

**CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF HIV/AIDS PREVENTION & CONTROL
REQUEST FOR PROPOSALS
FOR THE PROVISION OF HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
(HOPWA)
HOUSING PLACEMENT ASSISTANCE FOR PERSONS LIVING WITH HIV/AIDS
PIN: 13AE000400R0X00**

TABLE OF CONTENTS:		PAGE
SECTION I	TIMETABLE	2
SECTION II	SUMMARY OF THE REQUEST FOR PROPOSALS	4
SECTION II	SCOPE OF SERVICES	10
SECTION IV	FORMAT AND CONTENT OF THE PROPOSAL	19
SECTION V	PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES	29
SECTION VI	GENERAL INFORMATION TO PROPOSERS	30
APPENDIX A	GENERAL PROVISIONS GOVERNING CONTRACTS FOR CONSULTANTS, PROFESSIONAL AND TECHNICAL SERVICES	
APPENDIX B	GENERAL CONTRACT PROVISIONS	
ATTACHMENT A	PROPOSAL COVER LETTER	
ATTACHMENT B	BUDGET PROPOSAL FORMS	
ATTACHMENT C	ACKNOWLEDGMENT OF ADDENDA	
ATTACHMENT D	SERVICE AND ADMINISTRATIVE SITE(S)	
ATTACHMENT E	DOING BUSINESS DATA FORM	
ATTACHMENT F	IRAN DIVESTMENT ACT COMPLIANCE RIDER	

AUTHORIZED AGENCY CONTACT PERSON

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

Name:	Shamecka Williams
Title:	Contract Manager
Mailing Address:	Office of the Agency Chief Contracting Officer New York City Department of Health and Mental Hygiene 42-09 28th Street, CN-30A Long Island City, NY 11101-4132
Telephone:	347-396-6656
Fax:	347-396-6760
E-Mail:	HOPWApacementRFP@health.nyc.gov



SECTION I - TIMETABLE

A. Release Date of the Request for Proposals: January 28th, 2013

B. Questions

Questions about this Request for Proposals (“RFP”) may be asked at the Pre-Proposal Conference set forth in Section C below (if any will be held) or in writing to Authorized Agency Contact Person’s Mailing Address or to the E-Mail Address as listed in below only.

Question/Clarification Deadline:

(i) Date: **March 1st, 2013**

(ii) Time: 5:00 pm EST

E-Mail Address: HOPWAplacementRFP@health.nyc.gov

Answers to all questions asked will be available on the Agency’s website at www.nyc.gov/health/contracting on **March 8th, 2013**. A list of the questions and answers will also be sent to everyone who picked up or downloaded the RFP.

C. Pre-Proposal Conferences:

- Date: **February 12th, 2013**
- Time: 10:00 AM EST
- Location: 42-09 28th Street, 3rd Floor Auditorium, Long Island City, NY 11101-4132

Attendance by proposers is optional but recommended by the Department of Health and Mental Hygiene. For anyone wishing to attend, due to security restrictions at the Department’s headquarters, you must e-mail your intention to attend the Pre-Proposal Conference to the e-mail address set forth in Section I.B above. Please make sure to state “ATTENDEE” in the subject line of the e-mail and include the names and titles of the attendees. It is strongly advised that you allow twenty (20) minutes to clear security prior to the conference.

D. Proposal Due Date, Time and Location:

- **Date: March 22nd, 2013**
- **Time: 2:00 p.m. EST**
- **Location: Office of the Agency Chief Contracting Officer
Department of Health and Mental Hygiene
42-09 28th Street, CN-30A
Long Island City, NY 11101
Attn: Christophe Hunt**

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

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 the RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.

General Proposal Submission:

1. If any vendor intends to deliver a proposal in person, we request that you submit an email to HOPWApacementRFP@health.nyc.gov and provide the following information:
 - 1.1. Names of those delivering the proposal
 - 1.2. Expected time of deliver (**Must indicate time window: AM- 9:30 – 12pm or PM –12pm- 2pm**)
 - 1.3. Method of deliver (hand carry, hand truck, cart, dollies, etc.)

Proposals must be received in accordance with Section I - D of the RFP. Please allow 30 minutes for security processing. The proposal submission deadline is **March 22, 2013 at 2pm.**

2. Any vendor delivering a proposal requiring the use of a hand truck, cart or any similar device; please include such information in an email to HOPWApacementRFP@health.nyc.gov for separate instructions on delivery to DOHMH Headquarters.

E. Anticipated Contract Start Date: January 1, 2014

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 *housing placement assistance* in New York City to very low-income persons living with HIV/AIDS and their families.

