documentation, if necessary; a site visit; a face-to-face meeting with agency representatives; and/or communication with references.

Proposals will be judged on the following general criteria:

- The responsiveness of the proposal to the RFP (that each element of the proposal is satisfactorily addressed).
- Evidence that the applicant understands the needs of population(s) to be assisted.
- The applicant's plan for the use of program funds.
- The completeness of the "Documentation of Need" and "Program Plan" portions of the application. Applicants should provide both statistical data and agency specific information regarding the experiences of the applicant in working with the homeless and those at risk of homelessness.
- The clarity of the measurable and quantifiable expected results and potential for their achievement.
- The cost reasonableness of the proposed project.
- The applicant's standing with New York State (such as compliance with the requirements of the Attorney General's Office, Worker's Compensation, etc.).
- Assurances that duplication of services in the geographic area in which the HPRP program will operate will be avoided.
- A commitment to make all HPRP-related records available to OTDA or its designee(s) as required by this RFP and any resultant contract.
- Acceptable documentation of the applicant's ability to begin program operations immediately and expend HPRP funds within mandated timeframes.
- The urgency of need for HPRP funds. For instance, are no other accommodations available in a particular area? Does the proposal respond to the identified needs as presented in the county's Continuum of Care Plan? In the absence of a Plan, does it respond to the needs identified by other verifiable sources and the OTDA's knowledge of the geographical area?
- The applicant's demonstrated coordination with the local social services district and the Continuum of Care or other relevant planning committee.

Highest priority will be awarded through the scoring in the evaluation instrument for:

- Applications from local social services districts that did not receive HPRP funds directly through HUD and/or proposals that demonstrate a substantial involvement/coordination with the local department of social services (Documentation of Need).
- Proposals serving HPRP non-entitlement areas (Documentation of Need).
- Proposals that will use at least 70 percent of the grant for direct housing assistance (i.e., rental subsidies) [Budget]).
- Projects that demonstrate coordination of resources to assist long-term housing stability (Documentation of Need).

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- Projects that demonstrate accessibility for persons with disabilities and conform with the ADA Title III requirements (Applicant Documentation).
- Projects that demonstrate that program materials will be available in alternative formats for persons with disabilities, as required by the ADA (i.e., Braille, audio recording [Applicant Documentation]).

Medium priority will be awarded to applicants that serve entitlement areas that have received HPRP funds directly from HUD in an amount less than or equal to \$2.5 million.

Lowest priority will be awarded to applicants that serve entitlement areas that have received HPRP funds directly from HUD in an amount greater than \$2.5 million. Applications proposing to provide HPRP services in these areas should thoroughly document why HPRP funds are unavailable from their unit of local government.

All proposals will be evaluated on a comparative analysis among proposals received. Proposals will be reviewed and assigned an overall competitive score. All things being equal, projects will be awarded HPRP monies in rank order until the initial year's funding is exhausted.

OTDA reserves the right to award funds by geographic region to reach underserved areas. The geographic distribution of funds will be considered only in the event that an underserved region is identified by OTDA. An underserved region will be determined and substantiated by OTDA with reference to the Continuum of Care, relevant statistical evidence, and other anecdotal evidence, including the lack of prevention support service monies in a geographical region. Should such a need arise to insure statewide coverage of HPRP services, OTDA will not award funds to the lowest ranked proposal(s) in an area(s) that proportionately have received the greatest amount of HPRP funds directly from HUD and OTDA. The OTDA HPRP funds will then be directed to the underserved area. The regional awards will be made on a competitive basis and awards will be strictly based on the overall competitive score of all contractors identified as being able to provide HPRP services in the identified underserved region. Should OTDA exercise this option, awards will be made sufficient to meet the underserved needs of the region without negatively impacting the overall ability of the HPRP program to provide statewide services.

The following is provided as the relative weight for each section of the application packet:

Applicant Documentation	3%
Documentation of Need	30%
Program Plan	30%
Agency Information	7%
Budget	30%

Regardless of score, OTDA reserves the right to fund or not fund an application based on other relevant information, such as an agency's financial position, venter responsibility determination, and/or the status of the NYS Office of the Attorney General Charities registration filing.

OTDA will place considerable emphasis in the evaluation instrument within the Program Plan section on funding projects that can immediately use the funds to increase the quality and availability of housing for

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homeless individuals and families and/or prevent housing loss for those households that are at imminent risk of homelessness. Proposals should demonstrate an understanding of the special needs of the target population. Accordingly, evidence should be provided as to how this proposal responds to the needs of the homeless or at-risk of homelessness in a given area, the experience of your organization in administering programs for the population and any innovative approaches proposed to intercede before a family or individual is faced with homelessness. Applicants should understand that HPRP funds will not result in an ongoing revenue stream; therefore, careful consideration should be given for support of any staff position. In addition, applicants should demonstrate their financial viability during the time required to operate under this program.

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

- If there are other viable proposals, no one applicant will be awarded more than 15% of the total available funds.
- The lowest awarded proposal may not receive the entire requested amount if there are insufficient funds remaining.
- Awards may be proportionately reduced to ensure the availability of HPRP funds statewide.
- The requested amount may be reduced by all ineligible expenses.
- Applicants are encouraged to develop cost effective proposals. Generally, OTDA considers a staff caseload of 30 households to be acceptable. Staffing requests should consider this standard. Proposals requesting a lower caseload should thoroughly document the need. Failure to justify the need may result in reductions to awards based on the generally accepted standard.

## **XI. AWARD PROCEDURES**

The contracts resulting from this RFP will start on or about October 1, 2009. It is anticipated that successful applicants will receive contracts for a twenty-two month contract cycle. In the last ten months, funds may be adjusted depending upon the availability, satisfactory performance, and the discretion of the OTDA. Contracts may be continued for additional 12-month periods via contract term and/or a contract renewal agreement via execution of Appendix X, if appropriations are available and performance in each prior year is satisfactory (as determined by OTDA). Upon approval of funding recommendations by OTDA and award notices, contract development instructions will be issued to successful applicants. OTDA reserves the right to negotiate any aspect of a proposal in order to ensure that the final agreement meets HPRP program objectives. Successful Awardees will be asked to develop and electronically provide a detailed implementation plan that sets forth the program goals and provides time frames for the performance of those goals.

OTDA reserves the right, if funds become available, to make additional awards based on the remaining proposals submitted to OTDA as a result of this RFP, in lieu of releasing a new RFP, if deemed in the best interest of the State. In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals. OTDA also reserves the right to award additional funds to grantees that have demonstrated positive outcomes and expend 90% of the funds by the end of the first year. OTDA further reserves the right to fund new proposals, as funding becomes available.

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

**XII. REPORTS AND RECORD KEEPING**

Reports will be required on at least a quarterly basis, which describe the progress of activities and clients served. Grantees receiving awards through this RFP will be required to collect data on the use of the funds and persons served with this assistance in a web based management system. Contractors must further ensure that books, records, documents and other evidence pertaining to cost and expenses of the grant are maintained in such detail as will reflect all costs of materials, equipment, supplies, services, building costs and all other costs and expenses for which reimbursement is claimed or payment is made under the contract. All expenditures shall be reported on an accrual basis.

All records pertaining to awards made under this funding opportunity including financial audits, budget, plans/drafts, supporting documents, statistical records, etc., must be retained for a period of at least six (6) years following submission of the final expenditure report. In the event that any claim, audit, litigation or State/federal investigation is started 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 resolved.

OTDA shall have access to any records relevant to the project, including books, documents, photographs, correspondence, and records to make audit, examinations, transcripts, and excerpts. If OTDA determines that such records possess long term or historic value, they must be transferred to OTDA. Projects will be monitored by OTDA on a regular basis throughout the term of the contract. Monitoring may include site visits as well as regular telephone contact. The goal of monitoring is to ensure that the terms of the contract are being met. In addition, monitoring enables OTDA to provide technical assistance, where necessary, in order to assist the contractor in meeting the terms of the contract. It is the responsibility of the contractor to monitor any and all sub contracts.

