THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REQUEST FOR PROPOSALS

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

PIN #: 13AE000300R0X00

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AUTHORIZED AGENCY CONTACT PERSON

Proposers are advised that the Authorized Agency Contact Person for all matters concerning this Request for Proposals is:

Name: Christophe Hunt
Title: Contract Manager
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SECTION I - TIMETABLE

A. Release Date of the Request for Proposals: July 16th, 2012

B. Questions

Substantive questions regarding this Request for Proposals (RFP) must be submitted in writing to the Authorized Agency Contact Person, whose address is indicated on the cover of this RFP.

DOHMH encourages vendors to submit questions by email prior to the Pre-Proposal Conference to facilitate further discussions at the Conference. Please e-mail questions to John Rojas, Director of Housing, at the e-mail address HOPWAPermanentRFP@health.nyc.gov. List the RFP service category and PIN number you are inquiring about in the subject and body of the e-mail.

Questions received prior to the Pre-Proposal Conference will be answered at the conference. DOHMH cannot guarantee timely response to substantive questions received after August 17th, 2012.

C. Pre-Proposal Conferences:

- Date: July 30th, 2012
- Time: 10:00 AM
- Location: 42-09 28th Street, 3rd Floor Auditorium, Long Island City, NY 11101-4132

Attendance by proposers is optional but strongly recommended by DOHMH.

D. Proposal Due Date, Time and Location:

- Date: August 31st, 2012
- Time: 2:00 PM
- Location: 42-09 28th Street, 17th Floor, Long Island City, NY 11101-4132

DOHMH advises proposers to deliver proposals by hand. E-mailed or faxed proposals will not be accepted by DOHMH.

Proposals received at this location after the proposal due date and time are late and shall not be accepted by the Agency, except as provided under New York City’s Procurement Policy Board Rules.

The Agency will consider requests made to the Authorized Agency Contact Person to extend the proposal due date and time prescribed above. However, unless the Agency issues a written addendum to this RFP that extends the proposal due date and time for all proposers, the proposal due date and time prescribed above shall remain in effect.

E. Anticipated Contract Start Date: July 1, 2013
SECTION II – SUMMARY OF THE REQUEST FOR PROPOSALS

A. Purpose of RFP

The New York City Department of Health and Mental Hygiene (“DOHMH” or the “Agency”) is seeking appropriately qualified, experienced, not-for-profit organizations to provide *permanent supportive housing* in New York City to very low-income persons living with HIV/AIDS and their families.

Background

According to the Centers for Disease Control and Prevention, at the end of 2008, an estimated 663,084 persons in the United States were living with a diagnosis of HIV infection.\(^1\) The same CDC report indicates that New York State has the highest number of persons living with HIV infection in the U.S., with an estimated 135,008 persons living with HIV infection as of year-end 2008.\(^2\) New York City continues to sit at the epicenter of the U.S. epidemic. In 2006, the estimated number of new HIV infections in the United States was over 56,300.\(^3\) In 2010, the estimated number of new HIV infections in New York City alone was over 3,400.\(^4\) As of December 2010, over 110,700 New York City residents were reported to have HIV and/or AIDS.\(^5\)

Disparities in access to health care and health outcomes continue to exist despite significant advances in medical care for persons living with HIV and/or AIDS (PLWHA). Being of a racial minority, injecting drugs, suffering from mental illness, and being in a lower socioeconomic status are all factors associated with poor health outcomes. All of these factors reinforce the need for priority to be placed on facilitating access to and maintenance in HIV primary care and support services. PLWHA who are homeless are especially at risk for poor health outcomes. A wide body of research shows that the prevalence of HIV/AIDS is three to nine times higher among persons who are homeless or unstably housed, depending on the geographical area studied.\(^6\) Additionally, individuals who lack stable housing face multiple barriers to health service utilization.\(^7\)

Research supports the contention that homeless people are less likely to seek regular health care. A 2007 study by Leaver *et al.* ascertained housing security and stability are significantly associated with individual access to health care and social services.\(^8\) The study established a significant positive association between improved housing stability and better health-related outcomes, including utilization...

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2. Ibid.
5. Ibid.
7. Ibid.
of health and social services. One specific area in which DOHMH aims to develop self-management skills in PLWHA is assistance with securing and maintaining permanent housing.

1. **Client Eligibility Criteria**

To be eligible to receive housing services through a program funded through this RFP, an individual must meet all of the following eligibility criteria:

- Diagnosis of Human Immunodeficiency Virus (HIV) infection and/or Acquired Immunodeficiency Syndrome (AIDS);
- Very low-income; and
- Resident of New York City.

Very low-income is defined as an individual or household whose annual gross income does not exceed 50% of the median family income for New York City as per the current listing published by the U.S. Department of Housing and Urban Development (HUD). Refer to [http://www.huduser.org/portal/datasets/il.html](http://www.huduser.org/portal/datasets/il.html) for HUD listings by family size.

New York City resident is defined as an individual or household that resides in one of the following boroughs: Bronx, Brooklyn, Manhattan, Queens, or Staten Island. The eligible person(s) must be a resident of New York City at program enrollment.

Family members may also be assisted providing that they reside with the eligible person(s) or will reside with the eligible person(s) upon housing placement. Family is defined as a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well-being.

2. **Housing Considerations**

Dwellings, funded through this RFP, must be congregate and/or scattered-site (i.e., community-based) rental housing units. All housing units must be located in New York City and comply with federal, state, and local housing quality standards. The housing units must be in close proximity to public transportation and accessible to other amenities such as shopping, health care, and other necessary services. Basement dwellings are prohibited.

Scattered-site housing units must be leased in the organization’s name (i.e., scattered-site I model) and rented at or under fair market rent, as defined below, for the unit size. Each housing unit must be situated in a building with elevators if the unit is above the second floor. The housing units must be fully furnished apartments that contain a full bathroom and a kitchen in each unit. DOHMH requires that no more than 25% of the apartments in any one building be dedicated to clients of the proposed program. Scattered-site housing programs must have 24/7 staff availability to program-enrolled clients.

Congregate facilities must be leased or owned by the organization awarded a contract through this RFP. All congregate dwellings must consist of furnished private rooms and/or a suite of furnished private

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9 Ibid.
rooms and include common lounge areas. Each congregate housing unit must include a refrigerator and microwave. Preferably, each accommodation will include an individual kitchen and bathroom. Congregate facilities must have 24/7 site supervision.

The current Fair Market Rents (FMR) and Housing Quality Standards (HQS) published by the U.S. Department of Housing and Urban Development (HUD) apply to all dwellings funded under this RFP. Refer to http://www.huduser.org/portal/datasets/fmr.html for FMR listings published by HUD.

Currently, DOHMH contracts with various not-for-profit organizations for the provision of supportive housing to very low-income PLWHA and their families. This solicitation is necessary to ensure continued services to those clients currently residing in congregate and scattered-site supportive housing units under contracts with DOHMH that will expire on June 30, 2012. The current housing model provides intensive case management and related support services to assist very low-income PLWHA and their families achieve and maintain housing and health stability.

Organizations awarded contracts through this RFP must ensure continuity of housing and services to clients who are currently served by HOPWA-funded supportive housing programs administered by DOHMH should the existing vendors not be awarded under this RFP. Referrals and assistance must be provided to existing clients of HOPWA-funded supportive housing programs who do not wish to continue to receive supportive housing assistance through the proposer’s program.

Organizations awarded a contract through this RFP must identify and secure all housing units no later than July 1, 2013 and achieve an occupancy rate of at least 95% within six months or less of contract registration date.

3. Summary of Support Services

For the purpose of this RFP, permanent supportive housing is defined as permanent, affordable scattered-site or congregate housing with the provision of comprehensive supportive services to eligible persons who face multiple barriers in their ability to maintain housing stability. Permanent housing is intended to be long-term and continued occupancy is expected.

Support services provided by the selected organizations will enable individuals and families to live independently and achieve housing stability. Programs should assist eligible persons and their families in reducing barriers that impede their ability to maintain housing and health stability.