Currently, DOHMH contracts with five not-for-profit organizations for the provision of housing placement assistance to very low-income persons living with HIV/AIDS. This solicitation is necessary to ensure continued services to those clients currently receiving housing placement assistance under contracts with DOHMH. The current program model provides housing placement and housing-related support services to assist very low-income persons living with HIV/AIDS achieve and maintain housing and health stability.

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

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 2009, the estimated number of new HIV infections in New York City alone was over 3,600.⁴ As of December 2009, over 108,800 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

¹ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2009*; Vol. 21. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2011. Accessed March 2011.

² Ibid.

³ Hall H, Rhodes P, Prejean J, et al. Estimation of HIV Incidence in the United States. *JAMA*. 2008. 300: 520-529

⁴ New York City Department of Health and Mental Hygiene. *HIV Epidemiology and Field Services Semiannual Report, Vol. 5. No. 2 – Covering January 1, 2009 – December 31, 2009*. October 2010.

⁵ Ibid.

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 of health and social services.⁹ 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 placement assistance through a program funded through this RFP, an individual must meet all of the following eligibility criteria:

- 1.1. Diagnosis of Human Immunodeficiency Virus (HIV) infection and/or Acquired Immunodeficiency Syndrome (AIDS);
- 1.2. Very low-income; and
- 1.3. 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> 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

⁶ Aidala A, Cross J, Stall R, et al. Housing Status and HIV Risk Behaviors: Implications for Prevention and Policy. *AIDS and Behavior*. 2005.9:251-265

⁷ Ibid.

⁸ Leaver C, Bargh G, Dunn J, Hwang S. The Effects of Housing Status on Health-Related Outcomes in People Living with HIV: A Systematic Review of the Literature. *AIDS Behav*. 2007. 11: S85-S100

⁹ Ibid.

Each organization awarded a contract through this RFP will be required to secure permanent housing for a minimum of 100 eligible households per year. Each household must be comprised of at least one eligible person and their family, if applicable. Permanent housing is intended to be long-term and continued occupancy is expected.

The housing unit secured must be located in New York City and comply with federal, state, and local *housing quality standards*. All housing units must be in close proximity to public transportation and accessible to other amenities such as shopping, health care, and other necessary services. Housing placements in basement dwellings are strictly prohibited. Ideally, each housing unit should be situated in a building with an elevator if the unit is above the second floor. The dwellings must have access to a full bathroom and kitchen. Each housing unit must have a refrigerator and stove.

Housing units must be rented at or under *fair market rents*, as defined below, for the unit size. Leases or tenancy agreements must be in place for all housing units. The lease or tenancy agreement must be held in the eligible person's name or his or her family member.

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 secured under this RFP. Refer to <http://www.huduser.org/portal/datasets/fmr.html> for FMR listing published by HUD.

The organizations awarded contracts through this RFP will be required to establish policies and procedures to ensure that services and housing placements are in accordance with HUD and DOHMH regulations and guidelines, including, but not limited to, income verification, occupancy agreements, shared housing arrangements, termination of assistance, and regulations outlined above.

Refer to <http://www.hud.gov/offices/cpd/lawsregs/index.cfm> for a complete listing of HOPWA regulations published by HUD.

3. Summary of Support Services

For the purpose of this RFP, *housing placement assistance* is defined as information and referral services to assist eligible persons locate, acquire, finance, and maintain permanent housing. Activities include, but are not limited to, housing search assistance, housing-specific counseling, and housing advocacy.

In addition to securing a minimum of 100 permanent housing placements per year, as described above, the selected organizations will also be required to assist the eligible households secure the necessary financial resources and/or entitlements to maintain stable, permanent housing.

Required services to be provided include, but are not limited to, assessment/reassessment, service plan development/update, advocacy, escorts, apartment inspections, and permanent housing placements. Advocacy includes the coordination of services, case

conferences, housing search assistance (including housing-specific counseling), and referrals. Advocacy will be required to ensure eligible persons secure permanent housing and are assisted with linkage to and maintenance in primary medical care and support services. Reassessments must be conducted of each eligible person enrolled in the program on a quarterly basis.

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

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.

Services may not be terminated on the basis of lack of sobriety or relapse. Services may be terminated for failure to demonstrate eligibility for program services, as well 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 five contracts, with one program located in each borough of New York City, to organizations that will provide housing placement assistance to eligible persons and their families. Each organization awarded a contract through this RFP must provide housing placement assistance services at program site(s) located in the proposed target borough.