**XIII. GENERAL TERMS AND CONDITIONS**

The terms and conditions for all funded proposals are specified in a detailed contract which 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. Successful applicants will be sent the complete standard contract for execution. Please note that no services may be reimbursed unless and until a fully executed contract is in place. Successful contractors will be required to submit all final contract documents, narratives and budgets electronically.

The following will be incorporated as appendices into any contracts resulting from this Request for Proposals:

APPENDIX A	OTDA Standard Modified Multi-year Agreement
APPENDIX A-1	Standard Clauses for all New York State contracts
APPENDIX A-2	Agency Specific Clauses
APPENDIX B	Program Specific Clauses
	Budget

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APPENDIX C	Payment and Reporting Schedule
APPENDIX D	Program Work Plan
APPENDIX X	Modification of Agreement Form
APPENDIX Z	Affirmative Action Requirements

*Equal Employment Opportunity/Affirmative Action (EEO/AA)*

The Agency is in full accord with the aims and efforts of the State of New York to promote equal opportunity for all persons and to promote equality of economic opportunity for minority group members and women who own business enterprises, and to ensure there are no barriers, through active programs, that unreasonably impair access by Minority and Women-Owned Business Enterprises (M/WBE) to State contracting opportunities.

Prospective Offerors to this RFP are subject to the provisions of Article 15-A of the Executive Law and regulations issued thereunder.

1. Contractors and subcontractors shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination, To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics or marital status. For these purposes, affirmative action shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation. Prior to the award of a State contract, the Contractor shall submit an Equal Employment Opportunity (EEO) Policy Statement to the contracting agency within the time frame established by that agency.
2. The Contractor's EEO Policy Statement shall contain, but not necessarily be limited to, and the Contractor, as a precondition to entering into a valid and binding State contract, shall, during the performance of the State contract, agree to the following:
  - (a) To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the contractor will not discriminate against any employee or applicant for employment because of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members and women 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) The Contractor shall state in all solicitations 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, religion/creed, color,

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national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics or marital status.

- (c) At the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, religion/creed, color, national origin, sex, age, disability, sexual orientation, military status, predisposing genetic characteristics or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
3. Except for construction contracts, prior to an award of a State contract, the Contractor shall submit to the contracting agency a staffing plan of the anticipated work force to be utilized on the State contract. To ensure compliance with this requirement, the contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of this contract broken down by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors shall complete the staffing plan form and submit it as part of their bid or proposal or within a reasonable time thereafter, but no later than the time of award of the contract. Once a contract has been awarded, the Contractor is responsible to update NYS OTDA on any changes to the staffing plan submitted.
  4. Contractors are required to submit a Subcontracting Utilization Form, if applicable, with their bid or proposal. The Subcontracting Utilization Plan shall list NYS Certified minority and women owned business enterprises which the Contractor intends to use to perform the state contract and a description of the contract scope of work. The Subcontracting Utilization Plan also shall list and the estimated or, if known, actual dollar amounts to be paid.
  5. After an award of a State contract, the Contractor shall submit to the contracting agency a periodic report on actual work force and subcontractor utilization, as well as purchasing of supplies. The agency will prescribe the reporting format, schedule for report submission and specific information to be included in each report.
  6. For purposes of this procurement the goals for subcontracting with Minority and Women-Owned Business Enterprises respectively are 5% and 5.5%. The goals for the purchase of supplies (equipment and/or commodities, etc.) from M/WBE's respectively are 5% and 5.5%. The Agency goal for employment of protected class individuals is 7% to 10% of the total dollars expended from any contract for personnel of consultants.

The definitions of Minority and Women-Owned Business Enterprises are as follows:

**Minority-Owned Business Enterprise:** Any business enterprise authorized to do business in this State which is at least fifty-one percent owned by, or in the case of a publicly owned business, at least fifty-one percent of the stock is owned by citizens or permanent resident aliens who are Black, Hispanic, Asian and Pacific Islander, or American Indian or Alaskan Native, and such ownership interest is real, substantial

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and continuing. The minority owned ownership must have and exercise the authority to independently control and operate the day-to-day business decisions of the entity.

Women-Owned Business Enterprise: Any business enterprise authorized to do business in this State which is at least fifty-one percent owned by or in the case of a publicly owned business, at least fifty-one percent of the stock of which is owned by citizens or permanent aliens who are women, and such ownership interest is real, substantial and continuing. The women-owned ownership must have and exercise the authority to independently control and operate the day-to-day business decisions of the entity.

Protected Class: Groups of people identified by law that are specifically protected against discrimination or harassment. Protected class encompasses minorities, women, persons with disabilities and others by virtue of the law or court decisions interpreting the law.

Definitions of Minority group members. A United States citizen or permanent resident alien who is and can demonstrate membership in one of the following groups:

Black: A person having origins in any of the black African racial groups.

Hispanic: A person of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race.

Asian and/or 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 American or Alaskan Native: Persons having origins in any of the original peoples of North America.

Definition of Person With a Disability pursuant to the Americans with Disabilities Act (ADA): any person who (a) has a physical or mental impairment that substantially limits one or more major life activities; (b) has a record of such impairments, or (c) is regarded as having such impairment.

The directory of certified businesses, prepared by the New York State Department of Economic Development's Division of Minority and Women's Business Development (DMWBD), for use by contractors in complying with the provisions of Executive Law, Article 15-A, and the regulations required pursuant to said Law, will be provided for inspection by the Minority and Women Owned Business (M/WBE) Program Manager.

In order to assist prospective Offerors in their attempts to successfully demonstrate effective equal opportunity/affirmative action efforts, the Agency suggests Offerors consider any or all of the following steps while developing their responses to this RFP:

- 1) Provide a list of all known M/WBEs that may appropriately serve as a subcontractor(s) or a vendor(s) under the contract.

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- 2) Provide a "contact" list of M/WBEs contacted for this particular RFP along with the name of your contact and the result of the contact(s).
- 3) Use the M/WBEs contacted as a possible resource for additional contacts.

In the event your firm did not obtain the desired results from steps 1-3 above, the Agency suggests that prospective Offerors consider these additional steps (and keep a contact record of the same):

- 4) Contact area Minority Business Associations, Contractors Associations, Purchase Councils or Professional Organizations serving the area in which the contract will be performed.
- 5) Contact the New York State Department of Economic Development at (518) 292-5100 or Web Site [www.empire.state.ny.us](http://www.empire.state.ny.us) for assistance.
- 6) Contact the New York State Office of Temporary and Disability Assistance Minority and Women Owned Business Enterprise (M/WBE) Program Manager at (212) 961-8222.
- 7) Contact area community-based organizations that serve the minority community and local elected, appointed religious or other acknowledged leaders who also may serve as resources.

The above-noted provisions are set forth to aid prospective Offerors who may require assistance in their attempt to comply with Agency EEO/AA initiatives. However, prospective Offerors are at liberty to propose a course of action of their own that is reasonable and accomplishes the aim of the aforementioned provisions.

The contractor agrees to comply with all applicable federal and state nondiscrimination statutes including:

The Civil Rights Act of 1964, as amended; Executive Order No. 11246 entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor Regulation 41 CFR Part 60; Executive Law of the State of New York, Sections 290-299 thereof, and any rules or regulations promulgated in accordance therewith; Section 504 of the Rehabilitation Act of 1973 and the Regulations issued pursuant thereto contained in 45 CFR Part 84 entitled "Nondiscrimination on the Basis of Handicap in Programs and Activities Reviewing or Benefiting from Federal Financial Assistance"; and the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. 12101 et seq.; the ADA Amendments Act (ADAAA) of 2008 (Public Law 110-325) and associated regulations, including, but not limited to, those located in 28 C.F.R. Part 36 and regulations by the U.S. Equal Employment Opportunity Commission which implement the employment provisions of the ADA and the ADAAA, (29 CFR Part 1630).