Although there is no length of stay restrictions, a goal of these programs should be to enable clients to transition to independent housing, without the provision of supportive housing. Therefore, organizations should continually assess each individual’s or family’s housing and ongoing support service needs in order to plan for future housing options.

Sobriety or a recent history of sobriety may not be a condition for eligibility or enrollment. However, a client-centered approach whereby sobriety is encouraged and supported, but not enforced or presumed as a primary goal, should be utilized. Emphasis on avoidance or reduction of high risk and harmful behaviors is expected. Mandatory alcohol or drug testing is not allowed.

Required services to be provided to eligible households include, but are not limited to, assessment, reassessment, service plan development, advocacy, escorts, health promotion and education, supportive
counseling, mental health counseling, and substance use counseling. Advocacy, which includes the coordination of services, case conferences, and referrals, will be required to ensure eligible persons are assisted with linkage to and maintenance in primary medical care and support services.

Additionally, the selected organizations will provide, directly or through referrals, the following services: primary medical care, home care, nutritional counseling, food pantry, prepared meals, prevention for positives, independent living skills, financial management, vocational training, employment placement, legal services, child care, respite care, family planning, and other necessary services to increase the capacity for independent living.

Housing may not be terminated on the basis of lack of sobriety, relapse, or failure to participate in program activities. Housing may be terminated for failure to demonstrate eligibility for program services; non-compliance with resident rent payment requirements; or, egregious behavior that is disruptive, threatening, or harmful to the client or others (e.g., household members, neighbors, program staff, or other clients).

B. Program Options/Target Populations

It is the intent of DOHMH to award contracts to organizations that will provide permanent supportive housing in each of the five boroughs of New York City to one or more of the following eight target populations:

a) Homeless single adults and/or families (including chronically homeless adults);
b) Single adults diagnosed with mental illness that is a primary barrier to independent living;
c) Single adults diagnosed with a substance abuse disorder that is a primary barrier to independent living;
d) Families at serious risk of homelessness with a child or children under the age of 18;
e) Single adults and/or families who are homeless or at serious risk for homelessness and who meet the medical and income eligibility criteria for the HIV/AIDS Services Administration (HASA) but are ineligible for HASA financial assistance due to administrative requirements;
f) Young adults age 18 – 26 who are homeless or at serious risk of homelessness;
g) Adults age 55 or older who are homeless or at serious risk of homelessness; and
h) Single adults who were recently released from a correctional facility or institution due to a criminal conviction and who are homeless or at serious risk of homelessness.

*Homeless* is defined as an individual or family that: lacks a regular and/or adequate nighttime residence; has a primary nighttime residence that is a public or private shelter or dwelling designed to provide temporary living accommodations, including emergency Single Room Occupancy (SRO) hotels; live in an institution that provides temporary residence for individuals intended to be institutionalized; or live in a public or private place not intended or ordinarily used as a regular sleeping accommodation for human beings (e.g., street, subway, automobile).

*Chronic homelessness* is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.
At serious risk of homelessness is defined as an individual or family that frequently moves between housing situations; an individual or family that is facing eviction; and/or an individual or family that is temporarily living with family or friends.

For proposers applying for target population \( b \) and \( c \) listed above, documentation of the diagnoses of mental illness and/or substance abuse disorders are required upon program enrollment. Documentation must be legible, signed by a licensed physician (e.g., psychiatrist) or psychologist, and dated within 180 days of date of enrollment.

For proposers applying for target population “\( h \)” listed above, documentation of a criminal conviction and incarceration are required upon program enrollment. For purposes of this RFP, “recently released” is defined as an individual who has been released from a local, state, or federal correctional facility or institution in New York State within twelve months from date of program enrollment.

Proposers may propose to serve more than one target population. However, a separate and complete proposal must be submitted for each proposed target population. In the case that a proposer is eligible for more than one contract award, the Agency reserves the right to determine, based on the proposer’s capacity, geographic location and distribution of services, demonstrated organizational capability, and the best interests of the City, respectively, how many and for which target population(s) and/or borough(s) the proposer will be awarded a contract.

C. Anticipated Contract Term

It is anticipated that the term of the contract(s) awarded from this RFP will be for 3 years, from July 1, 2013 to June 30, 2016. The contract may include two three-year options to renew. The Agency reserves the right, prior to contract award, to determine the length of the initial contract term, and each option to renew, if any.

D. Anticipated Available Annual Funding

Contracts awarded resulting from this RFP will be funded under the Housing Opportunities for Persons with AIDS (HOPWA) formula grant awarded to the New York City Eligible Metropolitan Statistical Area. DOHMH anticipates it will make multiple awards through this RFP.

DOHMH estimates that a maximum of $11,520,000 annually, exclusive of client rent contributions, will be available for the provision of permanent supportive housing. The annual HOPWA grant award will determine the exact funding level for each grant year and the corresponding allocation earmarked to DOHMH for the provision of housing services. Funding for capital development will not be allowed through this RFP.

DOHMH will fund the rent subsidy and support services components of the programs awarded contracts through this RFP. In addition, organizations may apply for other rental subsidies from any other available funding sources. In the case of programs that obtain such other rental subsidy funding, the maximum amount per unit from DOHMH may be reduced to fund only the support services provided to the clients. Eligible persons residing in program-funded housing units must contribute 30% of their adjusted monthly household income toward rent and utilities, or in the case of a client who is eligible for public assistance through the New York City Human Resources Administration (HRA), the applicable
amount as required by the State regulation (providing this amount does not exceed 30% of household income).

It is the expectation of DOHMH to fund a minimum of 640 units of permanent supportive housing through this RFP. Each contract awarded through this RFP will require the selected organization to secure and maintain a maximum of 25 housing units for the provision of permanent supportive housing to eligible households. **DOHMH has determined that the maximum cost per housing unit will be $18,000 annually, exclusive of client rent contributions.** The maximum amount that may be requested per proposal is $450,000. Greater consideration will be given to proposers that propose more competitive prices in combination with a high quality program.

**E. Anticipated Payment Structure**

It is anticipated that the payment structure of the contracts awarded from this RFP will be based on line-item budget reimbursement with annual performance-based disincentives, as further described in Section III (C). DOHMH reserves the right to implement additional performance-based outcome measures and related financial incentives and/or disincentives in combination with or in lieu of a reimbursable budget payment structure. However, the Agency will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City’s best interest.
SECTION III – SCOPE OF SERVICES

A. Agency Goals and Objectives

DOHMH’s goals and objectives are:

- Reduce the prevalence and risk of homelessness among PLWHA;
- Enable PLWHA to establish and/or better maintain a permanent, stable living environment in housing that is decent, safe, and sanitary;
- Improve access to health care and support services thereby reducing premature and excess morbidity (e.g., reduce HIV viral load, increase CD4 count) and mortality among PLWHA; and
- Promote self-sufficiency to enable PLWHA to transition into independent permanent housing without the provision of supportive housing.

B. Agency Assumptions Regarding Contractor Approach

The DOHMH’s assumptions regarding which approach would most likely achieve the goals and objectives are outlined below. The contractor would have:

1. **Experience**

   The contractor would have:

   - Successful experience of five years or more providing support services to very low-income PLWHA who meet the criteria of the target population (refer to Section II) identified in the vendor’s proposal. Greater consideration will be given to vendors with eight years or more successful experience providing support services to very low-income PLWHA who meet the criteria of the target population identified in the vendor’s proposal.

   - Successful experience of five years or more managing a supportive housing program for very low-income PLWHA. Greater consideration will be given to vendors with eight years or more successful experience managing a supportive housing program for very low-income PLWHA.

   - For organizations proposing a scattered-site housing model, the contractor would have successful experience of five years or more locating and managing scattered-site apartments for very low-income PLWHA. Greater consideration will be given to vendors with eight years or more experience locating and managing scattered-site apartments for very low-income PLWHA.

   - For organizations proposing a congregate housing model, the contractor would have successful experience of five years or more managing a congregate housing facility for very low-income PLWHA. Greater consideration will be given to vendors with eight years or more experience managing a congregate housing facility for very low-income PLWHA.

