

PROCEDURE NUMBER 15-060

| Subject: | Applicable To: | Effective Date: |
|---------------------------|--|-----------------|
| New Needs Budget Requests | All DHS Contracted Facilities and/or Programs Serving Homeless Families and Individuals | May 11, 2015 |

| Administered By: | Approved By: |
|---|------------------------------|
| Division of Fiscal and Procurement Operations | Commissioner, Gilbert Taylor |

PURPOSE

To establish a procedure outlining the revised Department of Homeless Services (DHS) New Needs Process for contracted Facilities and/or Programs Serving Homeless Individuals and to establish a tracking system to ensure that all new needs are handled appropriately and timely.

INTRODUCTION

A Provider New Need Request is a request for additional funding to enhance the current program or to add a new program component. The new need request can be for a one time need or a recurring need (baseline). New Needs can be submitted to DHS at any time using the DHS Contracted Facilities and/or Programs Serving Homeless Families or Individuals New Needs Request Form (attached). The request should be submitted to the **Budget Office** and should clearly define the reason for the request and how the amount of funding being requested was calculated. Please note that all submissions must be accompanied by three (3) bids when appropriate. New needs will be reviewed on a first come basis and prioritized based on criticality and availability of funds. Highest priority will be given to emergency needs, such as health and safety and/or regulatory compliance issues.

PROCESS:

The New Need Request Form must be completed to initiate a New Need (Attached).

1. NATURE OF THE REQUEST (SECTION I)

DHS Contracted Facilities and/or Programs Serving Homeless Families or Individuals Provider (NYC DHS Provider) to complete:

- Enter your name, the facility, and contact information. Enter the funds required, which may differ in the current year and the out-years, along with a justification of how you calculated the dollars needed (for example, average salary).
- Justify your request for additional funds. Specifically, state why you want to implement the New Need (for example: State mandate better services, leaky roof) and what will occur should you not receive funding (for example: State fines, longer stays by clients, water leaking into rooms). Attach additional pages if needed. All submissions must be accompanied by three (3) bids, when appropriate.

2. ACKNOWLEDGEMENT OF RECEIPT

DHS Budget to complete within seven (7) business days of receiving the form:

The NYC DHS Budget Office will notify the Provider and Programs within seven (7) business days of receiving the NYC DHS Provider New Needs Request Form. If you have not received acknowledgement within seven (7) business days please call DHS Budget at 212-361-8549.

3. DHS BUDGET RECOMMENDATION (SECTION II)

NYC DHS Budget to complete within fifteen (15) business days of receiving the form:

- If the recommendation is "Funds Available", the Budget Analyst will complete the amount requested, amount funded, and the budget/object code. If Budget funds an amount that differs from the request, it will include an explanation of the variance. For all recommendations, Budget will return a scanned copy of the completed form to the Provider, and alert them to take any other applicable actions. The Budget Office and Program will then begin any necessary contract amendment process.
- If the recommendation is "Request Approved but Funds Currently Unavailable", Budget
 will notify the provider of the decision. If funds are available later in the fiscal year, Budget
 will send a revised form to the Provider and initiate any contract amendments that are
 necessary.
- If the recommendation is "Funds Unavailable", there are no funds available for the remainder of the fiscal year. The Provider will be advised to resubmit the request the following fiscal year.
- If the recommendation is "Other", Budget will specify what actions the DHS Provider should take.
- If more information from the Provider is required, the recommendation is "On Hold".

NYC DHS Programmatic Recommendation

A copy of the new need request will be sent to Programs (Adult and Family Services) and to
other DHS Divisions when a request is related to their unit and an assessment is being
requested. The DHS Budget office will meet with the designated Program Liaisons and
provide information relating to each New Need request to obtain recommendations when
appropriate.

Office of Management and Budget Recommendation

 DHS Budget and the NYC Office of Management and Budget (OMB) will meet on a bi-weekly basis to discuss all New Needs awaiting OMB's approval and priority New Needs approved by DHS Budget.