The program options are as follows:

- 1. Option 1: Housing Placement Assistance – Bronx**
- 2. Option 2: Housing Placement Assistance – Brooklyn**
- 3. Option 3: Housing Placement Assistance – Manhattan**
- 4. Option 4: Housing Placement Assistance – Queens**
- 5. Option 5: Housing Placement Assistance – Staten Island**

Organizations may propose to serve more than one borough. However, a separate and complete proposal must be submitted for each proposed target borough. It is the intent of DOHMH to award one contract to a distinct vendor in each borough (listed above) of New York City.

The target populations are:

- i. Homeless single adults and families; and**
- ii. Single adults and families at serious risk of homelessness.**

The organizations awarded contracts through this RFP must target and serve both populations listed above.

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).

“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.

C. Anticipated Contract Term

It is anticipated that the term of the contract(s) awarded from this RFP will be for 3 years, from January 1th, 2014 to December 31st, 2016. The contract may include one three-year option 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

The contracts awarded resulting from the 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 estimates that a maximum of \$1,750,000 annually will be available for the provision of housing placement assistance. 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.

DOHMH has determined that the maximum contract amount will be \$350,000 annually. 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:

1. Reduce the prevalence and risk of homelessness among PLWHA;
2. Enable PLWHA to establish and/or better maintain a permanent, stable living environment in housing that is decent, safe, and sanitary;
3. 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
4. Promote self-sufficiency to enable PLWHA to maintain independent, permanent 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.

1. Experience

The contractor would have:

- 1.1. Successful experience of five years or more providing support services to very low-income PLWHA who meet the criteria of the target populations (refer to Section II). 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 populations.
- 1.2. Successful experience of five years or more managing a housing placement assistance program for very low-income PLWHA. Greater consideration will be given to vendors with eight years or more successful experience managing a housing placement assistance program for very low-income PLWHA.
- 1.3. Successful experience of five years or more managing relationships with real estate agents/brokers, landlords, and management companies who lease housing units to very low-income households. Greater consideration will be given to vendors with eight years or more successful experience managing relationships with real estate agents/brokers, landlords, and management companies who lease housing units to very low-income households.

- 1.4. Successful experience of five years or more conducting housing inspections and demonstrated knowledge of local, state, and federal housing standards and policies. Greater consideration will be given to vendors with eight years or more successful experience conducting housing inspections.
- 1.5. Program Director(s) overseeing direct-service staff would possess a graduate degree and experience serving the target populations or a Bachelor's degree, supervisory experience, and experience serving the target populations.

2. Organizational Capability

2.1. Staffing and Training

The contractor would have a/an:

- 2.1.1. Appropriate staffing plan with sufficient staff with appropriate qualifications and training for the target populations and salaries commensurate with these qualifications. The plan would include a job description for each key staff position funded by the proposed program.
- 2.1.2. Services tailored to the target populations, including bilingual staff and/or access to translation services for non-English speaking clients.
- 2.1.3. Training plan for new staff as well as an annual training plan for existing staff.
- 2.1.4. Provide training to staff that includes, but is not limited to: HIV/AIDS, confidentiality; housing issues; prevention with positives; cultural and LGBT competency; domestic violence; and crisis intervention.

2.2. Administration

The contractor would:

- 2.2.1. Provide housing placement assistance services at a program site(s) located in the proposed target borough.
- 2.2.2. Provide routine, bi-weekly at minimum, supervision of program staff.
- 2.2.3. Maintain individual files and records for each client enrolled in the program in accordance with local, state, and federal confidentiality and related health laws, including those pertaining to HIV/AIDS and health information (e.g., HIPAA, Article 27F).
- 2.2.4. 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.

- 2.2.5. Conduct an annual client satisfaction survey and make feasible programmatic changes based on survey results.
- 2.2.6. Establish policies and procedures to ensure that services, including housing placements, are in accordance with HUD and DOHMH regulations and guidelines, including, but not limited to, income verification, occupancy agreements, shared housing arrangements and termination of assistance.

2.3. **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:

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

3. **Approach**

3.1. **Housing Services**

The contractor would:

- 3.1.1. Secure permanent housing for a minimum of 100 households per year. Each household would be comprised of at least one eligible person and their family, if applicable.
- 3.1.2. Conduct an initial housing inspection of all dwellings to ensure appropriateness and suitability of housing units prior to housing placement.
- 3.1.3. Verify ownership of dwelling by landlord and monthly rent amount being charged prior to securing housing placement.