   - Program Director(s) overseeing case managers and other direct-service staff would possess a graduate degree and experience serving the target population or a Bachelor’s degree, supervisory experience, and experience serving the target population.
2. **Organizational Capability**

**Staffing and Training**
The contractor would have a/an:

- Appropriate staffing plan with sufficient staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The plan would include a job description for each key staff position funded by the proposed program.
- Caseload that does not exceed more than 25 client households per case manager.
- Training plan for new staff as well as an annual training plan for existing staff that includes, but is not limited to: HIV/AIDS; confidentiality; cultural and LGBT competency; crisis intervention; and harm reduction.

**Administration**
The contractor would:

- If the proposer is submitting multiple proposals, the contractor would have the organizational capability to effectively administer and provide quality services for all proposed programs.
- Conduct routine quality assurance reviews, quarterly at minimum, of all client records to ensure the appropriateness of services being provided and client needs are being met. Supervisory review of client records and services would be documented in writing and maintained on file.
- Establish policies and procedures to ensure housing and support services are in accordance with HUD and DOHMH regulations and guidelines.

**Reporting Requirements**
DOHMH has developed a data collection and reporting system to evaluate the outcomes and determine the costs and benefits of the services provided through this RFP. The evaluations will include, but are not limited to, housing stability, health outcomes, and coordination of services.

The contract would collect and report data to DOHMH on a monthly and annual basis that includes, but is not limited to:

- Expenditures;
- Deliverables/Levels of Service;
- Program Accomplishments and Outcomes;
- Client-Specific Data (e.g., demographics, household composition, income sources and amounts, housing status, health indicators, other service providers, referrals);
- Housing Placements and Length of Stay; and
- Housing Inventory (e.g., address, housing type, housing unit size, lease dates, monthly rent, resident rent payment, residential days).

3. **Approach**

**Housing Services**
The criteria listed under the heading “All Contractors” applies to all organizations applying for funding through this RFP. Depending on the housing model (i.e., congregate or scattered-site) proposed, the organization should take into consideration the specific criteria for the housing model selected. For organizations proposing a combination of congregate and scattered-site housing units, all criteria listed under this section applies and should be addressed in your proposal.
The contractor would:

- Propose one of the following permanent supportive housing models:
  - Congregate supportive housing
  - Scattered-site supportive housing
  - Combination of congregate and scattered-site supportive housing
- Secure and continuously maintain 25 habitable housing units.
- Provide permanent supportive housing to 25 eligible households.
- Receive and accept referrals from DOHMH as potential housing vacancies become available and place new clients in vacated units within a maximum of 30 days from referral.
- Receive and accept same day housing placements from DOHMH, as needed.
- Ensure continuity of housing and services to clients and their families who are currently served by HOPWA-funded supportive housing programs. Services may include providing referrals and assistance to existing clients of HOPWA-funded supportive housing programs who do not wish to continue to receive supportive housing assistance through the proposer’s program.
- Provide each client with a sub-lease or tenancy agreement that is written in easily understandable language detailing the monthly rent contribution required. The sub-lease or tenancy agreement would be updated annually, at minimum.
- Provide each client with a housing agreement. The housing agreement would specify, at minimum, the following: services offered by the program; client rights and responsibilities; resident rent payment (including amount and methodology); and any additional tenancy or program requirements. The content of the housing agreement would be incorporated into the sub-lease or tenancy agreement, or would be a separate document.
- Require clients to contribute 30% of their adjusted monthly household income toward rent and utilities.
- Ensure that housing units meet New York City building and fire codes and have a current Certificate of Occupancy that is appropriate for the number of occupants residing in the dwelling.
- Ensure that apartments meet federal, state, and local Housing Quality Standards.
- Perform annual housing inspections to verify habitability of housing units.
- Provide an air conditioner or air conditioning, if not otherwise provided.
- Provide furnishings and household items that are new, good quality, and durable.
- Make minor renovations to make the apartment(s) handicapped accessible based on the individual needs of the client.
- Assess the client’s medical conditions and/or disabilities when placing them in living arrangements above the second floor to ensure suitability and appropriateness of domicile.
- Ensure that gross rents do not exceed current Fair Market Rent values published by HUD.
- Ensure that participation in shared housing arrangements shall be voluntary and not a requirement of the program.
- Maintain a minimum monthly occupancy rate of 95%.

Scattered-Site Housing

The contractor would:

- Identify and lease all apartments by July 1, 2013 in neighborhoods that are in close proximity to public transportation and accessible to other amenities like shopping, laundry, healthcare, and
other necessary services.

- Transition the leases of apartments occupied by clients who are currently served by existing HOPWA-funded supportive housing programs to the vendor’s name by July 1, 2013.
- Lease housing units in the not-for-profit organization’s name (i.e., scattered-site I model).
- Lease no more than 25% of the housing units in a single building.
- Lease housing units that include individual bathrooms, kitchens (with functioning stoves and refrigerators), and storage space for clothing and other personal items.
- Ensure staff availability to program-enrolled clients 24 hours per day/7 days per week.
- Achieve occupancy rate of at least 95% within six months or less of contract registration date.

**Congregate Housing**

The contractor would:

- Lease or own the congregate facility.
- Acquire site control and have the facility ready for full tenant occupancy by July 1, 2013.
- Achieve occupancy rate of at least 95% within six months or less of contract registration date.

The congregate housing facility would:

- Consist of furnished private rooms and/or suite of furnished private rooms.
- Include a common lounge area(s) for client use.
- Include a refrigerator and microwave in each housing unit. Preferably, each housing unit would include an individual kitchen.
- Contain private full bathrooms in each housing unit or full bathrooms that are shared by no more than three residents and include a locking mechanism.
- Ensure on-site supervision 24 hours per day/7 days per week.

**Support Services**

**Recruitment and Enrollment**

The contractor would:

- Implement an effective outreach plan to recruit eligible clients for the program.
- Obtain documentation of the client’s HIV status, household income, and NYC residency upon program enrollment.
- Obtain documentation of the client’s diagnoses of mental illness and/or substance abuse disorders upon program enrollment, if applicable.
- Obtain documentation of clients’ psychiatric and/or substance use treatment history no later than 30 days from the date of program enrollment, and annually thereafter, if applicable.
- Maintain an admission policy that does not require sobriety and/or clean time as a prerequisite for eligibility or program enrollment.
- Assign a case manager to each enrolled client and family member residing with them.

**Assessment, Reassessment, and Service Plan Development**

The contractor would:

- Conduct an initial assessment of every client and each family member of their household at program enrollment. The initial assessment would occur no later than 30 days after program
enrollment. The assessment would verify eligibility for program services and identify potential health and support service needs of the client and family members of their household.

- Develop a service plan jointly with each client and their family members, based on service needs identified in assessment, no later than 30 days after program enrollment and every 90 days thereafter.
- Conduct a reassessment of each client and family member (residing with client) every 90 days, at minimum.
- In addition to the above, assessments and reassessments would:
  - Assess the client’s eligibility for alternate rent subsidies (e.g., HASA).
  - Assess and document the client’s household income to ensure compliance with the calculation of resident rent payment stipulated by HUD.
  - Assess the client’s capacity and readiness to transition to independent living.

Service Components
The contractor would:

- Directly provide case management and support services to program-enrolled clients and their families to assist them maintain permanent housing, remain connected to healthcare and support services, and achieve self-sufficiency. At minimum, case management and support services would consist of the following activities:
  - Assessment
  - Reassessment
  - Service plan development
  - Advocacy (which includes the coordination of services, case conferences, and referrals)
  - Escorts
  - Health promotion and education
  - Supportive counseling
  - Mental health counseling (only required for target population “b”)
  - Substance/alcohol use counseling

- Provide, directly or through linkages and referrals with community-based organizations, additional social services that are appropriate to the needs of the clients and their families. Services include, but are not limited to: primary medical care, home care, nutritional counseling, food pantry, prepared meals, prevention for positives, independent living skills, financial management, vocational training, employment placement, legal services, child care, respite care, family planning, and other necessary services to increase the capacity for independent living.
- Assist clients and their families in accessing entitlements, rent subsidies, and support services needed to achieve health, housing, and financial stability (e.g., Public Assistance, Medicaid, Food Stamps, medical care, transportation, etc.).
- Offer to accompany/escort all HIV-positive clients and family members (residing with client) to primary care appointments.
- Conduct one (1) home visit per month, at minimum, per client. Home visits would include an assessment of the household’s living situation.
- Contact and engage client twice per month, at minimum, to assess client needs and follow-up on service plan goals.
- Provide consistent support services on a monthly basis to achieve the goals developed in the client’s service plan or as identified during the course of follow-up with the client.
- Case conference with clients’ primary care and other service providers to assess service needs, coordinate service delivery, and ensure duplication of services does not occur. Case conferences
would occur at least every 90 days.