Budget Approvals and New Need Payments

- Once a New Need request has been approved and funding has been confirmed, the action will
 be processed in the Accelerator System. The NYC DHS Budget Office will either initiate a
 Contract Budget Update task or an Amendment Task within the Accelerator System depending
 on the funding source for the need. The DHS Funded Provider will be notified in the
 Accelerator System of a pending budget action.
- When the New Needs Budget has been approved, and registered, the funds will be added to
 the current fiscal year budget in the Accelerator System. The DHS Provider can then submit
 an invoice in the Accelerator System against the New Needs funds amount.
- Invoices <u>cannot</u> be submitted while Contract Budget Update tasks are pending.
- Contact your Budget Analyst with any questions.

ALL NEW NEED REQUESTS ARE SUBJECT TO APPROVAL BY NYC OFFICE OF MANAGEMENT AND BUDGET (OMB)



Revised 5-12-15

DHS Contracted Facilities and/or Programs Serving Homeless Families and Individuals

NEW NEED REQUEST FORM DIRECTIONS

NEW NEED REQUEST SUBMISSIONS

NYC DHS has revised the process of submitting New Need requests to ensure proper tracking of New Needs requests submitted by NYC DHS Contracted Facilities and/or Programs Serving Homeless Families or Individuals (NYC DHS Provider). The New Need form will **no longer** be submitted to the Program Analyst, you will now submit the form to the **Budget** Office.

Providers complete the first section of the form, and send it via Email to Emily Giaccio of the Budget Office at EGiaccio@dhs.nyc.gov.

NATURE OF THE REQUEST (SECTION 1)

Enter your name, the facility, and contact information. Enter the funds required, which may differ in the current year and the out-years, along with a justification of how you calculated the dollars needed (for example, average salary).

Justify your request for additional funds. Specifically, state why you want to implement the New Need (for example: State mandate better services, leaky roof) and what will occur should you not receive funding (for example: State fines, longer stays by clients, water leaking into rooms). Attach additional pages if needed. All submissions must be accompanied by three (3) bids, when appropriate.

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DHS PROGRAMMATIC RECOMMENDATION

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BUDGET APPROVALS AND NEW NEED PAYMENTS

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When the New Needs Budget has been approved, and registered, the funds will be added to the current fiscal year budget in the Accelerator System. The DHS Provider can then submit an invoice in the Accelerator System against the New Needs funds amount.

Invoices **cannot** be submitted while Contract Budget Update tasks are pending.

Contact your Budget Analyst with any questions.

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DEPARTMENT OF HOMELESS SERVICES

CONTRACTED PROVIDERS REVISED (5-11-15) NEW NEED REQUEST FORM

| I. Nature of the Re | quest (Contracted Pro | ovider to complete): | |
|--------------------------|-------------------------------|--|----------------------|
| Provider: | | Facility: | |
| Provider's Contact: | 9 | Telephone #: E-mail Address: | |
| Provider's Address: | | | |
| Provider's Signature: | | Date of Request: | |
| Title of Request: | | | |
| Amount Requested: | Current Year: \$Out-years: \$ |)." | |
| Justification for Reques | st/Calculation of Amount | : (attach additional pages | s) |
| | | | |
| | | | 940 |
| | H | | |
| | | | |
| II. DHS Budget Re | ecommendation (Budg | get to complete): | |
| □ Approve | ☐ Disapp | prove | □ On Hold |
| | Amount Requested | Amount Funded | Budget / Object Code |
| Current Year | \$ | \$ | |
| Out-years | \$ | \$ | |
| Fund Availability | | Budget's Actions | |
| ☐ Funds available | | Budget to notify Provider and Program, begin contract amendment process, & obtain State approval, if applicable. | |
| | | fy Provider that request of | |
| ☐ Funds unavailable | Budget to notif | y Provider that request cannot be funded. | |
| ☐ Other (specify) | | | |
| Signatures: | | | |
| Budget Analyst Date | | Budget Director | Date |

ALL NEW NEED REQUESTS ARE SUBJECT TO APPROVAL BY OFFICE OF MANAGEMENT AND BUDGET (OMB)