In the event that the Contractor is found through an administrative or legal action, whether brought in conjunction with this contract or any other activity engaged in by the Contractor, to have violated any of the laws recited herein in relation to the Contractor's duty to ensure equal employment to protected class members, the Agency may, in its discretion, determine that the Contractor has breached this Agreement.

The Contractor is required to demonstrate effective affirmative action efforts and EEO efforts, and

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to ensure employment of protected class members. The Contractor must possess and may upon request be required to submit to the Agency a copy of an Affirmative Action Plan which is in full compliance with applicable requirements of Federal and State statutes.

Additionally, the Contractor and any of its subcontractors shall be bound by the applicable provisions of Article 15-A of the Executive Law, participation by minority group members and women with respect to State contracts, including Section 316 thereof, and any rules or regulations adopted pursuant thereto. The Contractor also agrees that any goal percentages contained in this Contract are subject to the requirements of Article 15-A of the Executive Law and regulations adopted pursuant thereto.

The Contractor shall be required to submit reports as required by the Agency concerning the Contractor's compliance with the above provisions, relating to the procurement of services, equipment and or commodities, subcontracting, staffing plans and for achievement of employment goals. The Minority and Women Owned Business Enterprise (M/WBE) Program Manager and the Bureau of Equal Opportunity Development (EOD) shall determine the format of such reports of the Agency. The Contractor agrees to make available to the M/WBE Program Manager and to EOD, upon request, the information and data used in compiling such reports.

No further entries on this page.

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***PART B APPLICATION PACKET***

*Please read Pages 1-21 of the Request for Proposals carefully before completing this Application Packet*

**Funded by: United States Department of Housing and Urban Development**

CFDA Number – 14.257

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## **Completing the Application**

The application should contain the following components.

### **Section A – APPLICANT DOCUMENTATION**

- **Executive Proposal Summary**  
Provide concise summary of proposal. Complete General Information, Accessibility Determination and Federal Reporting Information.
- **Applicant Documentation Attachments:**
  - ✓ **Attach your agency’s most recent Audited Financial Report** (should not be older than one year from date of RFP application submission)
  - ✓ **Attach your agency’s Board of Directors Profile**
  - ✓ **Attach your agency’s Certificate of Incorporation**
  - ✓ **Attach your agency’s Equal Employment Opportunity policy.** It should comply with the Federal Equal Opportunity Act of 1972 as amended.
  - ✓ **Attach documentation of the annual NYS charities registration filing.** It should be within the past 12 months or provide an explanation of the delay.
  - ✓ **Attach your agency’s Fair Housing policy.** It should ensure services are available to all on a nondiscriminatory basis, and publicize this fact. The procedures should reach persons with handicaps or persons of any particular race, color, religion, sex, age, familial status or national origin within their service area who may qualify for them.
  - ✓ **Attach verification that your agency has Worker’s Compensation Coverage**

### **Section B – DOCUMENTATION OF NEED**

- **Coordination with Local Homeless Service Delivery System**  
Describe the community and the means by which homeless service delivery is coordinated.
- **Inventory of Existing Services**  
Describe existing resources of the community.
- **Identification of Gaps**  
Provide evidence of the need for services in the proposed community to be served.
- **Gaps addressed by the Proposed Program**  
Describe how the proposed program will address the gaps.

### **Section C – PROGRAM PLAN**

- **Program Description**  
Describe your proposed program including target population.
- **Program Implementation**  
Provide detailed description of the anticipated operation of the program.
- **Program Outcomes**  
Describe your proposed program outcomes in quantifiable and measurable terms.

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**Section D – AGENCY INFORMATION**

- **Organization Background Information**  
Describe the organizational structure of your agency.  
✓ Attach Copy of: Current Organizational Chart.
- **Program Evaluation**  
To be completed by agencies that are in receipt of government contracts. If any State or Federal funds have been received during the last two years, describe the use of such funds and the benefits realized by the households receiving services. If no State or funds were received during the last two years, label the form “Not Applicable” and include it with your application.
- **Funding Agency Contact Information Form**  
Complete all applicable sections, and return with the application.
- **Agency Agreement Form**  
Sign, complete and return with the application.
- **Certifications and Assurances:** The certifications are strongly encouraged. Sign, complete and return with the application.
  - **Applicant Certification**
  - **Local Social Service District Certification of Approval**
- **Organizational Status**  
Completed for the applicant and any subcontractors included in the proposed program.
- **Subcontracting Utilization Form**  
Completed by the applicant and submitted with the application form, for projects proposing to utilize subcontractors.
- **Contractor/Subcontractor Background Questionnaire**  
Complete this form and submit it as part of the application packet. Any proposed subcontractor also must complete this form if the value of the subcontract will be in excess of \$10,000.
- **Offeror’s Identification Form**  
Complete all applicable sections, and return with the application.
- **M/WBE Staffing Plan**  
Complete all applicable sections, and return with the application.

**Section E – BUDGET (Budget forms are available in excel at [www.otda.state.ny.us](http://www.otda.state.ny.us))**

- **Budget Instructions**  
All applicants should include a fully developed Budget Statement, Personal Services Costs Budget and Non-Personal Services Budget.
- **Budget Statement**  
All category totals from individual budget pages should transfer to the budget statement. See “Non-Personal Services Budget Categories” below.
- **Personnel Services Budget**  
The Explanation/Justification following the Personnel Service budget should explain the personnel and job duties for which HPRP funds are requested. (For example: Case Mgr. Responsible for developing and implementing case plans to assist residents in securing permanent housing, entering school/ training programs etc. Enrichment Counselor- facilitates educational, recreational and cultural activities for residents).

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- **Non-Personnel Services Budget Categories**

If the applicant is requesting funds in support of more than one eligible activity, each individual expense should be listed on the Non-Personnel Services Budget. The entire amount for the categories should be reflected in the budget statement. The Explanation/Justification following each component of the budget must explain the basis for the dollar amount.

**APPLICATION CHECK LIST**

Complete check list to verify all required forms have been submitted. Packets that do not include required forms and documents will lose points.

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**Applicants should submit an original and two (2) copies of the completed application and all attachments to:**

**New York State Office of Temporary and Disability Assistance**  
Bureau of Housing and Shelter Services and Shelter Services  
40 North Pearl Street 13<sup>th</sup> floor, Section B  
Albany, NY 12243  
Attention: Ms. Cindy Hopko  
For delivery questions only, call 518-486-6352.

**Applications must be received at the address listed above no later than 3:00 p.m. on July 7, 2009. Tele-faxed applications or applications sent electronically over the Internet will NOT be accepted.** (OTDA reserves the right to accept applications received after the deadline, if it is determined to be in the best interests of the OTDA.)

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A.) APPLICANT DOCUMENTATION

**EXECUTIVE PROPOSAL NARRATIVE**

Provide a one-paragraph summary of your organization's HPRP proposal. Include the following information:

- Amount of grant funds requested;
- The area(s) to be served;
- The projected number of individuals to be served;
- What the grant funds will pay for (describe the type(s) of housing assistance or support services);
- Percentage of funds requested for housing assistance;
- Timeframe for implementation of the proposed project; and
- Anticipated benefit(s) of the HPRP project.

Suggested format:

**ABC, Inc.** is requesting **\$dollars** to serve **area(s) that will benefit from proposed project – counties, municipalities, etc.** It is anticipated that **200** individuals will benefit from the HPRP funds. Requested funds will assist with support services that include **legal assistance and housing case management.** **Seventy-five percent** of the request will be used for housing assistance in the form of medium term rental assistance, short-term rental assistance, and utility assistance. ABC, Inc. can **immediately** commence the project upon notification of funding.