- 3.1.4. Assess the client's medical conditions and/or disabilities when determining appropriateness of living arrangements above the second floor to ensure suitability and appropriateness of domicile.
- 3.1.5. Ensure each client views the housing unit being leased prior to executing a lease or tenancy agreement.
- 3.1.6. Ensure that housing units meet federal, state, and local Housing Quality Standards (HQS). All housing units must be in close proximity to public transportation and accessible to other amenities such as shopping, health care, and other necessary services. Housing placements in basement dwellings are strictly prohibited. Ideally, each housing unit should be situated in a building with an elevator if the unit is above the second floor. The dwellings must have access to a full bathroom and kitchen. Each housing unit must have a refrigerator and stove.
- 3.1.7. Ensure that gross rents do not exceed current Fair Market Rent (FMR) values as published by the U.S. Department of Housing and Urban Development (HUD).
- 3.1.8. Ensure each client placed in permanent housing has executed a lease or tenancy agreement that lists the monthly rent required. The lease or tenancy agreement would be held in the eligible person's name or his or her family member.
- 3.1.9. Ensure that participation in shared housing arrangements is voluntary and not a requirement of the program.
- 3.1.10. Conduct at least one home visit, post placement, for each client placed in permanent housing. These home visits are in addition to the initial housing inspections performed to determine appropriateness and suitability. Home visits would include an assessment of the household's living situation.
- 3.1.11. Ensure continuity of housing services to clients and their families who are currently served by HOPWA-funded housing placement assistance programs. Services would include providing referrals and assistance to clients of the existing HOPWA-funded housing placement assistance programs who do not wish to continue to receive housing services through the proposer's program.

3.2. Support Services

3.2.1. Recruitment and Enrollment

The contractor would:

- 3.2.1.1. Implement an effective outreach plan to recruit eligible clients for the program. The plan would target eligible persons residing in the agency's primary borough (i.e., program option selected).

- 3.2.1.2. Conduct outreach and information sessions, at least quarterly, to potential and existing referring agencies.
 - 3.2.1.3. Obtain documentation of the client's HIV status, household income, and NYC residency upon program enrollment.
 - 3.2.1.4. Obtain documentation of the client's and his or her family members' enrollment in entitlement (e.g., HASA, Public Assistance) and housing (e.g., HOPWA rental assistance) programs.
 - 3.2.1.5. Maintain a waiting list for potential future clients.
- 3.2.2. Assessment, Reassessment, and Service Plan Development
The contractor would:
- 3.2.2.1. Conduct an initial assessment of every client and each family member of their household at program enrollment. The initial assessment must 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.
 - 3.2.2.2. Assessment would include a review of eligibility for rent subsidies (e.g., HASA) that the household may require to secure and maintain permanent housing.
 - 3.2.2.3. Develop a housing-specific service plan jointly with the client and their family, based on service needs identified in assessment, no later than 30 days after program enrollment and every 90 days thereafter.
 - 3.2.2.4. Conduct a reassessment of all enrolled clients and their family members every 90 days at minimum.
- 3.2.3. Service Components
The contractor would:
- 3.2.3.1. Directly provide housing-specific support services to assist enrolled clients locate, acquire, finance, and maintain permanent housing. At minimum, services would consist of the following activities:
 - 3.2.3.1.1. Advocacy
 - 3.2.3.1.2. Apartment Inspections
 - 3.2.3.1.3. Assessments/Reassessments
 - 3.2.3.1.4. Escorts
 - 3.2.3.1.5. Permanent Housing Placements
 - 3.2.3.1.6. Service Plan Development/Update

- 3.2.3.2. Refer clients and family members of their household, as needed, to the following: primary medical care, entitlements/benefits, case management, mental health services, substance/alcohol abuse services, home care, food/nutrition services, financial management, vocational training, legal services, family-related services, and other necessary services to increase and/or maintain the capacity for independent living.
 - 3.2.3.3. Assist clients, through referrals to community-based organizations, in accessing entitlements and support services needed to achieve health, housing, and financial stability (e.g., Public Assistance, Medicaid, HIV primary care, etc.).
 - 3.2.3.4. Case conference, as needed, with client's primary case manager and/or other service providers to ensure coordination of services.
 - 3.2.3.5. Provide crisis intervention services and appropriately handle medical emergencies (e.g., during home visits).
 - 3.2.3.6. Utilize harm reduction strategies, when appropriate, to assist clients to reduce and/or eliminate the negative consequences of their substance and/or alcohol use.
 - 3.2.3.7. 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.
 - 3.2.3.8. Ensure that sobriety and/or clean time is not a prerequisite for program enrollment.
 - 3.2.3.9. Ensure that sobriety and/or clean time are not program requirements for ongoing services.
 - 3.2.3.10. Ensure that services are provided in a culturally and linguistically appropriate manner.
- 3.2.4. Graduation and Termination of Services
The contractor would:
- 3.2.4.1. Develop and implement a protocol to interview clients at six and twelve month intervals, post placement, to assess whether the client has maintained housing and health stability. The agency would refer client to appropriate services, as necessary, resulting from client interviews.

