

**NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REQUEST FOR PROPOSALS FOR NEW YORK/NEW YORK III CONGREGATE
SUPPORTIVE HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES
PIN: 08PO0763
ADDENDUM NO: 14
December 2nd, 2016**

Thank you for your continued interest in DOHMH's RFP for NY NY III Congregate Supportive Housing for Homeless Individuals and Families. This Addendum makes the following changes to the RFP:

The following addition is being made to the RFP.

A. Section II D. Anticipated Contract Term (Page 5-6)

Population Option VII - ONLY

It is anticipated that the term of the contracts awarded from this RFP will be for up to an initial three-year period, and will include two (2) three-year options to renew. DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any. In an extraordinary case for compelling reasons, such as the need to finance a program through the issuance of long-term bonds or the need to obtain financing associated with securing a site that can only be obtained from a long term lease, a contract under this RFP may be awarded for a term longer than 9 years and shall be coterminous with financing provisions.

B. Attachment A (Page 28)

The Proposal Cover Letter has been revised and is attached. Please complete and submit the Revised Proposal Cover Letter to your proposal.

C. Attachment C (Page 34)

The Acknowledgement of Addenda has been revised and is attached. Please complete and submit the Revised Acknowledgment of Addenda to your proposal.

If you have any questions, please contact the Authorized Department Contract Person for this RFP:

Jasmine Salome, Director of Mental Health Contracts
Bureau of the Agency Chief Contracting Officer
New York City Department of Health and Mental Hygiene
42-09 28th Street, 17th floor
Queens, NY 11101
jsalome@health.nyc.gov

**REVISED -ATTACHMENT A
PROPOSAL COVER LETTER
CONGREGATE SUPPORTIVE HOUSING PROGRAMS
PIN-: 08PO 0763**

Proposer: _____

Name: _____

Address: _____

Tax Identification #: _____

Proposer's Contact Person:

Name: _____

Title: _____

Telephone #: _____

Fax #: _____

E-Mail Address: _____

Population Option(s) Proposed (Check all that apply)

I II III IV V VI VII

Is this 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

Compliance with Minimum Qualification Requirement

- Proposal is for Population Options I or II. ___ Yes ___ No
- If Yes, the proposer certifies that a copy of documentation demonstrating that the organization is incorporated as a not-for-profit is appended to this Attachment A.

- Proposal is for Population Option VI or VII. ___ Yes ___ No
- If Yes, the proposer certifies that a copy of the requisite documentation prescribed in Section II (I) of the RFP demonstrating that the proposer (or the housing manager/developer, if applicable) has control of the proposed site is appended to this Attachment A. ___ Yes ___ No

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____ Date: _____

**REVISED - ATTACHMENT C
ACKNOWLEDGMENT OF ADDENDA
PIN 08PO 0763**

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	March 21, 2007
ADDENDUM # 2, DATED	April 30, 2007
ADDENDUM # 3, DATED	August 8, 2007
ADDENDUM # 4, DATED	January 31, 2008
ADDENDUM # 5, DATED	October 9, 2008
ADDENDUM # 6, DATED	April 14, 2009
ADDENDUM # 7, DATED	November 30, 2009
ADDENDUM # 8, DATED	October 14, 2010
ADDENDUM # 9, DATED	April 4, 2011
ADDENDUM # 10, DATED	November 3, 2011
ADDENDUM # 11, DATED	September 25, 2012
ADDENDUM # 12, DATED	June 2, 2015
ADDENDUM # 13, DATED	April 25, 2016
ADDENDUM # 14, DATED	December 2, 2016
ADDENDUM # 15, DATED _____,	20_____

ORGANIZATION _____

SIGNATURE _____
(Authorized Contact Person)

DATE _____