- Provide crisis intervention services and appropriately handle medical emergencies, as needed.
- Utilize harm reduction strategies, when appropriate, to assist clients and their families reduce and/or eliminate the negative consequences of their substance and/or alcohol use.
- Utilize interventions, when appropriate, focusing on HIV prevention to educate HIV-positive individuals enrolled in the program on how to minimize HIV transmission to others and provide the skills to do so.
- Ensure that sobriety and/or clean time are not program requirements for ongoing services.
- Ensure that services are provided in a culturally and linguistically appropriate manner.

Graduation and Termination of Services

The contractor would:

- Implement a protocol to regularly assess a client’s capacity and readiness for independent living, including development of service plan goals and objectives to transition into independent living.
- Develop and adhere to a program termination policy. The policy would specify that housing may not be terminated on the basis of lack of sobriety, relapse, or failure to participate in program activities.
- Provide all clients a copy of case closure and termination procedures at program enrollment and annually thereafter.
- Ensure that termination of services follows a formal process, including, but not limited to, notification in writing summarizing the reason(s) for termination and permitting the client to review and appeal the decision.
- Ensure that termination procedures include referrals to similar programs to ensure continuity of services, if necessary.

C. Agency Determination Regarding Performance-Based Payment Structures

The assumptions regarding performance-based payment structure that will most likely assure that the selected proposers will perform the work under the contracts awarded from this RFP in a manner that is cost-effective for the DOHMH and most likely to achieve the Agency’s goals and objectives set forth above are:

The contractor will be expected to achieve a 95% occupancy rate within six months or less of contract registration and maintain a 95% monthly occupancy rate throughout the term of the contract. This six month period includes three months of start-up in order to purchase furniture, linens, and other household items as well as hiring program staff and client recruitment. Failure to meet the 95% occupancy rate may result in liquidated damages.

In addition, the contractor will be expected to achieve:

- 95% of enrolled clients shall attend an HIV/AIDS primary care appointment every 180 days at minimum.
- 95% of enrolled clients shall have HIV-specific laboratory tests (i.e., HIV viral load, CD4 count) performed every 180 days at minimum.
- 100% of newly enrolled clients identified as unconnected to primary care (i.e., not received HIV/AIDS primary care within the past 180 days) shall be connected to HIV primary care within 90 days of program enrollment.
• 90% of estimated service targets shall be achieved on a quarterly basis.

The term “client” referenced above includes all HIV-positive family members residing with the program-enrolled client. Failure to meet the above outcome indicators may result in liquidated damages to be determined by DOHMH.

D. Compliance with Local Law 34 of 2007

Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the attached Doing Business Data Form and return it with this proposal, and should do so in a separate envelope. (If the responding vendor is a proposed joint venture, the entities that comprise the proposed joint venture must each complete a Data Form.) If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the agency and will be given four (4) calendar days from receipt of notification to remedy the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the proposal is non-responsive. Receipt of notification is defined as the day notice is e-mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.
SECTION IV – FORMAT AND CONTENT OF THE PROPOSAL

Proposal Submission Instructions: Proposers should provide all information required in the format below. The proposal should be typed double-spaced on both sides of 8 ½” X 11” paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length. The City of New York requests that all proposals be submitted on paper with no less than 30% post-consumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard please consult: [http://www.epa.gov/cpg/products/printing.htm](http://www.epa.gov/cpg/products/printing.htm)). Failure to comply with any of these instructions will not make the proposal non-responsive. Proposers may submit proposals for one or more target populations. However, a separate and complete proposal must be submitted for each target population being proposed.

A. Proposal Format

1. Proposal Cover Letter
   The Proposal Cover Letter (Attachment A) transmits the proposer’s Proposal Package to DOHMH. It should be completed, signed, and dated by an authorized representative of the proposer.

2. Program Proposal
   Responses to this section must be numbered, titled, and correspond to the proposal format outlined below. For example, when responding to the “Housing Services” section, the response in the proposal should be numbered and titled “#2 (e) (i): Housing Services.”

   The Program Proposal is a clear, concise narrative that addresses the following:

   a. Table of Contents

   b. Introduction

   - Indicate the proposed program option (i.e., congregate and/or scattered-site), the number of units (per program option) the proposer intends to manage, and the borough(s) and community district(s) in which the proposed program will operate.
   - Indicate the proposed target population of PLWHA, as referenced in Section II (B), the proposer intends to target and serve.
   - Congregate Programs Only: Indicate the location of the building site (including borough and neighborhood), the total number of units in the building, and the number of units in the building designated specifically for the target population of PLWHA proposed to be funded through this RFP.

   c. Experience
   Describe the successful relevant experience of the proposer, each proposed subcontractor, if any, and the proposed key staff for developing and managing the proposed program as described in Section III – Scope of Services of this RFP. Specifically address the following:

   - Demonstrate the proposer’s successful experience providing support services to very low-income PLWHA who meet the criteria of the target population (refer to Section II) identified in the proposal. Include the specific nature of those services, the
• Demonstrate the proposer’s successful experience managing a supportive housing program for very-low income PLWHA. Include what services are/were provided, number of clients served, the number of years providing those services, and when and where they are/were provided.

• For organizations proposing a scattered-site model, demonstrate the proposer’s successful experience locating and managing scattered-site apartments for very low-income PLWHA. Include the number of scattered-site housing units managed; the number of years managing these units; and when and where they are/were managed.

• For organizations proposing congregate housing, demonstrate the proposer’s successful experience managing a congregate housing facility for very low-income PLWHA. Include the number of congregate housing units managed; the number of years managing these units; and when and where they are/were managed.

• Describe the qualifications and experience required of key program staff. For each key staff position, provide a description of the qualifications and experience that will be required.

In addition:

• Attach at least two (2) letters of reference that can attest to the quality and quantity of the proposer’s experience. The reference letters should include: the name of the reference entity; a brief statement describing the relationship between the proposer and reference entity; attestation of the quality and quantity of the proposer’s experience, and contact info for reference entity (i.e., name, title, telephone number, and e-mail address).

• 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.

• Attach for each key staff positions a résumé and description of the qualifications that will be required.

d. Organizational Capability

Demonstrate the proposer’s organizational (i.e., programmatic, managerial, and financial) capability to perform the services described in Section III – Scope of Services. Specifically address the following:

i. Staffing and Training

• Describe and demonstrate that the proposer has an appropriate staffing plan with sufficient staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications.

• Describe the proposer’s plan to ensure caseloads do not exceed more than 25 client households per case manager.

• Describe the proposer’s training plan for new staff as well as the annual training plan for existing staff that includes, but is not limited to: HIV/AIDS; confidentiality; cultural and LGBT competency; crisis intervention; and harm reduction.
ii. Administration

- If the proposer is submitting multiple proposals, describe how many and for which target populations as well as demonstrate the organizational capability to effectively administer and provide quality services for all proposed programs. **Please note that proposers who intend to operate programs for more than one target population of PLWHA must submit a separate and complete proposal for each proposed target population.**
- Describe the proposer’s plan to conduct routine quality assurance reviews, quarterly at minimum, of all client records to ensure the appropriateness of services being provided and client needs are being met.
- Describe the proposer’s plan to establish policies and procedures to ensure housing and support services are in accordance with HUD and DOHMH regulations and guidelines.

iii. Reporting Requirements

- Describe and demonstrate the proposer’s capacity to collect and report the following data and information to DOHMH on a monthly basis:
  - Expenditures;
  - Deliverables/Levels of Service;
  - Program Accomplishments and Outcomes;
  - Client-Specific Data (e.g., demographics, household composition, income sources and amounts, housing status, health indicators, other service providers, referrals);
  - Housing Placements and Length of Stay; and
  - Housing Inventory (e.g., address, housing type, housing unit size, lease dates, monthly rent, resident rent payment, residential days).