- 3.2.4.2. Develop and implement a policy on termination of services. The policy must include notice that services may be terminated for failure to demonstrate eligibility for program services as well as egregious behavior that is disruptive, threatening, or harmful to clients or others. The policy would consist of 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. The termination policy would also include referrals to similar programs to ensure continuity of services, if applicable.
- 3.2.4.3. Provide all clients a copy of case closure and termination procedures at program enrollment and annually thereafter.

C. Agency Determination Regarding Performance-Based Payment Structures

The assumptions regarding performance-based payment structure that will most likely assure that the selected proposer will perform the work under the contract 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 make 100% of the permanent housing placements required of the contract (i.e., 100 permanent housing placements). Failure to meet this 100% placement rate may result in liquidated damages.

In addition, the contractor will be expected to achieve:

1. 95% of enrolled clients shall attend an HIV/AIDS primary care appointment every 180 days at minimum.
2. 95% of enrolled clients shall have HIV-specific laboratory tests (i.e., HIV viral load, CD4 count) performed every 180 days at minimum.
3. 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.
4. 90% of estimated service targets shall be achieved on a quarterly basis.
5. 95% of the clients shall have initial assessments completed within 30 days of enrollment into the program and reassessments completed every 90 days thereafter.
6. 95% of the clients shall have initial service plans developed jointly with the client within 30 days of enrollment into the program and every 90 days thereafter.

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.

E. Notice for Proposers

In 2013 the City will be implementing a new web based subcontractor reporting system. Once this subcontractor reporting system is implemented, and the Selected Contractor receives notice of its implementation, the Selected Contractor will be required to list in the system all of the subcontractors that it knows it will use or is already using in the performance of the contract to be awarded. For each subcontractor listed, the Selected Contractor will be required to provide the following information: maximum contract value, description of subcontractor work, start, and end date of the subcontract and identification of the subcontractors industry. Identification of subcontractors in the system along with the required information will be required in order to obtain subcontractor approval under PPB Rule § 4-13 for all subcontractors that have not been approved as of the implementation date. Thereafter, the Selected Contractor will be required to report in the system the payments made to each subcontractor within 30 days of making the payment. If any of the required information changes throughout the term of the contract, the Selected Contractor will be required to revise the information in the system.

When the subcontractor reporting system is implemented, the Selected Contractor will receive a written notice from the City which will contain the information the Selected Contractor will need to list its subcontractor and report payments. The Selected Contractor will not be required to comply with the requirements set forth herein until such notice is issued. The Selected Contractor will have 30 days from the date of the notice to list its current subcontractors for which it has already received Agency approval, if any. Thereafter,

for those subcontractors that have not yet been approved by the Agency, subcontractor's will have to be listed in the system in order to obtain the require Agency approval.

Failure of the Selected Contractor to list a subcontractor and/or report to subcontractor payments in timely fashion may result in the Agency declaring the Selected Contractor in default if the Contract and may subject the Selected Contractor to liquidated damages in the amount of \$100 per day for each day that the Selected Contractor fails to identify a subcontractor along with the required information about the subcontractor and/or fails to report payments to a subcontractor, beyond the time frames set forth herein or in the notice from the City. The Selected Contractor hereby agrees to these provisions and acknowledges that they will become effective on the date set forth in the notice.

F. 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>). Failure to comply with any of these instructions will not make the proposal non-responsive. ***Proposers may submit proposals for one or more program option. However, a separate and complete proposal must be submitted for each program option being proposed.***

1. Proposal Format

1.1. 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.

1.2. 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:

1.2.1. Table of Contents

1.2.2. Introduction

- 1.2.2.1. Indicate the program option that corresponds to this proposal.
- 1.2.2.2. Indicate the neighborhood in which the proposed program site will operate.
- 1.2.2.3. Indicate if proposer is submitting more than one proposal. If yes, specify for which other program option(s).

