

**CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REQUEST FOR PROPOSAL:
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)
PERMANENT SUPPORTIVE HOUSING FOR PERSONS LIVING WITH HIV/AIDS
PIN: 13AE000300R0X00**

**Addendum No. 2
August 24, 2012**

Except as otherwise stated below and in Addenda 1, the Request for Proposal (“RFP”), which was released on July 16, 2012, remains unchanged:

1. Annex A, Acknowledgment of Addenda Form, is attached and incorporated herein.
Make sure that you sign and submit this version of the Annex A with your proposal.
2. The RFP ATTACHMENT B – Budget Proposal Forms are deleted in their entirety and replaced with the attached Annex B.
3. Electronic copies of the Budget Proposal Forms are available on the Agency’s website at www.nyc.gov/health/contracting.
4. Attached are Questions and Answers to questions received subsequent to the release of Addendum No. 1.

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REVISED
ANNEX A

ATTACHMENT C
ACKNOWLEDGEMENT OF ADDENDA

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)
PERMANENT SUPPORTIVE HOUSING FOR PERSONS LIVING WITH HIV/AIDS

PIN #: 13AE000300R0X00

Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated August 9, 2012

Addendum # 2, Dated August 24, 2012

Addendum # 3, Dated _____, 20__

Addendum # 4, Dated _____, 20__

Addendum # 5, Dated _____, 20__

Addendum # 6, Dated _____, 20__

Addendum # 7, Dated _____, 20__

Addendum # 8, Dated _____, 20__

Addendum # 9, Dated _____, 20__

Addendum #10, Dated _____, 20__

Part II

_____ No Addendum was received in connection with this RFP.

Part III

Proposer's Name: _____ Date: _____

Signature of Authorized Representative: _____

Housing Opportunities for Persons with AIDS
Request for Proposals Budget Form

Agency Name:
Service Category:
Budget Period:

Permanent Supportive Housing
July 1, 2013 - June 30, 2014

BUDGET SUMMARY	
BUDGET CATEGORY	AMOUNT
Personnel	\$ -
Fringe Benefits	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Other	\$ -
Consultant/Contractual	\$ -
Contract Start-Up Costs	\$ -
Administrative Costs <i>(should not exceed 7.0% of the total city funded budget)</i>	\$ -
TOTAL BUDGET	\$ -
PROGRAM INCOME	\$ -
TOTAL CITY FUNDED BUDGET <i>(Maximum Contract Amount Should Not Exceed \$450,000).</i>	\$ -

# of CONTRACTUAL HOUSING UNITS	
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ANNUAL COST PER HOUSING UNIT <i>(City Funded Portion May Not Exceed \$18,000 Per Unit Per Year)</i>	\$ -
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AGENCY NAME:
SERVICE CATEGORY: Permanent Supportive Housing
BUDGET PERIOD: July 1, 2013 - June 30, 2014

BUDGET CATEGORY - FRINGE BENEFITS

COMPONENT	PRIMARY FRINGE RATE	SECONDARY FRINGE RATE (if applicable)
F.I.C.A.		
Health Insurance		
Unemployment Insurance		
Disability Insurance		
Life Insurance		
Workers Compensation		
Pension/Retirement		
Other (itemize below):		
TOTAL	0.00%	0.00%
	OK	OK
Please explain in a sentence if the above rate is applied equally to all personnel lines. For multiple rates explain 'how the rate is applied.		

AGENCY NAME:
SERVICE CATEGORY: Permanent Supportive Housing
BUDGET PERIOD: July 1, 2013 - June 30, 2014

BUDGET CATEGORY - TRAVEL

CLIENT TRAVEL	Contract Amount Requested
<i>Methodology and Justification:</i> <div style="background-color: yellow; height: 200px; width: 100%;"></div>	
STAFF TRAVEL	
<i>Methodology and Justification:</i> <div style="background-color: yellow; height: 200px; width: 100%;"></div>	
Total Travel Requested	\$ -

AGENCY NAME:
SERVICE CATEGORY: Permanent Supportive Housing
BUDGET PERIOD: July 1, 2013 - June 30, 2014

BUDGET CATEGORY - EQUIPMENT

<i>Item:</i>	<i>Methodology and Justification:</i>	Contract Amount Requested
Total Equipment Requested		\$ -

Equipment is defined as any single item with a useful life of more than one year and an acquisition cost which equals or exceeds \$1500

AGENCY NAME:
SERVICE CATEGORY:
BUDGET PERIOD:

Permanent Supportive Housing
 July 1, 2013 - June 30, 2014

BUDGET CATEGORY - SUPPLIES

PROGRAM SUPPLIES	Contract Amount Requested
<i>Methodology and Justification:</i> <div style="background-color: yellow; height: 200px;"></div>	<div style="background-color: black; height: 200px;"></div>
OFFICE SUPPLIES	
<i>Methodology and Justification:</i> <div style="background-color: yellow; height: 200px;"></div>	<div style="background-color: black; height: 200px;"></div>
Total Supplies Requested	\$ -

AGENCY NAME:
SERVICE CATEGORY: Permanent Supportive Housing
BUDGET PERIOD: July 1, 2013 - June 30, 2014

BUDGET CATEGORY- CONSULTANT/CONTRACTUAL

		Contract Amount Requested
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Consultant Name: [Name] Type of Service: [Service Type] Rate and Terms of Service: [Rate/Terms of Service] Justification: [Please provide justification for the consultant.]		
Total Contractual/Consultant Services Requested		\$ -



Question and Response:

Request for Proposal (RFP) - HOPWA - 13AE000300R0X00

QUESTION #	QUESTION	RESPONSE
1	Is money set-aside for new vendors?	This RFP solicits proposals to provide housing services to clients currently residing in HOPWA-funded housing. All organizations are encourage to apply not only those who currently are funded by DOHMH.
2	Was there an increase or decrease in program funding from last year?	There is no change in program funding available to DOHMH from last year.
3	What percentage of the vendors funded do you estimate will be new?	DOHMH is unable to estimate this.
4	If HASA clients have 70% of their rent paid by HASA, the HOPWA program would receive the 30% client share directly from the client?	Individuals and families residing in housing units funded through this RFP must contribute 30% of their adjusted monthly household income toward rent. This requirement is applicable regardless if the client is enrolled in public assistance (e.g., HASA) or not. However, if the individual ONLY receives public assistance (e.g., HASA) and has no other income, the shelter allowance issued by the welfare agency (e.g., HASA) is the only rent that may be collected by the program.

Question and Response:

Request for Proposal (RFP) - HOPWA - 13AE000300R0X00

QUESTION #	QUESTION	RESPONSE
5	Does the HOPWA program need to budget full rents for all 25 apartments? Or may we estimate the number of units that will be receiving HASA or other subsidy and only budget for units without other subsidies?	Organizations must budget the full rents for all housing units proposed in their proposal. The budget has a field to list anticipated program income generated which will offset the total cost of the program funded by DOHMH.
6	Should or may an agency require an HRA 2010 before admitting a homeless client to a proposed Category A program and use the HRA as a primary documentation source for HIV status, income, and residency?	No, your organization may not require an HRA 2010 application in order to enroll a client a housing program for category A.
7	On page 24 of the RFP, the checklist includes “Proof of Site Control (if available at time of proposal submission)”. Is proof of site control required if we are only applying to provide scattered-site units? I am assuming that proof of site control is only required for congregate proposals. Is that correct?	Yes, proof of site control is only required for congregate facilities.



Question and Response:

Request for Proposal (RFP) - HOPWA - 13AE000300R0X00

QUESTION #	QUESTION	RESPONSE
8	Our agency is large with multiple contracts with various state & city agencies. Would you like copies of Evaluations from ALL housing programs, including those funded by NYS Office of Mental Health and NYS Office for People with Developmental Disabilities? Or should we limit our submissions to housing programs for people living with AIDS? Should we include evaluations for housing programs that use a different model than the one proposed (i.e. evaluations for transitional housing programs)?	Your organization may include program evaluations for all programs types cited. All program evaluations for your entire agency’s housing portfolio are not required. Your organization should select and submit program evaluations that are relevant to the target population selected in your proposal, as well as the housing model being proposed.
9	I would like to know if it would be an allowable cost to include in the budget for our proposed HOPWA program a reserve fund that would help us cover client expenses in case they are unable or are delays in their payments of their 30% rent obligation.	Yes, you may budget up to a maximum of 25% of the anticipated income generated from client payments toward rent.



Question and Response:

Request for Proposal (RFP) - HOPWA - 13AE000300R0X00

QUESTION #	QUESTION	RESPONSE
10	<p>“Briefly describe all relevant program evaluations conducted during the last two years. As a separate addendum to the application, provide copies of all relevant housing-specific program evaluations conducted during the last two years.”</p> <p>Questions: What is meant by program evaluations here? Are you referring to an outcomes based program assessment or are you referring to a program audit? What kind of relevant housing-specific program evaluations are you looking to have appended to this application? If we have multiple housing programs, are you looking for copies of evaluations for each one?</p>	<p>At minimum, you should include monitoring and audit reports from oversight agencies. All program evaluations for your entire agency’s housing portfolio are not required. Your organization should select and submit program evaluations that are relevant to the target population selected in your proposal, as well as the housing model being proposed.</p>