In addition, attach:

- A table listing all government contracts or subcontracts with contract/subcontract terms, total budget amounts (including a breakdown of annual maximum reimbursement rate), for which the proposer is now applying and/or for which it is currently funded to perform.
- A detailed timeline for full implementation of services. **Preference will be given to proposers who would be able to place the first twelve clients in permanent supportive housing within 3 months of the anticipated contract start date.**
- An organizational chart showing where and an explanation of how the proposed services would fit into the proposer’s organization.
- A copy of the proposer’s latest financial audit or certified financial statement, along with the management letter, or a statement as to why no report or statement is available.

e. Approach

Describe in detail how the proposer will provide the work described in **Section III – Scope of Services** of this RFP and demonstrate that the proposer’s proposed approach will fulfill the Agency’s goals and objectives. Specifically address the following:
Describe and demonstrate the adequacy of the proposer’s:

i. Housing Services

- Plan to provide permanent supportive housing using one of the following models:
  - Congregate supportive housing
  - Scattered-site supportive housing
  - Combination of congregate and scattered-site supportive housing
- Plan to secure and continuously maintain 25 habitable housing units.
- Plan to provide permanent supportive housing to 25 eligible households.
- Plan to receive and accept referrals from DOHMH as potential housing vacancies become available and place new clients in vacated units within a maximum of 30 days from referral.
- Plan to receive and accept same day housing placements from DOHMH.
- Plan to ensure continuity of housing and services to clients and their families who are currently served by HOPWA-funded supportive housing programs. Services may include providing referrals and assistance to existing clients of HOPWA-funded supportive housing programs who do not wish to continue to receive supportive housing assistance through the proposer’s program.
- Plan to provide each client with an annual sub-lease or tenancy agreement that is written in easily understandable language detailing the monthly rent contribution required.
- Plan to provide each client with a housing agreement as described in Section III (B).
- Plan to require clients to contribute 30% of their adjusted monthly household income toward rent and utilities.
- Plan to ensure that housing units meet New York City building and fire codes and have a current Certificate of Occupancy that is appropriate for the number of occupants residing in the dwelling.
- Plan to ensure that apartments meet federal, state, and local HQS (refer to Section II).
- Plan to perform annual housing inspections to verify habitability of housing units.
- Plan to provide an air conditioner or air conditioning, if not otherwise provided.
- Describe the proposer’s plan to provide furnishings and household items that are new, good quality, and durable.
- Plan to make minor renovations to make the apartment(s) handicapped accessible based on the individual needs of the client.
- Plan to assess the client’s medical conditions and/or disabilities when placing them in living arrangements above the second floor to ensure suitability and appropriateness of domicile.
- Plan to ensure that gross rents do not exceed current FMR values published by HUD.
- Plan to ensure that participation in shared housing arrangements shall be voluntary and not a requirement of the program.
- Plan to maintain a minimum monthly occupancy rate of 95%.

Scattered-Site Housing (only complete if proposing a scattered-site housing program)
- Plan to identify and lease apartments by July 1, 2013 in neighborhoods that are in
close proximity to public transportation and accessible to other amenities like shopping, laundry, healthcare, and other necessary services.

- Plan to transition the leases of apartments occupied by clients who are currently served by existing HOPWA-funded supportive housing programs to the vendor’s name by July 1, 2013.
- Plan to lease housing units in the not-for-profit organization’s name (i.e., scattered-site I model).
- Plan to lease no more than 25% of the housing units in a single building.
- Plan to lease housing units that include individual bathrooms, kitchens (with functioning stoves and refrigerators), and storage space for clothing and other personal items.
- Plan to ensure staff availability to program-enrolled clients 24 hours per day/7 days per week.
- Plan to achieve occupancy rate of at least 95% within six months or less of contract registration date.

**Congregate Housing (only complete if proposing a congregate housing program)**

- Plan to lease or own the congregate facility.
- Plan to acquire site control and have the facility ready for full tenant occupancy by July 1, 2013.
- Plan to achieve occupancy rate of at least 95% within six months or less of contract registration date.
- Plan to acquire a congregate housing facility that:
  - Consists of furnished private rooms and/or suite of furnished private rooms. Describe housing units (including estimated square footage and number of room(s) per unit).
  - Include a common lounge area(s) for client use.
  - Include a refrigerator and microwave in each housing unit. Indicate if each housing unit will include an individual kitchen.
  - Contain private full bathrooms in each housing unit or full bathrooms that are shared by no more than three residents and include a locking mechanism. List client/bathroom ratio.
- Plan to ensure on-site supervision 24 hours per day/7 days per week.

**Describe and demonstrate the quality and effectiveness of the proposer’s:**

**ii. Support Services**

**Recruitment and Enrollment**

- Plan to outreach and recruit eligible clients for the program.
- Plan to obtain documentation of the client’s HIV status, household income, and NYC residency upon program enrollment.
- Plan to obtain documentation of the client’s diagnoses of mental illness and/or substance abuse disorders upon program enrollment, if applicable.
- Plan to obtain documentation of clients’ psychiatric and/or substance use treatment history no later than 30 days from the date of program enrollment, and annually thereafter, if applicable.
• Plan to maintain an admission policy that does not require sobriety and/or clean time as a prerequisite for eligibility or program enrollment.
• Plan to assign a case manager to each enrolled client and their family member residing with them.

Assessment, Reassessment, and Service Plan Development
• Plan to conduct an initial assessment, as described in Section III (B), of every client and each family member of their household at program enrollment no later than 30 days after program enrollment.
• Plan to develop a service plan jointly with each client and their family/collaterals, based on service needs identified in assessment, no later than 30 days after program enrollment and every 90 days thereafter.
• Plan to conduct a reassessment, as described in Section III (B), of each client and family member (residing with the client) every 90 days.

Service Components
• Plan to directly provide the services listed below, as described in Section III (B), to program-enrolled clients and their families to assist them maintain permanent housing, remain connected to healthcare and support services, and achieve self-sufficiency.
  o Assessment
  o Reassessment
  o Service plan development
  o Advocacy (which includes the coordination of services, case conferences, and referrals)
  o Escorts
  o Health promotion and education
  o Supportive counseling
  o Mental health counseling (only required for target population “b”)
  o Substance/alcohol use counseling
• Plan to provide, directly or through linkages and referrals with community-based organizations, additional social services that are appropriate to the needs of the clients and their families as described in Section III (B).
• Plan to assist clients and their families in accessing entitlements, rent subsidies, and support services needed to achieve health, housing, and financial stability (e.g., Public Assistance, Medicaid, Food Stamps, medical care, transportation, etc.).
• Plan to offer to accompany/escort all HIV-positive clients and family members (residing with client) to primary care appointments.
• Plan to conduct one (1) home visit per month, at minimum, per client, that includes an assessment of the household’s living situation.
• Plan to contact and engage client twice per month, at minimum, to assess client needs and follow-up on service plan goals.
• Plan to provide consistent support services on a monthly basis to achieve the goals developed in the client’s service plan or as identified during the course of follow-up with the client.
• Plan to case conference with clients’ primary care and other service providers every 90 days, at minimum, to assess service needs, coordinate service delivery, and ensure
duplication of services does not occur.

- Plan to provide crisis intervention services and appropriately handle medical emergencies, as needed.
- Plan to utilize harm reduction strategies, when appropriate, to assist clients and their families reduce and/or eliminate the negative consequences of their substance and/or alcohol use.
- Plan to utilize interventions, when appropriate, focusing on HIV prevention to educate HIV-positive individuals enrolled in the program on how to minimize HIV transmission to others and provide the skills to do so.
- Plan to ensure that sobriety and/or clean time are not program requirements for ongoing services.
- Plan to ensure that services are provided in a culturally and linguistically appropriate manner.

Graduation and Termination of Services

- Plan to implement a protocol to regularly assess a client’s capacity and readiness for independent living, including development of service plan goals and objectives to transition into independent living.
- Plan to develop and adhere to a program termination policy that would specify that housing may not be terminated on the basis of lack of sobriety, relapse, or failure to participate in program activities.
- Plan to provide all clients a copy of case closure and termination procedures at program enrollment and annually thereafter.
- Plan to ensure that termination of services follows a formal process, including, but not limited to, notification in writing summarizing the reason(s) for termination and permitting the client to review and appeal the decision.
- Plan to ensure that termination procedures include referrals to similar programs to ensure continuity of services, if necessary.

3. Price Proposal

Proposers are encouraged to propose innovative payment structures. DOHMH reserves the right to select any payment structure that is in the City’s best interest. For the purposes of comparison, proposers should submit a Price Proposal that meets the standards of sub-sections (3) (a), below.

a. Proposed Pricing

The Price Proposal should include each of the following for providing the “Scope of Services” described in Section III of this RFP:

- The proposed offering price for each of the budget components in a line item budget included in this RFP as Attachment B.
- State the proposed annual cost per housing unit. Please note that the maximum cost per unit will be $18,000 annually. The maximum amount that may be requested per proposal is $450,000.
- State whether or not the proposer has secured or is applying for other sources of rental assistance/operating subsidies, including individual client-level rent subsidies from city, state, or federal funding sources (e.g., HASA rental subsidies, Section 8, etc.). If so, specify such source and the estimated amount per a 12-month period.
- State whether or not the proposer has secured or is applying for other sources of
funding for support services (e.g., Continuum of Care, SAMHSA, OTDA, etc.). If so, specify each such source and the estimated amount per a 12-month period.

- **Itemize the amount of start-up funds** (i.e., non-recurring costs) for the first three months of the program, which may include, but are not limited to, furniture and other costs to be incurred by the provider to operationalize the program. Existing HOPWA-funded supportive housing programs administered by DOHMH are not eligible for start-up funds.

- State the proposed **annual** operating and program service expenses for a **typical full year**, which shall not exceed the maximum available annual funding level per unit for services.

4. **Acknowledgment of Addenda**
   The Acknowledgment of Addenda form (**Attachment C**) serves as the proposer’s acknowledgment of the receipt of addenda to this RFP, which may have been issued by DOHMH prior to the Proposal Due Date and Time, as set forth in **Section I (D)** above. The proposer should complete this form as instructed on the form.

5. **Service and Administrative Site(s)**
   The Service and Administrative Site(s) form (**Attachment D**) requires the proposer to list all program and administrative site(s). The program site(s) are where proposed services will be rendered to eligible persons and their families.

6. **Doing Business Data Form**
   Local Law 34 of 2007 (LL 34) is designed to limit the actual or perceived influence that campaign contributions could have on the City’s procurement and award processes. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of entities that do business with the City and mandates the creation of a Doing Business Database to allow the City to enforce the law. As explained below, all entities that are considered to be doing business with the City as defined by LL 34 are required to complete a Doing Business Data Form (**Attachment E**).
B. Proposal Package Contents (“Checklist”)
The Proposal Package should contain the following materials. Proposers should utilize this section as a “checklist” to assure completeness prior to submitting their proposal to DOHMH.

1. A sealed inner envelope containing one original set and five (5) duplicates of the documents listed below in the following order:
   - Proposal Cover Letter Form (Attachment A)
   - Program Proposal
     - Narrative
     - References for the Proposer and, if applicable, for each Sub-Contractor
     - Resumes and/or Description of Qualifications for Key Staff Positions
     - Program Evaluations
     - Organizational Chart
     - Financial Audit Report or Certified Financial Statement and Management Letter (If no report or statement is available, submit a statement, signed by an authorized representative of the corporation, as to why no report, statement, or management letter is available.)
     - Proof of Site Control (if available at time of proposal submission)
     - Written Agreement with Housing Manager (if applicable)
   - Acknowledgment of Addenda Form (Attachment C)
   - Service and Administrative Site(s) (Attachment D)

2. A separate sealed inner envelope labeled “Price Proposal” containing one original set and five duplicate sets of the Price Proposal.
   - Price Proposal Form (Attachment B)

3. A third sealed inner envelope labeled "Doing Business Data Form" containing an original, completed Doing Business Data Form
   - Doing Business Data Form (Attachment E)

4. A sealed outer envelope, enclosing the three sealed inner envelopes. The sealed outer envelope should have two labels containing:
   - The proposer’s name and address, the Title and PIN of this RFP, proposed target population, and the name and telephone number of the Proposer’s Contact Person.
   - The name, title, and address of the Authorized Agency Contact Person.
SECTION V – PROPOSAL EVALUATION
AND CONTRACT AWARD PROCEDURES

A. Evaluation Procedures

All proposals accepted by the Agency will be reviewed to determine whether they are responsive or non-responsive to the requisites of this RFP. Proposals that are determined by the Agency to be non-responsive will be rejected. The Agency’s Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. The Agency reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Agency reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer’s initial proposal should contain its best programmatic and price terms, except as noted in the pricing guidelines.

B. Evaluation Criteria

- Demonstrated quantity and quality of successful relevant experience. 50%
- Demonstrated level of organizational capability. 10%
- Quality of proposed approach. 40%

C. Basis for Contract Award

A contract award will be made to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in the RFP. Award selection will be based on the best technically rated proposals whose price does not exceed the maximum cost per unit set forth in the RFP. In the case that a proposer is eligible for more than one contract award, the Agency reserves the right to determine, based on the proposer’s capacity, geographic location and distribution of services, demonstrated organizational capability, annual cost per housing unit, and the best interests of the City, respectively, how many and for which target population(s) and/or borough(s) the proposer will be awarded a contract. Contract award shall be subject to the timely completion of contract negotiations between the Agency and the selected proposers, as well as a determination of both vendor responsibility and administrative capability, and proof of site control for congregate housing programs.
SECTION VI – GENERAL INFORMATION TO PROPOSERS

A. Complaints. The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-3000. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. Applicable Laws. This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by contacting the PPB at (212) 788-7820.

C. General Contract Provisions. Contracts shall be subject to New York City’s general contract provisions, in substantially the form that they appear in “Appendix A—General Provisions Governing Contracts for Consultants, Professional and Technical Services” or, if the Agency utilizes other than the formal Appendix A, in substantially the form that they appear in the Agency’s general contract provisions. A copy of the applicable document is available through the Authorized Agency Contact Person.

D. Contract Award. Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the requisite New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Affidavits of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. Proposer Appeal Rights. Pursuant to the PPB Rules, proposers have the right to appeal Agency non-responsiveness determinations and Agency non-responsibility determinations and to protest an Agency’s determination regarding the solicitation or award of a contract.

F. Multi-Year Contracts. Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Agency to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor’s performance is not satisfactory. The Agency will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

G. Prompt Payment Policy. Pursuant to the PPB Rules, it is the City’s policy to process contract payments efficiently and expeditiously.

H. Prices Irrevocable. Prices proposed by the proposer shall be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Agency prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of the Agency to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

I. Confidential, Proprietary Information or Trade Secrets. Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential portions of the proposal. All information not so identified may be disclosed by the City.

J. RFP Postponement/Cancellation. The Agency reserves the right to postpone or cancel this RFP in whole or in part, and to reject all proposals.

K. Proposer Costs. Proposers will not be reimbursed for any costs incurred to prepare proposals.

L. VENDEX Fees. Pursuant to PPB Rule 2-08(9)(2), the contractor will be charged a fee for the administration of the VENDEX system, including the Vendor Name Check process, if a Vendor Name Check review is required to be conducted by the Department of Investigation. The contractor shall also be required to pay the applicable required fees for any of its subcontractors for which Vendor Name Check reviews are required. The fee(s) will be deducted from payments made to the contractor under the contract. For contracts with an estimated value of less than or equal to $1,000,000, the fee will be $175. For contracts with an estimated value of greater than $1,000,000, the fee will be $350. The estimated value for each contract resulting from this RFP is estimated to be (less than or equal to $1 million) (above $1 million).

M. Charter Section 312(a) Certification. [IF APPLICABLE] The Agency has determined that the contract(s) to be awarded through this Request for Proposals will not directly result in the displacement of any New York City employee.

Commissioner) (Agency Chief Contracting Officer)                                Date


26
ATTACHMENT A

Proposal Cover Letter
HOPWA Permanent Supportive Housing
PIN #: 13AE000300R0X00

Proposer:

Program Name: ________________________________________________________________

Program Address:  _ _____________________________________________________________

Tax Identification #: ________________________________

Proposer’s Contact Person:

Name: ___________________________________________________________________________

Title: _____________________________________________________________________________

Telephone #: ______________________________________ Fax #: ___________________________

E-Mail Address: ____________________________________________________________________

<table>
<thead>
<tr>
<th>Program Option/Target Population (select only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ a) Homeless single adults and/or families (including chronically homeless adults)</td>
</tr>
<tr>
<td>☐ b) Single adults diagnosed with mental illness that is primary barrier to independent living</td>
</tr>
<tr>
<td>☐ c) Single adults diagnosed with a substance abuse disorder that is a primary barrier to independent living</td>
</tr>
<tr>
<td>☐ d) Families at serious risk of homelessness with a child or children under the age of 18</td>
</tr>
<tr>
<td>☐ e) Single adults and/or families who are homeless or at serious risk for homelessness and who meet the medical and income eligibility criteria for HASA but are ineligible for HASA financial assistance due to administrative requirements</td>
</tr>
<tr>
<td>☐ f) Young adults age 18 – 26 who are homeless or at serious risk of homelessness</td>
</tr>
<tr>
<td>☐ g) Adults age 55 or older who are homeless or at serious risk of homelessness</td>
</tr>
<tr>
<td>☐ h) Single adults who were recently released from a correctional facility or institution due to a criminal conviction and who are homeless or at serious risk of homelessness</td>
</tr>
</tbody>
</table>
ATTACHMENT A
(Cont’d)

Number of Scattered-Site Units Proposed: __________  □ N/A

Borough(s) where proposed scattered-site housing units are located:
□ Brooklyn  □ Bronx  □ Manhattan  □ Queens  □ Staten Island

Number of Congregate Units Proposed: ___________  □ N/A

Borough where proposed facility is located:
□ Brooklyn  □ Bronx  □ Manhattan  □ Queens  □ Staten Island

Are you submitting more than one proposal?  □ Yes  □ No

If yes, how many proposals are you submitting? __________

Proposer’s Authorized Representative:

Name: __________________________________________________________________________

Title: __________________________________________________________________________

Signature: ________________________________________________________________________

Date: ______________________________

Is the response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?  □ Yes  □ No
ATTACHMENT B

Budget Proposal Forms
HOPWA Permanent Supportive Housing
PIN #: 13AE000300R0X00
### ATTACHMENT B

Housing Opportunities for Persons with AIDS  
Request for Proposals Budget Form

| Agency Name: |  |
| Service Category: | Permanent Supportive Housing |
| Budget Period: | July 1, 2012 - June 30, 2013 |

#### BUDGET SUMMARY

<table>
<thead>
<tr>
<th>BUDGET CATEGORY</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Personnel</td>
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<tr>
<td>Supplies</td>
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<td>Other</td>
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<td>Consultant/Contractual</td>
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<tr>
<td>Contract Start-Up Costs</td>
<td>$ -</td>
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<tr>
<td>Administrative Costs (may not exceed 7% of the total contract amount requested)</td>
<td>$ -</td>
</tr>
</tbody>
</table>

**TOTAL CONTRACT AMOUNT REQUESTED (MAY NOT EXCEED $450,000)**

**ANNUAL COST PER HOUSING UNIT (MAY NOT EXCEED $18,000 PER UNIT PER YEAR)**

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<table>
<thead>
<tr>
<th>Position Title</th>
<th>Employee Name</th>
<th>Annual Salary</th>
<th>HOPWA FTE</th>
<th># of Months</th>
<th>Fringe Rate</th>
<th>Contract Amount Requested</th>
<th>Personnel Subtotal</th>
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<tr>
<td>[Position]</td>
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<td>Personnel Subtotal</td>
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</tr>
</tbody>
</table>

Fringe Benefits - Primary Rate (complete ‘Budget-Fringe Benefits’ Worksheet)  
0.00% $ -  
Fringe Benefits - Secondary Rate (if applicable)  
0.00% $ -  
Total Personnel Costs  
$ -  

BUDGET CATEGORY - PERSONNEL SERVICES  
Page 2 of 11
## BUDGET CATEGORY - FRINGE BENEFITS

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>PRIMARY FRINGE RATE</th>
<th>SECONDARY FRINGE RATE (if applicable)</th>
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<tbody>
<tr>
<td>F.I.C.A.</td>
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<tr>
<td>Health Insurance</td>
<td></td>
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<tr>
<td>Unemployment Insurance</td>
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<tr>
<td>Disability insurance</td>
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<td>Life Insurance</td>
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<td>Workers Compensation</td>
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<tr>
<td>Pension/Retirement</td>
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<tr>
<td>Other (itemize below)</td>
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</tbody>
</table>

**TOTAL**  
0.00%  
0.00%

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, 2012 - June 30, 2013

<table>
<thead>
<tr>
<th>BUDGET CATEGORY - TRAVEL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT TRAVEL</td>
<td></td>
</tr>
<tr>
<td>Methodology and Justification:</td>
<td></td>
</tr>
<tr>
<td>Contract Amount Requested</td>
<td>$ -</td>
</tr>
<tr>
<td>STAFF TRAVEL</td>
<td></td>
</tr>
<tr>
<td>Methodology and Justification:</td>
<td></td>
</tr>
<tr>
<td>Total Travel Requested</td>
<td>$ -</td>
</tr>
</tbody>
</table>
Housing Opportunities for Persons with AIDS
Request for Proposals Budget Form

Agency Name: 
Service Category: Permanent Supportive Housing
Budget Period: July 1, 2012 - June 30, 2013

BUDGET CATEGORY - EQUIPMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Methodology and Justification</th>
<th>Contract Amount Requested</th>
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<tbody>
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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
## Housing Opportunities for Persons with AIDS
### Request for Proposals Budget Form

**Agency Name:**

**Service Category:** Permanent Supportive Housing

**Budget Period:** July 1, 2012 - June 30, 2013

### BUDGET CATEGORY - SUPPLIES

<table>
<thead>
<tr>
<th>Program Supplies</th>
<th>Contract Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology and Justification:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Office Supplies</th>
<th></th>
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<tbody>
<tr>
<td>Methodology and Justification:</td>
<td></td>
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</table>

**Total Supplies Requested**

$ -
## Housing Opportunities for Persons with AIDS Request for Proposals Budget Form

### Agency Name:

### Service Category:
Permanent Supportive Housing

### Budget Period:
July 1, 2012 - June 30, 2013

### BUDGET CATEGORY - CONSULTANT/CONTRACTUAL

<table>
<thead>
<tr>
<th>Consultant Name</th>
<th>[Name]</th>
<th>Type of Service</th>
<th>[Service Type]</th>
<th>Rate and Terms of Service</th>
<th>[Rate/Terms of Service]</th>
<th>Justification</th>
<th>[Please provide justification for the consultant.]</th>
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**Total Contractual/Consultant Services Requested**

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<table>
<thead>
<tr>
<th>Item</th>
<th>Cost Type</th>
<th>Methodology Used</th>
<th>Contract Amount Requested</th>
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</table>

Total Requested - Other

$_________
**Housing Opportunities for Persons with AIDS**  
**Request for Proposals Budget Form**  
**Addendum A - Start-Up Costs**

Agency Name:  
Service Category: Permanent Supportive Housing  
Budget Period: July 1, 2012 - June 30, 2013

**START-UP COSTS**

All start-up costs listed in this addendum are considered requests for the start-up period under this contract. Start-up costs listed on this contract that are allowed by DOHMH will not considered to be ongoing funding and will not be included in the Maximum Reimbursable Amount (MRA) under this contract.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost Type</th>
<th>Methodology Used</th>
<th>Contract Amount Requested</th>
</tr>
</thead>
</table>

Total Requested - Start-Up

$
BUDGET CATEGORY - ADMINISTRATIVE COSTS COMPONENTS

According to 24 CFR 574.3:
Administrative costs mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

According to 24 CFR 574.300:
Each project sponsor receiving amounts from grants made under this program may use not more than 7 percent of the amounts received for administrative costs.

<table>
<thead>
<tr>
<th>Please provide a detailed list of all budget components which are being charged to Administrative Costs.</th>
<th>Agency Amount</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Total Requested - Administrative Costs

$ 

Total Allowable Administrative Costs Based on Total Non-Administrative Budget Categories

$ 

Administrative costs do not exceed 7% of the contract’s maximum reimbursable amount.
### Housing Opportunities for Persons with AIDS

**Request for Proposals Budget Form**

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Service Category: Permanent Supportive Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Period:</td>
<td>July 1, 2012 - June 30, 2013</td>
</tr>
</tbody>
</table>

#### MAXIMUM REIMBURSABLE AMOUNT WORKSHEET

<table>
<thead>
<tr>
<th>TOTAL CONTRACT AMOUNT REQUESTED</th>
<th>$ -</th>
</tr>
</thead>
</table>

**OTHER PROGRAM INCOME (ESTIMATED)**

Note: Program Income includes resident rent payments, other housing subsidies (e.g. HASA client rent subsidies, Shelter Plus Care, Continuum of Care, etc.)

| $ - |

| TOTAL MAXIMUM REIMBURSABLE AMOUNT (MRA) | $ - |
ATTACHMENT C

Acknowledgement of Addenda
HOPWA Permanent Supportive Housing
PIN #: 13AE000300R0X00

COMPLETE EITHER PART I OR PART II, WHICHEVER IS APPLICABLE, AND COMPLETE AND SIGN PART III.

PART I.
LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP:

ADDENDUM # 1, DATED __________, 20____
ADDENDUM # 2, DATED __________, 20____
ADDENDUM # 3, DATED __________, 20____
ADDENDUM # 4, DATED __________, 20____
ADDENDUM # 5, DATED __________, 20____

PART II.
____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PART III.
ORGANIZATION_____________________________________________________

NAME____________________________________________________________

TITLE___________________________________________________________

SIGNATURE_______________________________________________________

(Authorized Contact Person)

DATE___________________________________________________________
ATTACHMENT D

Service and Administrative Site(s)
HOPWA Permanent Supportive Housing
PIN #: 13AE000300R0X00

Proposer:
Organization Name: ________________________________________________________________
Program Address: ________________________________________________________________
Tax Identification #: ________________________________

Target borough(s) of proposed Permanent Supportive Housing program: (check all that apply)
☐ Brooklyn    ☐ Bronx    ☐ Manhattan    ☐ Queens    ☐ Staten Island

Target borough(s) for client recruitment: (check all that apply)
☐ Brooklyn    ☐ Bronx    ☐ Manhattan    ☐ Queens    ☐ Staten Island

Service site(s) of proposed Permanent Supportive Housing program:
Address 1: ______________________________________________________________________
Address 2: ______________________________________________________________________
Address 3: ______________________________________________________________________
Address 4: ______________________________________________________________________
☐ Check here if more than four service sites

Agency administrative site(s):
Address 1: ______________________________________________________________________
Address 2: ______________________________________________________________________
☐ Check here if more than two administrative sites

Proposer’s Authorized Representative:
Name: __________________________________________________________________________
Title: __________________________________________________________________________
Signature: ________________________________________________________________________
Date: __________________________________________________________________________
ATTACHMENT E

Doing Business Data Form
HOPWA Permanent Supportive Housing
PIN #: 13AE000300R0X00
Doing Business Data Form

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. This Data Form is not related to the City’s VENDEX requirements.

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: ____________________________________________

Entity EIN/TIN: __________________________________________

Entity Filing Status (select one):

☐ Entity has never completed a Doing Business Data Form. Fill out the entire form.

☐ Change from previous Data Form dated ____________. Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.

☐ No Change from previous Data Form dated ____________. Skip to the bottom of the last page.

Entity is a Non-Profit: ☐ Yes ☐ No

Entity Type: ☐ Corporation (any type) ☐ Joint Venture ☐ LLC ☐ Partnership (any type)

☐ Sole Proprietor ☐ Other (specify): ____________________________________________

Address: _____________________________________________

City: __________________________ State: __________ Zip: __________

Phone: __________________________ Fax: __________________________

E-mail: _____________________________________________

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.
Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check “This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the Doing Business Database, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

☐ This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: ________________________ MI: _____ Last: ________________________

Office Title: ________________________

Employer (if not employed by entity): ________________________

Birth Date (mm/dd/yy): _____________ Home Phone #: _____________

Home Address: ________________________

☐ This person replaced former CEO: ________________________ on date: _____________

Chief Financial Officer (CFO) or equivalent officer

☐ This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: ________________________ MI: _____ Last: ________________________

Office Title: ________________________

Employer (if not employed by entity): ________________________

Birth Date (mm/dd/yy): _____________ Home Phone #: _____________

Home Address: ________________________

☐ This person replaced former CFO: ________________________ on date: _____________

Chief Operating Officer (COO) or equivalent officer

☐ This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: ________________________ MI: _____ Last: ________________________

Office Title: ________________________

Employer (if not employed by entity): ________________________

Birth Date (mm/dd/yy): _____________ Home Phone #: _____________

Home Address: ________________________

☐ This person replaced former COO: ________________________ on date: _____________

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.
Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do not need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): ________________________________

Principal Owners (who own or control 10% or more of the entity):

First Name: ________________________ MI: _____ Last: ________________________
Office Title: __________________________
Employer (if not employed by entity): __________________________
Birth Date (mm/dd/yy): __________________________ Home Phone #: __________________________
Home Address: __________________________

First Name: ________________________ MI: _____ Last: ________________________
Office Title: __________________________
Employer (if not employed by entity): __________________________
Birth Date (mm/dd/yy): __________________________ Home Phone #: __________________________
Home Address: __________________________

First Name: ________________________ MI: _____ Last: ________________________
Office Title: __________________________
Employer (if not employed by entity): __________________________
Birth Date (mm/dd/yy): __________________________ Home Phone #: __________________________
Home Address: __________________________

Remove the following previously-reported Principal Owners:
Name: ____________________________ Removal Date: __________________________
Name: ____________________________ Removal Date: __________________________
Name: ____________________________ Removal Date: __________________________

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.
Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity’s relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write “See above.” If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled “Additional Senior Managers.”

Senior Managers:

First Name: ___________________________ MI: _____ Last: ___________________________
Office Title: ___________________________
Employer (if not employed by entity): ___________________________
Birth Date (mm/dd/yy): ___________________________ Home Phone #: ___________________________
Home Address: ___________________________

First Name: ___________________________ MI: _____ Last: ___________________________
Office Title: ___________________________
Employer (if not employed by entity): ___________________________
Birth Date (mm/dd/yy): ___________________________ Home Phone #: ___________________________
Home Address: ___________________________

First Name: ___________________________ MI: _____ Last: ___________________________
Office Title: ___________________________
Employer (if not employed by entity): ___________________________
Birth Date (mm/dd/yy): ___________________________ Home Phone #: ___________________________
Home Address: ___________________________

Remove the following previously-reported Senior Managers:

Name: ___________________________ Removal Date: ___________________________
Name: ___________________________ Removal Date: ___________________________

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: ___________________________
Signature: ___________________________ Date: ___________________________
Entity Name: ___________________________
Title: ___________________________ Work Phone #: ___________________________

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.