1.2.3. 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:

- 1.2.3.1. Demonstrate the proposer's successful experience providing support services to very low-income PLWHA who meet the criteria of the target populations (refer to Section II). Include the specific nature of those services, the number of years providing those services, and when and where they are/were provided. Preference will be given to proposers with at least 5 years of experience. Greater consideration will be given to proposers with 8 or more year' experience.
- 1.2.3.2. Demonstrate the proposer's successful experience managing a housing placement assistance program for very-low income PLWHA. Include what services are/were provided, the number of years providing those services, when and where they are/were provided, number of clients served, and the number of permanent housing placements achieved during the most recent 12-month period. Preference will be given to proposers with at least 5 years of experience. Greater consideration will be given to proposers with 8 or more year' experience.
- 1.2.3.3. Demonstrate the proposer's successful experience managing relationships with real estate agents/brokers, landlords, and management companies who lease housing units to very low-income households. Include the specific nature of the relationships, number of years collaborating with these individuals and/or entities, and estimated number of housing placements made through these relationships. Preference will be given to proposers with at least 5 years of experience. Greater consideration will be given to proposers with 8 or more year' experience.
- 1.2.3.4. Demonstrate the proposer's successful experience conducting housing inspections and demonstrated knowledge of local, state, and federal housing standards and policies. Include a description of type of housing inspections conducted, number of years conducting housing inspections, number of housing inspections conducted in most recent 12-month period, and when and where they are/were conducted. Preference will be given to proposers with at least 5 years of experience. Greater consideration will be given to proposers with 8 or more year' experience.
- 1.2.3.5. 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:

- 1.2.3.6. Attach at least two (2) letters of references 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).
- 1.2.3.7. 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.
- 1.2.3.8. Attach for each key staff positions a résumé and description of the qualifications that will be required.

1.2.4. 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:

1.2.4.1. Staffing and Training

- 1.2.4.1.1. Describe and demonstrate that the proposer has an appropriate staffing plan with sufficient staff with appropriate qualifications and training for the target populations and salaries commensurate with these qualifications.
- 1.2.4.1.2. Describe and demonstrate that the proposer's staffing plan is tailored to target populations, including bilingual staff and/or access to translation services for non-English speaking clients.
- 1.2.4.1.3. Describe the proposer's training plan for new staff as well as the annual training plan for existing staff.
- 1.2.4.1.4. Describe the proposer's plan to provide training to staff that includes, but is not limited to: HIV/AIDS, confidentiality; housing issues; prevention with positives; cultural and LGBT competency; domestic violence; and crisis intervention.

1.2.4.2. Administration

- 1.2.4.2.1. Describe the proposer's plan to provide housing placement assistance services at program site(s) located in the proposed target borough.

- 1.2.4.2.2. Describe the proposer's plan to provide routine, bi-weekly at minimum, supervision of program staff.
- 1.2.4.2.3. Describe the proposer's plan to maintain individual files and records for each client enrolled in the program in accordance with local, state, and federal confidentiality and related health laws, including those pertaining to HIV/AIDS and health information (e.g., HIPAA, Article 27F).
- 1.2.4.2.4. 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.
- 1.2.4.2.5. Describe the proposer's plan to conduct an annual client satisfaction survey and make feasible programmatic changes based on survey results.
- 1.2.4.2.6. Describe the proposer's plan to establish policies and procedures to ensure that services, including housing placements, are in accordance with HUD and DOHMH regulations and guidelines.

1.2.4.3. **Reporting Requirements**

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

In addition, attach:

- 1.2.4.3.1.7. 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.

1.2.4.3.1.8. A timeline for full implementation of services.

1.2.4.3.1.9. An organizational chart showing where, and an explanation of how, the proposed services would fit into the proposer's organization.

1.2.4.3.1.10. 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.

1.2.5. 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:

1.2.5.1. Housing Services

1.2.5.1.1. Plan to secure permanent housing for a minimum of 100 households per year for households comprised of at least one eligible person and their family, if applicable.

1.2.5.1.2. Plan to conduct an initial housing inspection of all dwellings to ensure appropriateness and suitability of housing units prior to housing placement.

1.2.5.1.3. Plan to verify ownership of dwelling by landlord and monthly rent amount being charged prior to securing housing placement.

1.2.5.1.4. Plan to assess the client's medical conditions and/or disabilities when determining appropriateness of living arrangements above the second floor to ensure suitability and appropriateness of domicile.

1.2.5.1.5. Plan to ensure each client views the housing unit being leased prior to executing a lease or tenancy agreement.

1.2.5.1.6. Plan to ensure that housing units meet federal, state, and local Housing Quality Standards (HQS).

- 1.2.5.1.7. Plan to ensure that gross rents do not exceed current Fair Market Rent (FMR) values as published by the U.S. Department of Housing and Urban Development (HUD).
- 1.2.5.1.8. Plan to ensure each client placed in permanent housing executes a lease or tenancy agreement that lists the monthly rent required. The lease or tenancy agreement would be held in the eligible person's name or his or her family member.
- 1.2.5.1.9. Plan to ensure that participation in shared housing arrangements is voluntary and not a requirement of the program.
- 1.2.5.1.10. Plan to conduct at least one home visit, post placement, for each client placed in permanent housing that includes an assessment of the household's living situation.
- 1.2.5.1.11. Plan to ensure continuity of housing services to clients and their families who are currently served by HOPWA-funded housing placement assistance programs.