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GENERAL INFORMATION

**HPRP APPLICANT PROJECT INFORMATION**

**APPLICANT TYPE:**

**INDICATE TYPE OF ORGANIZATION CARRYING OUT THE ACTIVITY:**

**PUBLIC AGENCY**       **FAITH BASED NON-PROFIT**       **OTHER NON-PROFIT**

APPLICANT NAME (Entity): \_\_\_\_\_

CHIEF ELECTED OFFICIAL  
or EXECUTIVE DIRECTOR \_\_\_\_\_

BUSINESS ADDRESS:  
Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_  
(required)

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

COUNTY/ COUNTIES (WHERE SERVICES ARE TO BE PROVIDED) \_\_\_\_\_

PROJECT ADDRESS (if other than business address):  
\_\_\_\_\_

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_ SITE PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your organization's Federal Employer Identification number? \_\_\_\_\_

Applicant Fiscal Year: (Example: July 1 - June 30)? \_\_\_\_\_

**Please provide the following identifying information regarding the project:**

Community District(s) <i>NYC only</i> : _____	Federal Congressional District(s): _____
State Assembly District(s): _____	State Senate District(s): _____

What is your organization's **six digit** State Registered Charitable Organization number? \_\_\_\_\_

Is your organization current with the NYS Office of the Attorney General Charities registration filing requirements? \_\_\_\_\_ YES \_\_\_\_\_ No  
If not, why? \_\_\_\_\_

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ACCESSIBILITY DETERMINATION

Is project site: wheelchair accessible?     Yes                       No

Does your agency conform with Title III ADA requirements?     Yes                       No

If facilities are not accessible to persons with disabilities, state what physical changes will be made to conform to the Americans with Disabilities Act of 1990 and the regulations promulgated thereunder, and the expected completion date for any such physical changes. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are materials available in alternative formats for persons with disabilities? (i.e. Braille, Audio Recording etc.)                       Yes                       No

No further entries on this page.

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**B.) DOCUMENTATION OF NEED**

This portion of the application package is designed in a question and answer format. Each response should restate the question and then provide a detailed response. Please adhere to the format set forth in the package. Failure to address each question completely will adversely affect the competitiveness of your proposal. All information provided should be verifiable. Source documentation, including date, should be identified. Although source documents may be attached to the application, only the information provided in direct response to the question will be evaluated and scored. The applicant is required to analyze and summarize data from supporting documents.

**1.) COORDINATION WITH LOCAL HOMELESS SERVICE DELIVERY SYSTEM**

HPRP funding is meant to complement existing homelessness prevention and re-housing services within local communities. In order to maximize the use of this funding, applicants should demonstrate that they are part of a coordinated homeless services delivery system. Please describe the existing homeless service system within your community by addressing the following questions:

- a) Identify the geographic area to be served (city, county, region, etc.).
- b) Describe the means by which homeless service delivery is currently coordinated within this geographic area:
  - i. Is there an existing Continuum of Care planning process and/or a Ten Year Plan to End Homelessness? If so, please describe, in no more than one page, how these planning process(es) operate.
    - ❖ Include information about which organizations/individuals are represented, the entity charged with coordinating the planning, how often meetings occur, and how decisions are reached.
    - ❖ Summarize the types of activities that are undertaken as part of the planning process.
    - ❖ Explain how the planning process has had an impact on the delivery of homeless services. Identify any meaningful outcomes (such as new projects or improved coordination) that have resulted from local collaboration.
    - ❖ Explain the role that the local Department of Social Services plays in the planning process.
    - ❖ Explain your agency's current role in the planning process.
    - ❖ Explain how the program(s) funded through this RFP will be coordinated with the existing programs that are part of the local planning process.
  - ii. If there **is not** an existing Continuum of Care or Ten Year Plan to End Homelessness process in the area, please describe in no more than one page how homeless services in your geographic area are currently coordinated.
    - ❖ Include information about the role of the local Department of Social Services in this process.
    - ❖ Explain the role that your agency plays in this coordination process.
    - ❖ Explain how the program(s) funded through this RFP will be coordinating with existing homeless services programs in your community.

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- ❖ Address your agency's willingness to participate in or establish a Continuum of Care or other formal planning process should HPRP funding be awarded.
- c) Is your agency located in an area which directly receives HPRP funding from HUD? If so, please answer the following in no more than one-half page:
- i. What local funding priorities have been established by the local administrator of HPRP funding?
  - ii. Why could the services for which you are requested funding from OTDA not be funded by the local HPRP program?
  - iii. Explain the steps that have been taken to ensure that funding requested through this RFP process will in no way result in duplication of funding for the same activities from the local HPRP funding process.

## 2.) INVENTORY OF EXISTING SERVICES

HPRP funding is meant to fill in the gaps in the existing homeless services system. In order to determine what those gaps might be, it is essential to identify which services currently exist. Please use no more than two pages to answer the following questions:

- a) Please describe the current homelessness prevention services in your community by addressing the availability of the following (give names of programs that provide these services; targeted populations for the services provided by each agency; and current capacity for each program [number of people who can be served annually]).
- i. Street or other outreach to persons at risk of homelessness
  - ii. Legal assistance to prevent eviction
  - iii. Landlord/tenant dispute mediation
  - iv. Payment for utility arrears
  - v. Payment for rental arrears
  - vi. Payment for moving/storing costs
  - vii. Budgeting/credit repair
  - viii. Other services (please describe)
- b) Please note if any of the above programs are funded through the Homelessness Intervention Program (HIP) or the Supplemental Homelessness Information Program (SHIP) provided by NYS OTDA.
- c) Please note if any of the programs listed in response to question #1 are funded by HUD's Emergency Shelter Program, either through a local administrator or through NYS OTDA.
- d) Please describe the emergency shelter services available in your community. Please give names and approximate number of shelter beds available on a nightly basis for:
- i. Single men
  - ii. Single women
  - iii. Families
  - iv. Victims of domestic violence (dedicated beds for both adults and children)
  - v. Homeless and runaway youth

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- e) Approximately how many temporary placements (including motel/hotel vouchers, out of county placements, and doubling up) are provided by the local Department of Social Services on a yearly basis for the following:
  - i. Single men and women
  - ii. Families
- f) Please describe the existing housing placement programs for homeless individuals and families. Delineate any targeted subpopulations for these programs. Please note if any of these programs are currently funded by HIP/SHIP funding from NYS OTDA.
- g) Briefly describe the housing opportunities for formerly homeless individuals and families, identifying resources such as: Section 8 (Housing Choice), Shelter Plus Care and other rental subsidies; public housing; affordable housing programs; and supportive housing programs.

### 3.) IDENTIFICATION OF GAPS

For each of the categories below, identify any gaps in services. Explain the gaps within each category and quantify, where possible, what additional resources are needed. Applicants who are located in areas in which there is an existing Continuum of Care and/or Ten Year Plan to End Homelessness planning process should use data acquired as part of that planning process and other verifiable data (if available) to quantify gaps. Applicants from areas in which these formal processes are not in place should use information from locally done studies; waiting list or other data about the number of persons who have been turned away due to lack of capacity; or other substantiated data to quantify the gaps in each of the areas below. Please take no more than one page to provide the answers to the following:

- a) Homelessness prevention: Are any of the services needed but lacking? Have any programs had to institute caps on the amount of financial assistance given or the number of people served? Has the Continuum of Care or other local planning body provided an estimate of how many additional households may be at risk of homelessness? Is there any local data from the newly updated National Low Income Housing Coalition's Out of Reach study (nlihc.org) to indicate the number of households that are paying more than 50% of their income in rent? In reviewing the "at risk of homelessness" definition provided in the RFP, what is known about the projected numbers of persons who meet that definition who are currently unserved and in need of services?
- b) Emergency shelter: Are there currently enough shelter beds for all of the target populations needing them? Are the shelter beds filled on a nightly basis? Have "overflow" or "seasonal" beds been created to address this shortfall? How many additional emergency shelter beds might be needed?
- c) Hotel/motel vouchers: Has there been a recent increase in requests for hotel/motel vouchers as an alternative to emergency shelter? If so, how many additional vouchers might be needed on an average nightly basis?
- d) Housing placement programs: Are the existing housing placement programs operating at capacity? Are the programs that exist limited to a particular target population (for example, the Single Point of Entry program focuses solely on persons with mental illness). How many additional staff might be needed? On what do you base this projection?

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- e) Housing programs: Are there sufficient affordable and/or supportive housing programs to meet the extent of the housing need? Are there some populations for which housing is particularly difficult to obtain? Approximately how many additional units for individuals and families are needed? (Possible sources of data besides Continuum of Care/Ten Year Plan data include jurisdictional HUD Consolidated Plans, local Comprehensive Plans, census data, etc.)

4.) GAPS ADDRESSED BY THE PROPOSED PROGRAM

- a) In no more than a half-page, please describe how the homelessness prevention and/or re-housing program that you propose will address any of the gaps listed above.

**C.) PROGRAM PLAN**

Provide a detailed description of the day-to-day operation of your proposed program. Describe the process for program participants from referral to discharge. Applicants are encouraged to thoroughly develop this section and provide a step by step description of the project and identify those areas that HPRP funds would support. Additionally, applicants may provide a case study of a typical program participant.

1.) PROGRAM DESCRIPTION

Please take no more than two pages to:

- a) Explain how your agency will perform outreach for the proposed program, and describe the main source of program participant referrals. Also, describe your agency's system of communication with those referral sources.
- b) Detail how program staff will interact with management staff within the agency to ensure effective communication regarding the HPRP.
- c) Provide a detailed narrative description of the proposed project.
- i. Include a comprehensive narrative description of the day-to-day operations of the proposed program (describe the proposed project in its entirety and all support services for participants from **referral to discharge and follow-up**). Describe the intake and assessment process, including tenant eligibility and your plan to document homelessness/ at risk of homelessness.
  - ii. Include a discussion of any services that will be available to assist participants to stabilize their housing and increase their ability to live independently.
  - iii. Discuss how your proposal will conduct the housing habitability standards inspection (for rental assistance).
  - iv. Include how your agency will determine eligibility every three months for those program participants utilizing medium term rental assistance.
  - v. Identify all services that will be provided, by whom, funding supporting the service, and whether the services will be provided on or off site.

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- d) Explain who will perform the activities outlined above. Describe the experience and qualifications of the project staff as well as any other agencies that may be providing services to the program participants.
  - i. Include staff qualifications and experience, job descriptions, and any special provisions, e.g. bilingual services and availability of services during non-traditional working hours.
  - ii. If by referral, attach copies of linkage agreements that your agency has with those agencies to which you will refer participants, if applicable.
  - iii. If by referral, explain the mechanisms you will put in place to follow up on the provision of these services.

## 2.) PROGRAM IMPLEMENTATION

In no more than one page, please provide the following information.

- a) A detailed time line that demonstrates your agency's ability to implement this program in a timely fashion.
- b) Discuss your agency's plan to fully expend all of the funds within 22 months of the anticipated contract start date.
- c) Describe the plan to ensure stable program participation levels thereby assisting with timely expenditure of funds. The plan should address participant turnover procedures.
- d) Describe the procedure for handling program participation termination and other participant issues that may arise. (i.e. non-compliance, behaviors that endanger self or others, etc.).
- e) Detail the plan for emergency procedures. Describe any special considerations based on the needs of the target population. (i.e. after hour emergencies, after hour security)
- f) Provide a comprehensive narrative of the agency's ability to undertake the financial aspect of administering the proposed project, understanding that HPRP is a reimbursement program.
- g) Provide a brief narrative describing the anticipated average length of engagement for participants.
- h) Describe the plan to manage and maintain connections to the community-at-large.

## 3.) PROGRAM OUTCOMES

In no more than one page, please provide expected results in quantifiable and measurable terms.

- a) Provide expected results for the households to be served if this proposed program is funded, and the potential for achievement of these results. Responses should be measurable and recognize housing stability as the major emphasis of HPRP.
- b) Describe what form of follow-up verification you will use to show the extent to which you have achieved the anticipated results.
- c) How will the proposed project address the factors that have affected the households' ability to maintain permanent housing?

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- d) How will the proposed project assist households to obtain self-sufficiency or a greater level of independence? Please provide statistical information detailing the anticipated program goals and charting of milestones.
- e) Discuss how your agency will monitor the success of program participants and modify the project based on lessons learned.

**D.) AGENCY INFORMATION**

1.) ORGANIZATION BACKGROUND INFORMATION

Please take no more than one page to:

- a) Briefly describe the history of your agency and provide a general description of the agency's structure. (Please include an organizational chart.)
- b) Describe the resources and skills your organization will commit to carry out the proposed HPRP funded program.
- c) Provide evidence that your organization has the ability to administer all financial and programmatic aspects of this initiative. Summarize the agency's last independent auditors' report and any oversight reports that have been provided by local, State, or Federal government (i.e. monitoring reports/audits).
- d) Provide evidence of your agency's experience in providing services to this or similar populations.

**ATTACH COPY OF: YOUR AGENCY'S ORGANIZATION CHART**

2.) PROGRAM EVALUATION

- a) In no more than a half-page, please provide a summary of a current program that would best demonstrate your agency's ability to administer the proposed HPRP project. Responses should include the funding source, overall summary of the project and outcomes achieved by the program.

No further entries on this page.



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4.) AGENCY 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 offer 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 agency. (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 granted 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 grant 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 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 XIV, General Terms and Conditions of this RFP. (15) The State will not be liable for payments pursuant to any contract, or agreement made pursuant to an appropriation account of this fund if insufficient monies are available for transfer to such account of this fund after required transfers pursuant to §899-d (3) of the State Finance Law.

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. In the event funds become available, projects would be awarded funding in a manner consistent with the award methodology set forth in this Request for Proposals.

This RFP governs the provision of HPRP services for a twenty-two (22) month contract cycle. Contracts may be renewed for additional twelve (12) month periods depending upon the availability of continued HPRP funding, the need for the services, satisfactory performance, and at the sole discretion of the OTDA. 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 grant is received.

---

(Signature of official authorized to sign for applicant)

(Date)

---

(Typed name and title)

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**D.) AGENCY INFORMATION CONT.**

5.) CERTIFICATIONS AND ASSURANCES (ATTACHED)

- a. Applicant Certifications
- b. Social Services District Certification of Approval

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a.) APPLICANT CERTIFICATIONS

**(Name of applicant agency, hereinafter referred to as  
"Applicant")**

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Official authorized to sign for applicant agency) (Title)  
\_\_\_\_\_, certify that we have read and agree to  
(Agency)

administer our proposed program consistent with the American Recovery and Reinvestment Act of 2009, the

HUD notice issued March 19, 2009 and this RFP. Specifically, if funded we will insure:

- A. A documented assessment for each program participant,
- B. A housing habitability inspection is completed for participants receiving rapid re-housing rental assistance,
- C. Confidentiality of records concerning this project will be maintained,
- D. Our agency conforms to the Americans with Disabilities Act of 1990, and
- E. All reporting and data collection requirements will be met.

\_\_\_\_\_  
(Official authorized to sign for applicant agency)

\_\_\_\_\_  
(Date)

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b.) LOCAL SOCIAL SERVICES DISTRICT CERTIFICATION OF APPROVAL

I, \_\_\_\_\_ serving as \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Title) (County)

County Department of Social Services have reviewed the application submitted by \_\_\_\_\_

\_\_\_\_\_ for funds under the Homelessness Prevention and Rapid Re-housing  
(Applicant Organization)

Program (HPRP), and support OTDA funding the project.

\_\_\_\_\_  
(Official authorized to sign for applicant agency)

\_\_\_\_\_  
(Date)

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6.) ORGANIZATIONAL STATUS (For Reporting Purposes)

Please identify all of the items below that apply to your organization. Definitions are as follows:

**YES**                      **NO**                      **LOCAL DEPARTMENT OF SOCIAL SERVICES**

                    

**YES**                      **NO**                      **NOT-FOR-PROFIT ORGANIZATION**

                    

To meet the definition of a Not-for-Profit Organization, an organization must be incorporated as a not-for-profit corporation or religious corporation or public agency under the laws of this state or provide care and services in this state and have been granted federal tax exempt status.

**YES**                      **NO**                      **MINORITY ORGANIZATION**

                    

A Minority Organization is characterized by majority representation of American Indians, Asian Americans, Blacks and/or Hispanics in both policy formulation and decision-making regarding management, service delivery and staffing reflective of the catchment area it serves. Identify type as appropriate:

**YES**                      **NO**                      **WOMEN-OWNED ORGANIZATION**

                    

**If Minority Organization, please check one of the following:**

- Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race;
- Black persons having origins in any of the black African racial groups not of Hispanic origin;
- Asian and Pacific islander persons having origins in any of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands; and
- American Indian or Alaskan Native persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation of community identification.

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7.) SUBCONTRACTING UTILIZATION FORM

Agency Contract: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_ Dollar Value: \_\_\_\_\_  
 Date Bid: \_\_\_\_\_ Date Let: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contract Awardee/Recipient: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Description of Contract/Project Location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Subcontractors Purchase with Majority Vendors:

Participation Goals Anticipated: \_\_\_\_\_% MBE \_\_\_\_\_% WBE  
 Participation Goals Achieved: \_\_\_\_\_% MBE \_\_\_\_\_% WBE

Subcontractors/Suppliers:

Firm Name and City	Description of Work	Dollar Value	Date of Subcontract	Identify if MBE or WBE or NYS Certified

**Contractor's Agreement: My firm proposes to use the MBEs listed on this form**

Prepared By: (Signature of Contractor)	Print Contractor's Name:	Telephone #:	Date:
Grant Recipient Affirmative Action Officer Signature (If applicable):			

**FOR OFFICE USE ONLY**

Reviewed: By:	Date:
M/WBE Firms Certified: _____	Not Certified: _____
CBO: _____	MCBO: _____

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**CONTRACTOR/SUBCONTRACTOR BACKGROUND QUESTIONNAIRE**

**Name of Agency:** \_\_\_\_\_ **Federal Identification #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Actual Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone Number:** ( ) \_\_\_\_\_ **Fax Number:** ( ) \_\_\_\_\_

Background Questionnaire

The following section must be fully completed by the Bidder or bid will be deemed non-responsive. Where appropriate, provide additional details using space provided or by inserting additional sheets following this part. Any proposed subcontractor must also complete this form if the value of that subcontract will be in excess of \$10,000.

1a. If you, the bidder, are a natural person, are you a New York State resident?	_____ NO _____ YES
1b. If you are a corporation, are you a New York State corporation?	_____ NO _____ YES
1c. Are you registered with the New York State Department of State (DOS) to do business in New York State?	_____ NO _____ YES
If no, you will be required to comply with the New York State Department of State guidelines for doing business in New York State before you will be eligible for a Contract award. Do you agree to these conditions?	_____ NO _____ YES
2. How many years has the bidder been in business?	_____ # of Years
3a. Are you a certified minority owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by minority group members (i.e. Black, Hispanic, Asian, Pacific Islander, American Indian or Alaskan Native)?	_____ NO _____ YES
3b. Are you a woman owned business enterprise, certified by the NYS Department of Economic Development? (Your company is eligible to be certified if it is at least 51% owned and controlled by women)	_____ NO _____ YES
4. How many people are employed by the bidder?	_____ Employees
5. Total number of people employed by the bidder: * Within New York State? * Outside of New York State? * Outside of United States?	_____ _____ _____
6. Is the bidder independently owned and operated?	_____ NO _____ YES (If no, provide details)
7. List and describe any liquidated damages assessed, and/or liens or claims over \$25,000 filed against the bidder and remaining undischarged or unsatisfied for more than 90 days, on any contracts within the past five years.	_____ NO _____ YES _____ N/A



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9. Does your company retain partnership or reciprocal agreements with hardware and/or software companies, or with associated manufacturers in this industry?	_____ NO _____ YES
10. Does the bidder hold any current contracts with the State of New York, its departments or political subdivisions, valued in excess of \$100,000?	_____ NO _____ YES (If yes, provide details)
11. Does the bidder hold any current contracts with governmental entities outside of New York State, valued in excess of \$100,000:	_____ NO _____ YES (If yes, provide details)
12. Your firm is responsible for providing worker's compensation insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
13. Your firm is responsible for providing disability insurance pursuant to state law. The State has the option to require proof of current worker's compensation insurance or proof of exemption if applicable. Do you comply with this requirement?	_____ NO _____ YES
14. Does your firm employ any non-U.S. citizens or resident legal aliens?	_____ NO _____ YES
15. If yes, are the forms on file and available for inspection?	_____ NO _____ YES

**CERTIFICATION**

**The undersigned: 1) recognizes that this questionnaire is submitted for the express purpose of inducing the New York State Office of Temporary of Disability Assistance to award a contract or approve a subcontract; 2) acknowledges that the Office may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; 3) acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law 210.40 or a misdemeanor under Penal Law 210.35 or 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 U.S.C. 1001; 4) states that the information submitted in this questionnaire and any attached pages is true, accurate and complete; and, 5) acknowledges that submission of false or misleading information will constitute grounds for the Office to terminate its contract (or revoke its approval of a subcontract) with the undersigned or the organization of which s/he is an officer.**

**Authorized Signature:** \_\_\_\_\_

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**OFFEROR'S IDENTIFICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Company Representative  
(Name/Title) \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Please identify all of the terms below which apply to your organization.  
(Definitions may be found on page 30).

	<u>Yes</u>	<u>No</u>
Nonprofit Organization	_____	_____
Small Business	_____	_____
Minority Business *	_____	_____
Women-Owned Business *	_____	_____

\* If response is yes, and if New York State certified, please attach certification statement from an authorizing New York State agency.

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**Company / Grantee Information**

Company/Agency Name: _____  Address: _____ _____  Phone Number: _____ _____	Contact Person: _____  Phone Number: _____  Email Address: _____ _____	Is Agency Not-for-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No  Federal ID / NYS Payee ID: _____
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

Reporting Period: \_\_\_\_ To \_\_\_\_

**Staffing Plan Information**

**Only Includes Staff on the Project as the Date Report Completed. Determination of Ethnicity can be made by the Observation.**

Position Title / Category	Total Workforce	By Gender		Black		Hispanic		Asian/Pacific Islander		Native American		White (Not of Hispanic Origin)		Disabled		Vietnam Era Veteran	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Officials / Admins.																	
Professionals																	
Trainers																	
Technicians																	
Admin. Support (Clericals)																	
Service / Maintenance																	
Temporary Assistance Recipients																	
<b>TOTAL</b>																	
Total by %	N/A																

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**E.) Budget**

**INSTRUCTIONS FOR COMPLETION OF  
THE BUDGET SECTION**

**Please note that the budget should reflect expenses for 22 months.**

**Personnel Service Expense Detail** - Employees who should be included on this form are those who will be paid in full or in part from grant funds. Any key personnel listed in narrative must be included here. To complete this section list the titles and names of the appropriate personnel. Next determine and enter the "Percentage of Time" this individual will spend on the project. Accurately reflect the salaries for each category. These amounts should carry to the "Budget Statement" under Personnel.

**Fringe Benefit Detail** - For all employees listed in the Personnel Service Expense Detail, you are required to pay mandatory employer payroll taxes: Social Security (FICA), NYS Unemployment Insurance (SUI), NYS Disability Insurance and Workers' Compensation. You may also provide additional fringe benefits such as pension, health, life and/or dental insurance. If HPRP funds are being requested to cover these expenses, the total fringe benefit and payroll taxes chargeable to this program cannot exceed the Office of the State Comptroller's rate, currently the rate is up to 41.49%. You may allocate a lower percentage. These amounts should carry to the "Budget Statement" under Fringe Benefits. You must explain all costs associated with this budget line in the Justification/Explanation section of this worksheet.

**Consultant Costs** - This category 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 contract and whose services are to be funded under the contract budget. ALL SUCH AGREEMENTS ARE TO BE BONA FIDE WRITTEN CONTRACT. NYS OTDA reserves the right to request these documents at any time in the future.

**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. It is recommended that contractors purchase needed substantial equipment using matching funds whenever possible or rent such equipment. If the only alternative is to purchase such equipment using contract funds, a contractor is required to obtain 3 competitive bids and must receive OTDA prior approval. All things being equal, contractors must purchase equipment from the lowest bidder. Equipment rental should be listed in contractual services. The acquisition costs of "general purpose" equipment and "special equipment" are defined in Office of Management and Budget Circular A-122, "Cost Principles for Non-Profit Organizations". Acquisition costs must be in accordance with NYS requirements and may be evaluated to determine if leasing is a practical and cost effective alternative.

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**Supplies** - List major supply items (e.g.: office supplies, program supplies, janitorial, etc.) and provide additional explanation of what items will be included. Justify these costs in relation to number of staff and their programmatic functions.

**Contractual Services** - List costs for services of other than a personnel nature rendered to the program under a formal or informal contract. This category includes rental and leasing of equipment and real estate rental. Only the pro-rated portion of the entire expenditure that is related to the HPRP program is allowed. SHOW JUSTIFICATION IN EXPLANATION (e.g. the full cost of rent (\$1,000) x the % of space related to the program (25%) x number of months (12) = \$3,000).

**Other Expenses** - Include items not applicable under any other category. Only the pro-rated portion of the entire expenditure that is specifically related to HPRP is allowed. YOU MUST SHOW JUSTIFICATION OF THESE COSTS.

**Medium Term Rental Assistance** – Medium-term rental assistance funds are available to pay up to 18 months of rental assistance subsidies for eligible recipients. Please estimate the number and type of units (e.g. one-bedroom, two bed-room) to be provided, the counties in which the units will be provided, and the size of the subsidy to be provided. Rents must adhere to the fair market rents applicable to the area in which they will be provided.

**Short-term Assistance** – Short-term assistance funds are available to pay short-term rental assistance subsidies for eligible recipients. Please estimate the number and type of payments to be made (e.g. rent, utilities, security deposits) to be provided, and the size of the subsidy to be provided.

**Data Collection Costs** - Expenses associated with data collection, evaluation, entry and analysis, and staffing associated with the operation of HMIS or HAMS that are reasonable. Data Collection expenses are program costs and should not be included in the administrative rate calculation.

**Administrative Costs** - These expenses are for the administration of the program. Costs may include accounting for the use of grant funds, preparing reports for submission, proportionate costs associated with program audits, and other similar costs related to administering the grant after HPRP funds are awarded. Costs that are budgeted completely or partially in an itemized direct cost category may not be part of the budgeted administrative costs. For example a portion of the Bookkeeper, Executive Director, and Program Director's salary may be considered administrative charges, however those associated salaries then cannot be charged in the personal services budget.

For HPRP funds an administrative rate of up to 2.5% may be charged with an itemized listing of costs. The administrative cost may not include any portion of costs that are assignable to other federal, state or funding agencies.

**BUDGET STATEMENT**

On the budget form below, indicate the amount of funds being requested to support the proposed project for both Personnel Services and Non-Personnel Services for a period of **22 months**.

**PERSONNEL COSTS**

Item (as contained in the contract)	22 Month Budget for Rapid Re-Housing	22 Month Budget for Homelessness Prevention	Total
B-1. Personnel			\$
B-2. Fringe Benefits			\$
<b>Personnel Services</b>	\$	\$	\$

**NON-PERSONNEL SERVICES**

Item (as contained in the contract)	22 Month Budget for Rapid Re-Housing	22 Month Budget for Homelessness Prevention	Total
B-3. Consultants			\$
B-4. Equipment			\$
B-5. Supplies			\$
B-6. Contractual			\$
B-7. Other Expenses			\$
B-8. Medium Term Rent			\$
B-9. Short Term Assistance			\$
B-10. Data Collection			\$
B-11 Administrative Costs			
<b>Non-Personnel Services Total</b>	\$	\$	\$

<b>Grant Totals</b>	\$	\$	\$
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Budget Nature	22 Month Request	Percent of Request	
Housing Assistance Costs	\$	-----%	(Medium Term Rent and Short Term Assistance)
Support Services Costs	\$	-----%	(Personnel, Fringe, Consultants, Travel, Equipment, Supplies, Contractual, Other, Data Collection, and Administrative Costs)
<b>Total Grant Request</b>	\$	-----%	

<b>B-1.PERSONNEL SERVICE EXPENSE DETAIL for 22 Months</b>					
<b>Position Title &amp; Name of Employee</b>	<b>% Time on Prj.</b>	<b>Annual Salary</b>	<b>Total Salary (22 months) Rapid Re-Housing</b>	<b>Total Salary (22 months) Homelessness Prevention Services</b>	<b>Total</b>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>Personnel Total</b>			\$	\$	\$
<b>Fringe Benefits Total Rate:</b>	<b>%</b>		\$	\$	\$
<b>Total Personnel Services Cost</b>			\$	\$	\$
Explanation/Justification:					
For example:					
<p><b>Case Mgr.</b> Responsible for developing and implementing case plans to assist residents in securing permanent housing, entering school/ training programs etc.</p> <p><b>Rent Administrator</b> - calculates the amount of rent subsidies with program participants and offers financial literacy training.</p>					

**NON-PERSONNEL SERVICES**

<b>Consultant Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Consultant Costs</b>	\$	\$	\$

Explanation/ Description:

<b>Equipment Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Equipment Costs</b>	\$	\$	\$

Explanation/ Description:

<b>Supply Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Supply Costs</b>	\$	\$	\$
Explanation/ Description:			

<b>Contractual Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Contractual Costs</b>	\$	\$	\$
Explanation/ Description:			

<b>Other Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>		<b>Homelessness Prevention Services</b>
			<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Other Costs</b>	\$	\$	\$

Explanation/ Description:

<b>Medium Term Rental Assistance</b>							
			<b>Rapid Re-Housing</b>		<b>Homelessness Prevention Services</b>		
<b>Subsidy Amount</b>	<b>County and Unit Size</b>	<b>Months</b>	<b># Households</b>	<b>Assistance</b>	<b># Households</b>	<b>Assistance</b>	<b>Total</b>
							\$
							\$
							\$
							\$
							\$
							\$
<b>TOTAL MEDIUM-TERM RENT EXPENSES</b>				\$		\$	\$

Explanation/Justification:

<b>Short Term Assistance</b>						
		<b>Rapid Re-Housing</b>		<b>Homelessness Prevention Services</b>		
<b>SUBSIDY AMOUNT</b>	<b>MONTHS</b>	<b>Units</b>	<b>Assistance</b>	<b>Units</b>	<b>Assistance</b>	<b>Total</b>
<b>RENTAL ASSISTANCE:</b>						
						\$
						\$
						\$
						\$
						\$
<b>UTILITY ASSISTANCE:</b>						
						\$
						\$
						\$
						\$
						\$
						\$
<b>TOTAL SHORT-TERM EXPENSES</b>			\$		\$	\$
<b>Explanation/Justification:</b>						

<b>Data Collection Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Data Collection Costs</b>	\$	\$	\$
Explanation/ Description (itemize):			

<b>Administrative Costs</b>			
<b>Item</b>	<b>Rapid Re-Housing</b>	<b>Homelessness Prevention Services</b>	<b>Total</b>
			\$
			\$
			\$
			\$
			\$
<b>Total Administrative Costs</b>	\$	\$	\$
Explanation/ Description (itemize):			

Applicant: \_\_\_\_\_

<b>APPLICATION CHECK LIST of Required Forms</b>	<b>Included</b>	<b>Not Included</b> (Explain) Missing documents may adversely affect the overall competitive score of your proposal.
<b>A – APPLICANT DOCUMENTATION</b>		
Executive Proposal Summary (Provide concise summary of proposal)		
<b>Attach Copy of: Audited Financial Report.</b> It should be within the last 12 months, if not attach letter explaining why.		
<b>Attach Copy of: Board of Director’s Profile</b>		
<b>Attach Copy of: Certificate of Incorporation</b>		
<b>Attach Copy of your agency’s Equal Employment Opportunity policy.</b> It should comply with the Federal Equal Opportunity Act of 1972 as amended.		
<b>Attach Documentation of NYS Charities Filing.</b> It should be within the last 12 months, if not provide letter explaining why?		
<b>Attach Documentation of Worker’s Compensation Coverage.</b>		
<b>B – DOCUMENTATION OF NEED</b>		
Community Description Describe the Community to be served		
Target Population Describe the population to be served		
Gap Analysis Describe how your proposal will fill a gap		
<b>C – PROGRAM PLAN</b>		
Program Description		
Support Services Plan		
Program Implementation		
Program Outcomes		
<b>D – AGENCY INFORMATION</b>		
Organization Background Information		
Attach copy of: Organization Chart		
Program Evaluation		
Funding Agency Contact Information Form		
Agency Agreement Form		
<b>Certifications and Assurances listed below</b>		

✓ <b>Applicant Certifications</b>		
✓ <b>Social Service Approval</b>		
Organizational Status Form		
Subcontracting Utilization Form		
<b>Contractor/ Subcontractor Background Questionnaire</b>		
<b>E – BUDGET</b>		
Budget Statement		
Personnel Services Budget Statement		
Non-Personnel Services Budget Statement		
<b>WORK PLAN*</b>		
Outline of proposed project		

**\* If selected for funding a work plan will be required for the development of a NYS contract. The work plan essentially summarizes key components of your proposal. In an effort to facilitate contracts resulting from this RFP, OTDA is requesting applicants to complete the work plan at the time of proposal submittal. Use the following format and submit the work plan as part of the application package. Please cut and paste from the proposal as appropriate. The work plan should be appended as the last document of your complete proposal.**

**PROGRAM WORK PLAN**

**A. Contractor Information**

1. Incorporated Agency Name: _____
2. Street Address: _____ City, State, Zip Code: _____ County: _____
3. Agency Contact: _____ Title: _____ Phone #: _____ FAX #: _____ Email Address: _____ Mailing Address: _____  Program Contact: _____ Title: _____ Phone #: _____ FAX #: _____ Email Address: _____ Mailing Address: _____
4. Federal Employer Identification #: _____ State Registered Charitable Organization #: _____ Municipality #: _____ Community District(s): _____ Federal Congressional District(s): _____ State Senate District(s): _____ State Assembly District(s): _____

5. Proposed Number of Individuals to be served: \_\_\_\_\_

6. Twenty-two Month Award Amount: \_\_\_\_\_

**Project Name (if any):**

Street Address/P.O. Box: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Please attach additional sheets if needed.**

7. Is your organization a minority community-based agency? (At least 51% of the board members are African American, Hispanic, Asian, Native American, etc.).

Yes  No

If yes, please specify:

African American

Hispanic

Asian

Native American

Women

Other

8. Non-Discrimination/Sectarian Organization Compliance Justification

	Yes	No
a. According to your Certificate of Incorporation, are your organization's purposes sectarian? (For example, are you a corporation organized under the religious corporation law or a corporation that has a corporate purpose to serve a particular religious group or promoting the doctrine of a particular religion in general?)		
b. Are any of the proposed services in your project sectarian in nature?		
c. Does your organization have as its goal the furthering of any sectarian purpose?		
d. Are the services to be provided by sectarian staff?		
e. Are services being delivered in a building owned by a sectarian organization?		
If no, proceed to letter (f.). If yes, are services educational in nature?		
f. Will the proposed services be provided on the basis of race, religion, color or national origin?		
g. If the contract is with a sectarian organization, is the amount and comprehensiveness of the surveillance necessary to insure the contract does not foster or inhibit religion greater than the contract necessary to administer a similar contract with a non-sectarian agency?		

**If any of the above answers are Yes, please justify the recommendation for funding below:**

9. LIST OF AUTHORIZED SIGNATORIES

List all individuals who are authorized by the Board of Directors to sign this contract and related documents on behalf of the organization. *Should any individual be added to or removed from the list, inform the Bureau in writing immediately.*

Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____
Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____
Name _____ Title _____ (Printed) <b>Signature</b> _____ Restrictions _____

The individuals listed above are authorized to sign on behalf of the Contractor in all matters regarding the Agreement with the NYS Office of Temporary and Disability Assistance except where restrictions are shown.

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(Signature of Official Authorized to Sign for Applicant) (Printed Name) (Date)

## B. Organization Description

Describe your organization, its background and purpose. Please be sure to explain all services that your agency provides. Please attach a detailed Agency Organizational Chart.

## C. Project Description

The Project Description is where you provide comprehensive, detailed information on the services/project you will be providing with this grant. ***The Project Description must follow the provisions of Appendix A2.*** When completing this section, address major expenditures planned in the budget, Appendix B (applicable only if your contract contains Appendix B) and be certain that the following points have been addressed with specifics:

*Who are the people to be served?* (Target Population)

- Describe the Target Population for whom services will be provided.

*What is the project and why is it needed?* (Services Provided)

- Describe the project and the services you will be providing. Is it housing assistance? Counseling for at-risk families?
- Describe why the project is needed and how it will meet the needs of the target population you indicated.
- Indicate if licenses, permits or other approvals are necessary to project operation, and if so, include copies of the approval(s) with this submission.

*Where will the project operate?* (Location)

- Describe the physical location(s) of the project. You may include how participants will get to the project site.
- If applicable, include a list of subcontractors, including agency name, contact person, address and phone number in this section.

*When will the project operate?* (Days & Hours of Operation)

- State the hours and/or days of operation.

*Who will operate the project?* (Staff Responsibilities)

- Describe the responsibilities of the personnel who will provide services. A social worker may do counseling and referrals, while an accountant may provide administrative support.
- Be sure to include all personnel who will be paid from this grant or who are essential to service delivery (volunteers).

*How will the project operate?* (Plan)

- Provide additional specifics about the project.
- You may require a start-up period to hire personnel, recruit participants, obtain bids for equipment, purchase equipment and/or supplies, or train personnel. Describe these tasks, as well as time frames for accomplishing them. Identify staff who will oversee these activities.
- Describe the operation of the project, including how the project will be publicized, what fees if any will be charged, and how the project will be organized (by age groups, activities, special needs).

*After reading this section, a reviewer should have a clear and specific picture of how your project will be run.*

**D. Project Objectives**

Objectives must be measurable, specific, relate to Budget or Payment Schedule items (as applicable) and the Project Description above, and be consistent with the contract term. They must be stated in terms of the services provided and will be used to measure the success of the project. For each service to be provided write an objective for how many people will be served and how often the service is provided. You will be required to report on these objectives.

**E. Key Personnel Profile**

The purpose of this section is to demonstrate the staffing levels for the project as well as the amount of time the organization’s key personnel will spend on the project. Attach a chart that depicts the Staff involved with the project. For each Staff member listed, include the person’s name and job title, the responsibilities of the position, the required qualifications for the position, the name of the supervisor, and the percent of time spent on the project (must correspond with the Personnel page of the Budget, if applicable)

**Suggested format:**

<b>Position</b>	<b>Qualifications</b>	<b>Responsibilities</b>	<b>Percent of Time to be Spent on Project</b>	<b>Supervisor</b>

**END OF APPLICATION**