Describe and demonstrate the quality and effectiveness of the proposer's:

1.2.5.2. Support Services

1.2.5.2.1. Recruitment and Enrollment

- 1.2.5.2.1.1. Plan to implement an effective outreach plan to recruit eligible clients for the program.
- 1.2.5.2.1.2. Plan to conduct outreach and information sessions, at least quarterly, to potential and existing referring agencies.
- 1.2.5.2.1.3. Plan to obtain documentation of the client's HIV status, household income, and NYC residency upon program enrollment.
- 1.2.5.2.1.4. Plan to obtain documentation of the client's and his or her family members' enrollment in entitlement (e.g., HASA, Public Assistance) and housing (e.g., HOPWA rental assistance) programs.
- 1.2.5.2.1.5. Plan to maintain a waiting list for potential future clients.

1.2.5.2.2. Assessment, Reassessment, and Service Plan Development

- 1.2.5.2.2.1. 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.
- 1.2.5.2.2.2. Plan to develop a housing-specific service plan jointly with the client and their family, based on service needs identified in assessment, no later than 30 days after program enrollment and every 90 days thereafter.
- 1.2.5.2.2.3. Plan to conduct a reassessment of all enrolled clients and their family members every 90 days at minimum.

1.2.5.2.3. Service Components

- 1.2.5.2.3.1. Plan to directly provide the services listed below to program-enrolled clients and their families to assist them locate, acquire, finance, and maintain permanent housing.
 - 1.2.5.2.3.1.1. Advocacy
 - 1.2.5.2.3.1.2. Apartment Inspections
 - 1.2.5.2.3.1.3. Assessments/Reassessments
 - 1.2.5.2.3.1.4. Escorts
 - 1.2.5.2.3.1.5. Permanent Housing Placements
 - 1.2.5.2.3.1.6. Service Plan Development/Update
- 1.2.5.2.3.2. Plan to refer clients and family members of their household, as needed, to medical and support services to increase and/or maintain the capacity for independent living.
- 1.2.5.2.3.3. Plan to assist clients, through referrals to community-based organizations, in accessing entitlements and support services needed to achieve health, housing, and financial stability.
- 1.2.5.2.3.4. Plan to case conference, as needed, with client's primary case manager and/or other service providers to ensure coordination of services.
- 1.2.5.2.3.5. Plan to provide crisis intervention services and appropriately handle medical emergencies (e.g., during home visits).
- 1.2.5.2.3.6. Plan to utilize harm reduction strategies, when appropriate, to assist clients to reduce and/or eliminate the negative consequences of their substance and/or alcohol use.

- 1.2.5.2.3.7. 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.
 - 1.2.5.2.3.8. Plan to ensure that sobriety and/or clean time is not a prerequisite for program enrollment.
 - 1.2.5.2.3.9. Plan to ensure that sobriety and/or clean time are not program requirements for ongoing services.
 - 1.2.5.2.3.10. Plan to ensure that services are provided in a culturally and linguistically appropriate manner.
- 1.2.5.2.4. Graduation and Termination of Services
- 1.2.5.2.4.1. Plan to develop and implement a protocol to interview clients at six and twelve month intervals, post placement, to assess whether the client has maintained housing and health stability.
 - 1.2.5.2.4.2. Plan to develop and implement a policy on termination of services as described in *Section III (B)*.
 - 1.2.5.2.4.3. Plan to provide all clients a copy of case closure and termination procedures at program enrollment and annually thereafter.

1.3. 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.

1.3.1. Proposed Pricing

The Price Proposal should include *each* of the following for providing the "scope of services" described in *Section III* of this RFP:

- 1.3.1.1.1. The proposed offering price for each of the budget components in a line item budget included in this RFP as *Attachment B*.
- 1.3.1.1.2. 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. The existing HOPWA-

funded housing placement assistance programs administered by DOHMH are not eligible for start-up funds.

- 1.3.1.1.3. 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.

1.4. 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.

1.5. Service and Administrative Site(s)

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

1.6. 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*).

2. 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.*

2.1. 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.)
- Acknowledgment of Addenda Form (*Attachment C*)
- Service and Administrative Site(s) (*Attachment D*)

2.2. 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*)

2.3. A third sealed inner envelope labeled "Doing Business Data Form" containing an original, completed Doing Business Data Form

- Doing Business Data Form (*Attachment E*)

2.4. 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

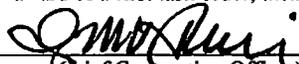
- | | |
|--|-----|
| ▪ Demonstrated quantity and quality of successful relevant experience. | 50% |
| ▪ Demonstrated level of organizational capability. | 10% |
| ▪ Quality of proposed approach. | 40% |

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 such other factors or criteria which are set forth in this RFP. Awards will be made to the highest technically rated vendor(s) in each option who offer a price at or below the maximum annual available per contract amount set forth in Section II D. of 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, cost, and the best interests of the City, respectively, how many and for which program option(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.

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 sections 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(f)(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. If the contract to be awarded through this Request for Proposals is a multiple award task order contract that does not simultaneously result in the award of a first task order, then displacement determinations will be made in conjunction with the issuance of task orders pursuant to the subject contract. If the Request for Proposals does simultaneously result in the award of a first task order, then the displacement determination for that first task order must be done prior to issuance of the Request for Proposals.


 (Agency Chief Contracting Officer)

Date 1/28/13

ATTACHMENT A

**Proposal Cover Letter
Housing Placement Assistance
PIN: 13AE000400R0X00**

Proposer:

Program Name: _____

Program Address: _____

Tax Identification #: _____

Proposer's Contact Person:

Name: _____

Title: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Program Option: Select only one program option per proposal

- Option 1: Housing Placement Assistance – Bronx**
- Option 2: Housing Placement Assistance – Brooklyn**
- Option 3: Housing Placement Assistance – Manhattan**
- Option 4: Housing Placement Assistance – Queens**
- Option 5: Housing Placement Assistance – Staten Island**

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
Housing Placement Assistance
PIN: 13AE000400R0X00

Agency Name:
 Service Category:
 Budget Period:

Housing Placement Assistance
January 1, 2014 - December 31, 2014

BUDGET SUMMARY	
BUDGET CATEGORY	AMOUNT
Personnel	\$ -
Fringe Benefits	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Other	\$ -
Consultant/Contractual	\$ -
Contract Start-Up Costs	\$ -
Administrative Costs <i>(should not exceed 7.0% of the total city funded budget)</i>	\$ -
TOTAL BUDGET	\$ -
<i>PROGRAM INCOME</i>	<i>\$ -</i>
PROPOSED TOTAL ANNUAL AMOUNT	\$ -

Categories in red font are required. Enter numeric values. If no anticipated program income, enter zero.

AGENCY NAME:
SERVICE CATEGORY: Housing Placement Assistance
BUDGET PERIOD: January 1, 2014 - December 31, 2014

BUDGET CATEGORY - FRINGE BENEFITS

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

AGENCY NAME:
SERVICE CATEGORY: Housing Placement Assistance
BUDGET PERIOD: January 1, 2014 - December 31, 2014

BUDGET CATEGORY - TRAVEL

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

AGENCY NAME:
SERVICE CATEGORY: Housing Placement Assistance
BUDGET PERIOD: January 1, 2014 - December 31, 2014

BUDGET CATEGORY - EQUIPMENT

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

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

AGENCY NAME:
SERVICE CATEGORY:
BUDGET PERIOD:

Housing Placement Assistance
 January 1, 2014 - December 31, 2014

BUDGET CATEGORY - SUPPLIES

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

AGENCY NAME:
SERVICE CATEGORY: Housing Placement Assistance
BUDGET PERIOD: January 1, 2014 - December 31, 2014

BUDGET CATEGORY- CONSULTANT/CONTRACTUAL

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

ATTACHMENT C

ACKNOWLEDGEMENT OF ADDENDA

Housing Placement Assistance

PIN: 13AE000400R0X00

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)
Housing Placement Assistance
PIN: 13AE000400R0X00**

Proposer:

Organization Name: _____

Program Address: _____

Tax Identification #: _____

Service site(s) of proposed Housing Placement Assistance 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
Housing Placement Assistance
PIN: 13AE000400R0X00



Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: DOHMH		Transaction ID: 13AE000400R0X00	
Check One:	Transaction Type (check one):		
<input checked="" type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

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.

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: _____

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: _____

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.



ATTACHMENT F

**IRAN DIVESTMENT ACT COMPLIANCE RIDER
Housing Placement Assistance
PIN: 13AE000400R0X00**

**IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR
NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- (a) the person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- (b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder’s certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

- 1) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or
- 2) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

**BIDDER'S CERTIFICATION OF COMPLIANCE WITH
IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

[Please Check One]

BIDDER'S CERTIFICATION

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.

- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Dated: _____, New York
_____, 20__

SIGNATURE

PRINTED NAME

TITLE

Sworn to before me this
____ day of _____, 20__

Notary Public

Dated: