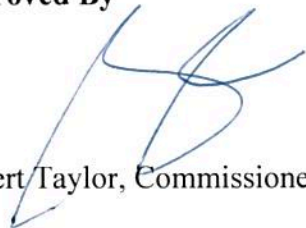




PROCEDURE NUMBER 15-090

Subject	Applicable To	Effective Date
Open-Ended Request for Proposals for Additional Shelter Capacity	All DHS Directly Operated or Funded Facilities/Programs Serving Homeless Individuals and Families, and DHS Staff	July 31, 2014

Administered By	Approved By
Fiscal and Procurement Operations Capacity Planning and Development Single Adult Services, Family Services, Legal, Adult Family, Communications & External Affairs	 Gilbert Taylor, Commissioner

PURPOSE

This procedure outlines the processes that staff are required to follow to obtain, on an on-going basis, additional shelter capacity pursuant to the OERFP process.

APPLICABILITY

The procedure is applicable to staff responsible for the receipt, evaluation, negotiation, budgeting and award of proposals, submitted by proposers via the OERFP process, in order to meet the agency's continued need for homeless shelter capacity.

INTRODUCTION

The existing OERFP issued by DHS (PIN# 071-00S-003-262) affords providers the opportunity to submit proposal(s) on a continuous basis to respond to the agency's shelter capacity needs for homeless adults and families with children. The following procedures outline the processes by which DHS contracts for additional capacity. These procedures are specifically for staff within the Agency Chief Contracting Officer's (ACCO) Office as well as personnel from the following divisions/units: Capacity Planning and Development, Budget, Single Adult Services, Family Services, Adult Family Services, Legal, and Communications & External Affairs. All divisions/units play a critical role in the processing and timely award of these contracts.

PROPOSAL SUBMISSION

Accepting, Reviewing and Distributing Provider Proposal(s)

Responsibility: ACCO's Office

A provider may submit a written proposal/operating budget, and a completed Appendix A form (found in the OERFP) (Exhibit #1), in response to any of the following Development and Operation of Program Options:

- *Option#1-* A new stand-alone transitional residence for homeless single adults and/or families and/or a new drop-in center for homeless adults,
- *Option#2* – A replacement site for an existing stand-alone transitional residence for homeless single adults and/or families and/or an existing drop-in center for homeless adults,
- *Option#3* - Neighborhood based cluster transitional residences for homeless families.

Receipt of Proposals

The proposal submission package is delivered in person to the ACCO's Office by the proposer; proposals can be submitted at any time. There is no deadline or closing date after which the proposals would not be accepted. Proposals are addressed to the Deputy Agency Chief Contracting Officer (DACCO) and accepted for log-in purposes by ACCO/OERFP contract officer.

Initial Proposal Review and Responsiveness Review

The DACCO or designee reviews the submission to ensure the proposal includes one original and four copies, appropriate signatures and acknowledgement of addenda. If the DACCO identifies an obvious omission – such as missing pages, he will immediately notify the proposer by letter (Exhibit 2) or e-mail, acknowledging receipt of proposal, and outlining issues that require clarification and/or follow-up actions.

The DACCO simultaneously reviews the proposal to ensure the proposer demonstrated that all minimum qualification and other qualification requirements prescribed in the OERFP are met (Exhibit 3). If the proposer has provided information addressing the qualification requirements, but there is a need to get further clarification in order to make a responsiveness determination, the DACCO will immediately contact the proposer for clarification. This is documented by the DACCO and kept on file.

If the proposer fails to address any of the qualification requirements, the proposal shall be deemed non-responsive and will not be further evaluated. The ACCO sends a non-responsive letter to the proposer informing them of this decision. (Exhibit 4). The ACCO sends an email to the respective DHS program division to advise them of the finding of non-responsiveness.

Distribution of Proposal

If the proposer demonstrated that all qualifications have been met, the DACCO notifies the Assistant Commissioner(s) of CPD, Family or Adult Services, Communication & External Affairs, by email, that a responsive proposal was received, and the OERFP contract officer distributes the

proposal, including proposer notification letters, along with the rating sheets (Exhibit 5A, Exhibit 5B) and the Conflict of Interest Certification Evaluator Affidavit (Exhibit 6).

Funding Availability

The CPD meets with Budget to review and ensure funding availability for P/S and OTPS expenses, including lease and debt service costs.

EVALUATION PROCESS

Evaluation Committee and Proposal Review

Responsibility: CPD, Adult, Family, Legal, ACCO

Evaluation Committee

Each responsive proposal is evaluated by an Evaluation Committee (EC) comprised of no less than three staff (2 CPD, 1 Program) with knowledge and expertise within the programmatic and/or construction development areas.

Prior to the review of each proposal, the EC is required to complete and sign the Conflict of Interest Certification attesting there is no affiliation with the proposer (Exhibit 6). If an EC member indicates a conflict of interest, the ACCO will make a determination as to whether or not an actual conflict exists and if the staff may continue as an evaluator. Where a conflict exists the division will nominate an alternate EC member.

Proposal Review/Fair Share Analysis

Timeframe: Proposal Review, 10 – 14 days - Detailed proposal review/clarification/site visit (if deemed necessary); Fair Share, 90 days

Proposals are rated against the criteria prescribed in the RFP and set forth on the Rating Sheets. EC member refers to the point matrix, which provides context and value to the evaluation. As the EC member evaluates the proposal against each criterion, s/he will write a comment in the 'Basis for Rating' section of the Rating Sheet, to justify 'Strength' and/or 'Deficiencies' in the proposal and/or areas that require clarification. After the evaluation is completed, each EC member signs and dates the Rating Sheet.

The Rating Sheets are returned to the OERFP contract officer for review, after the EC completes the evaluation. The contract officer (CO) reviews the Rating Sheets, tallies the scores and an overall average score (of the three total scores) is calculated. If inconsistencies in the scoring of the proposal are identified, the CO contacts the EC member to discuss the discrepancy and the Rating Sheet will be revised by the EC to reflect any changes made. Additionally, there may be instances where the individual scoring varies greatly. This would require the CO to schedule a meeting with the ECs to discuss the basis of and reasons for the wide variances in scores; list clarification issues and proposal deficiencies, if any; if there wasn't a site visit, decide whether one is needed; discuss price reasonableness; decide whether or not to further consider the proposal.

If there are no inconsistencies in the scores, the ACCO prepares a draft Approval to Move Forward memo for the respective Assistant Commissioners' (CPD, Adult, Family) review and approval. Once approved, the finalized Move Forward memo (Exhibit 7) is forwarded to the Deputy Commissioner of Fiscal and Procurement Operations (DC of FPO) for review and approval and for transmittal to the Commissioner. The Commissioner reviews then approves or denies the recommended provider.

If the Commissioner approves the selected provider, ACCO notifies CPD, Adult or Family by email and initiates negotiations with the provider and the respective Program area by sending a move forward letter (Exhibit 8) to the provider. A follow-up letter is sent by ACCO, requesting the provider to submit various documents to complete the Responsibility Determination (Exhibit 9).

Once a proposal and provider is approved, the OERFP contract officer submits a copy of the proposal to Legal to initiate a Fair Share analysis. Legal notifies CPD to request both an Environmental Assessment Statement and City Planning map and facility list for the selected shelter site.

NEGOTIATIONS

Conduct Negotiations

Responsibility: CPD, Legal, Budget, Adult, Family

CPD leads the negotiation with input and counsel from Budget. CPD will reach out to Legal, and respective Program area for input.

A record of each negotiation session should be kept. A list of key "issues" previously identified that need to be negotiated is made available. The draft contract and scope of work is available for discussion. The cost analysis is as complete and comprehensive as possible. Costs that were submitted in the proposal and examined during the cost analysis are identified. Differences between the proposer's offer and any counter offers are analyzed.

Following the negotiations, the provider is given a draft contract/scope of work and/or standard class contract for their review.

CPD works with Budget to obtain OMB final approval of funding. They analyze price reasonableness for respective shelter options: look at whether or not proposed operational per diem rates are within the established ranges, or within the maximum dollars available to DHS; determine if purchase price of the site or lease costs are within current real estate market rates; and review occupancy costs compared to current market rates, and/or to other contracts held by DHS and by other agencies, as applicable. CPD requests the Fiscal Letter or Form 5 from Budget unit.

On-going meetings are held, as needed, by the Assistant Commissioners to update the Deputy Commissioners of each division on the progress of the negotiations. The Deputies update the First Deputy Commissioner, Chief of Staff and the Commissioner.

At bi-weekly contracting meetings held by the ACCO's office, the ACCO unit is updated by the Assistant Commissioners for CPD of the status of the negotiation. ACCO's office maintains a capacity work plan report and associated notes to track the status of each OERFP contract action.

CONTRACT AWARD/REGISTRATION

Responsibility: ACCO, CPD, Adult, Family, Budget, Legal

Following the successful completion of the negotiation process, receipt of approved Form 5 from the Budget unit and finalized Responsibility Documentation (VENDEX/Audit/Charities/Abuse and Neglect, etc), OERFP contract officer initiates a draft Recommendation for Award (RFA) document (through the Automated Procurement Tracking (APT) system) to enable DHS to calendar the contract award for public hearing. The public hearing is held once a month and conducted by the Mayor's Office of Contract Services (MOCS).

Prior to the public hearing being held, Legal unit finalizes the Fair Share analysis and sends to the affected Community Boards and local elected officials.

MOCS reviews the public hearing submission and approves the contract award for public hearing. A public notice is placed in the City Record ten (10) business days prior to the hearing date (unless the hearing is calendared in "short notice"). OERFP contract officer also notifies the five Borough Presidents, City Council and the Comptroller's Office. If issues are raised at the hearing, DHS summarizes in a memo and maintain in contract file along with the public hearing transcript.

During the public hearing process, the contract agreement is finalized by the provider and submitted to Legal via the APT system by the OERFP contract officer. Legal submits the contract agreement to Law Department. Law finalizes the contract agreement and "Approve as to Form" and returns to ACCO.

OERFP contract officer prepares the final Recommendation for Award and Responsibility Determination form (with supporting documentation, as applicable) and obtains MOCS final approval via APT.

OERFP contract officer prepares the Fiscal Certification form and obtains Budget and OMB final approval via APT.

The CPD transmits the final contract agreement (five originals) to the provider to be signed and notarized and to be submitted back to DHS for the Commissioner's signature.

If the contract award exceeds \$10 million, the contract award package is sent via APT to the OMB/Financial Control Board for approval. If dollar value is under \$10 million, the contract award package is sent directly to the Comptroller's office for registration. The Comptroller's office has up to 30 calendar days, from submission by DHS, to register the award.

After the contract is registered the ACCO's office distributes one original registered contract to Finance, one to the respective program area and one to the provider along with the award letter.

EXHIBITS

Please note:

- Exhibit # 2 – Clarification Letter – developed to replace the current use of informal request by e-mail /phone.
- Exhibit # 3 – Open Ended RFP – ACCO Proposals Checklist - new form.
- Exhibit # 4 – Non-Responsive Letter - developed to formalize the notification to provider for failing to address the minimum qualification requirement(s).
- Exhibit # 8 – Notification of Negotiation & Responsibility Determination - developed to replace current use of informal notification by e-mail/phone.
- Exhibit # 9 – Letter requesting Responsibility Forms - developed to replace current use of request by e-mail.

APPENDIX A

(Revised pursuant to Addendum No. 5 issued on DECEMBER 30, 2002.)

DEPARTMENT OF HOMELESS SERVICES

PROPOSAL FORM

(PIN # 071 00S-003 262)

[Please check whichever Option(s) is applicable.]

- ☐ OPTION #1: DEVELOPMENT AND OPERATION OF A NEW STAND-ALONE TRANSITIONAL RESIDENCE FOR HOMELESS SINGLE ADULTS AND/OR FAMILIES AND/OR A NEW DROP-IN CENTER FOR HOMELESS ADULTS
- ☐ OPTION #2: DEVELOPMENT AND OPERATION OF A REPLACEMENT SITE FOR AN EXISTING STAND-ALONE TRANSITIONAL RESIDENCE FOR HOMELESS SINGLE ADULTS AND/OR FAMILIES AND/OR AN EXISTING DROP IN CENTER FOR HOMELESS ADULTS
- ☐ OPTION #3: DEVELOPMENT AND OPERATION OF NEIGSBORHOOD BASED CLUSTER TRANSITIONAL RESIDENCES FOR FAMILIES

A. PROPOSER INFORMATION

1) PROPOSER:

Name _____

Address _____

Tax Identification Number _____

2) PROPOSER'S AUTHORIZED REPRESENTATIVE:

Name _____

Title _____

Telephone Number: _____ Fax Number _____

E-mail Address (If available) _____

Signature _____

Contact Person (if other than authorized representative)

Name _____

Title _____

Telephone Number: _____ Fax Number _____

E-mail Address (If available) _____

3) PROPOSER'S ORGANIZATIONAL STATUS: [Check appropriate box]

☐ Not For Profit

☐ For Profit

NOTE TO PROPOSERS - RESPOND TO SECTION "B1/2" OR SECTION "B3", BELOW, WHICHEVER IS APPLICABLE.

B1/2. PROPOSED SITE INFORMATION - OPTIONS #1 AND #2

1) IF PROPOSING OPTION #2, A REPLACEMENT SITE:

- a) PROVIDE A DESCRIPTION OF THE CURRENT SITE AND PROGRAM, THE CURRENT CONTRACT TERM, DOLLAR AMOUNT AND THE NUMBER OF CLIENTS SERVED ON AN ANNUAL BASIS.
- b) IF APPLICABLE, DESCRIBE THE COMPELLING CIRCUMSTANCES THAT NECESSITATE THE REPLACEMENT OF THE CURRENT SITE. ATTACH INDEPENDENT SOURCE DOCUMENTATION IF AVAILABLE.
- c) IF APPLICABLE, DEMONSTRATE WHY A REPLACEMENT SITE WOULD OFFER OVERALL MORE ADVANTAGEOUS TERMS FOR THE CITY.

[Note: All remaining portions of "B1/2", below, apply to both Option #1 and #2 and should be addressed by the Proposer.]

2) TYPE/CAPACITY OF PROPOSED FACILITY

[Check all that apply and indicate number of beds, units, clients, etc.]

☐ Standalone Transitional Residence

☐ Single Adult # Beds _____

☐ Family # Units _____

☐ Drop-In Center # Clients/Day _____ # Off Site Link Beds _____

3) LOCATION OF PROPOSED FACILITY

Address: _____

Borough: _____ Block: _____ Lot: _____

Community District: _____

4) STATUS OF SITE CONTROL

NOTE: FOR ANY CITY-OWNED PROPERTY, SITE CONTROL IS NOT REQUIRED

☐ Current Control as evidenced by the attached documentation:

☐ Certificate of Occupancy

☐ Deed

☐ Lease

☐ Contract of purchase

☐ Other (Specify) _____

OR

☐ Control will be obtained by anticipated contract start date as evidenced by the attached documentation:

☐ Purchase option agreement

☐ Letter of intent from owner/Landlord to sell/lease to proposer

☐ Contract of sale

☐ Other

5) DESCRIPTION

☐ Building

a) Zoning District designation: _____

b) Number of floors: _____

c) Average square footage per floor: _____

d) Is the facility ADA compliant? ☐ Yes ☐ No

e) Is the facility currently occupied? ☐ Yes ☐ No

f) Does the facility have significant environmental issues? ☐ Yes ☐ No

g) Is the facility under the jurisdiction of City, State or
Federal regulations? ☐ Yes ☐ No

OR

☐ Vacant Lot

- a) Zoning District designation: _____
 - b) Dimensions of lot _____ feet X _____
 - c) Buildable area of lot _____ square feet.
 - d) Does the lot have significant environmental issues? ☐ Yes ☐ No
 - e) Is the lot in an area under the jurisdiction of City, State
or Federal landmark regulations? ☐ Yes ☐ No
- 6) ATTACH DOCUMENTATION OF NOTIFICATION TO AND/OR LETTER(S) OF SUPPORT FROM THE RESPECTIVE COMMUNITY BOARD INDICATING THE PROPOSER'S INTENT TO APPLY FOR FUNDING FROM THE DHS TO DEVELOP AND OPERATE A STANDALONE TRANSITIONAL RESIDENCE OR DROP-IN CENTER IN THEIR COMMUNITY BOARD.
- 7) ATTACH A TIME LINE THAT ESTIMATES AND DESCRIBES A PROPOSED SCHEDULE, AS APPLICABLE, FOR ACQUIRING THE PROPOSED SITE, DEVELOPING (I.E., CONSTRUCTING OR RENOVATING) THE PROPOSED FACILITY AND ASSUMING FULL OPERATION OF THE FACILITY.

B3. PROPOSED SITE INFORMATION - OPTION #3

1) CAPACITY/LOCATION/DESCRIPTION PROPOSED FACILITY(IES)

Total # of Buildings _____ Total # Units _____

Address: _____

Borough: _____ Block: _____ Lot: _____

Community District: _____

- a) Number of Units: _____
- b) Studio _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____
- c) Is the facility ADA compliant? ☐ Yes ☐ No
- d) Is the facility currently occupied? ☐ Yes ☐ No
- e) Does the facility have significant environmental issues? ☐ Yes ☐ No
- f) Is the lot in an area under the jurisdiction of City, State
or Federal landmark regulations? ☐ Yes ☐ No

Address: _____
Borough: _____ Block: _____ Lot: _____
Community District: _____

- a) Number of Units: _____
b) Studio _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____
c) Is the facility ADA compliant? [] Yes [] No
d) Is the facility currently occupied? [] Yes [] No
e) Does the facility have significant environmental issues? [] Yes [] No
f) Is the lot in an area under the jurisdiction of City, State
or Federal landmark regulations? [] Yes [] No
-

Address: _____
Borough: _____ Block: _____ Lot: _____
Community District: _____

- a) Number of Units: _____
b) Studio _____ 1BR _____ 2BR _____ 3BR _____ 4BR _____
c) Is the facility ADA compliant? [] Yes [] No
d) Is the facility currently occupied? [] Yes [] No
e) Does the facility have significant environmental issues? [] Yes [] No
f) Is the lot in an area under the jurisdiction of City, State
or Federal landmark regulations? [] Yes [] No

☐ _____ additional sheet(s) attached

- 2) ATTACH DOCUMENTATION OF NOTIFICATION TO AND/OR LETTERS) OF SUPPORT FROM THE RESPECTIVE COMMUNITY BOARD(S) INDICATING THE PROPOSER'S INTENT TO APPLY FOR FUNDING FROM THE DHS TO DEVELOP AND OPERATE A TRANSITIONAL RESIDENCE (S) *IN* THEIR COMMUNITY BOARD.
- 3) ATTACH A TIME LINE THAT ESTIMATES AND DESCRIBES A PROPOSED SCHEDULE, AS APPLICABLE, FOR ACQUIRING THE PROPOSED SITE(S), DEVELOPING (I.E., RENOVATING) THE PROPOSED FACILITY(IES) AND ASSUMING FULL OPERATION OF THE FACILITY(IES).

C. EXPERIENCE/QUALIFICATIONS OF PROPOSER

- 1) Proposer has been in operation for _____ years.
 - 2) Proposer employs _____ staff.
 - 3) Proposer currently operates or has previously operated (Check all that apply):
 - ☐ Standalone Transitional Residence program(s)
 - ☐ Drop-In Center program(s)
 - ☐ Transitional Residence program(s)
 - ☐ Scattered-site programs
 - 4) Provide the information requested below for EACH program reflected in "3"-, above, if any.
 - a) Type of program _____
 - b) Address of program _____
 - c) Dates of operation _____
 - d) Capacity of program: (Indicate all that are applicable)
_____ beds _____ units _____ clients/day _____ off site linkage beds
 - e) Special population(s) served by program:

<input type="checkbox"/> Single Adults	<input type="checkbox"/> Substance Abusers
<input type="checkbox"/> Families	<input type="checkbox"/> Ex-Offenders
<input type="checkbox"/> Elderly	<input type="checkbox"/> Veterans
<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Young Adults
<input type="checkbox"/> Persons with AIDS/HIV	<input type="checkbox"/> Other _____
-

- a) Type of program _____
- b) Address of program _____
- c) Dates of operation _____
- d) Capacity of program: (Indicate all that are applicable)
_____ beds _____ units _____ clients/day _____ off site linkage beds
- e) Special population(s) served by program:

<input type="checkbox"/> Single Adults	<input type="checkbox"/> Substance Abusers
<input type="checkbox"/> Families	<input type="checkbox"/> Ex-Offenders
<input type="checkbox"/> Elderly	<input type="checkbox"/> Veterans
<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Young Adults
<input type="checkbox"/> Persons with AIDS/HIV	<input type="checkbox"/> Other _____

☐ _____ additional sheet(s) attached

5) DESCRIBE THE PROPOSER'S SPECIFIC EXPERIENCE WORKING WITH THE GENERAL HOMELESS POPULATION AND/OR ONE OR MORE OF THE SPECIAL POPULATIONS CITED IN 4(e) ABOVE.

6) Proposer has held a NYC contract(s) within the last FIVE (5) years.

☐ YES

☐ NO

If YES, provide the information requested below for each of the two most current contracts, in the following order of preference: 1) contract(s) for the provision of the same or related services to those being solicited; 2) other contract(s). If only one NYC contract was held, check here ☐ and provide the requested information for that contract.

Contract Title: _____

a) Name of contracting agency: _____

b) Term of contract: _____

c) Dollar value of contract: \$ _____

d) Most recent performance rating received _____

e) Name of agency contact: _____

f) Telephone # of agency contact _____

Contract Title: _____

a) Name of contracting agency: _____

g) Term of contract: _____

h) Dollar value of contract: \$ _____

i) Most recent performance rating received _____

j) Name of agency contact: _____

k) Telephone # of agency contact _____

7) DEMONSTRATE THE PROPOSER'S ADMINISTRATIVE CAPACITY TO HIRE PROFESSIONAL STAFF, MANAGE THE DESIGN AND CONSTRUCTION OR RENOVATION ACTIVITIES, OBTAIN FINANCING AND DEVELOP A TRANSITIONAL PLAN FOR THE OPERATION OF THE FACILITY.

D. PROPOSED PROGRAM APPROACH

E. ATTACH A CLEAR AND CONCISE NARRATIVE THAT DESCRIBES IN DETAIL
HOW THE PROPOSER WILL PROVIDE THE PROGRAM DESCRIBED IN SECTION III
- SCOPE OF SERVICES.

F. PROPOSED COST

- 1) Phase I -Acquisition and Development (Check each appropriate box and provide an estimate of the applicable facility costs.)

- ☐ Acquire site \$ _____
- ☐ Design/Development ("soft costs") \$ _____
- ☐ Construction/Renovation ("hard costs") \$ _____
- ☐ Estimated Total for Acquisition and Development \$ _____

2) Phase II -Operation Costs

(Check the applicable box below to indicate the type of program being proposed. Provide dollar amounts requested below and complete the applicable formula to calculate the per diem rate. Operating costs include annual debt service where applicable.)

☐ Standalone Transitional Single Adult Residence

- Total Operating cost (per annum) \$ _____
- 365 days X # of beds

[as provided in Part B1/2,(2)] = \$ per diem rate \$ _____

☐ Standalone Transitional Family Residence

- Total Operating cost (per annum) \$ _____
- 365 days X # of units

[as provided in Part B1/2,(2)] = \$ per diem rate \$ _____

☐ Drop-In Center

(Note: Operating costs include costs associated with overnight placement in "faith" beds, linen, laundry and transportation costs, if applicable.)

- Total Operating cost (per annum) \$ _____
 - 365 days X # of beds
[as provided in Part B1/2,(2)] = \$ per diem rate \$ _____
-

☐ NEIGHBORHOOD BASED CLUSTER TRANSITIONAL RESIDENCES

- Total Operating cost (per annum) \$ _____
- 365 days X # of beds
[as provided in Part B1/2,(2)] = \$ per diem rate \$ _____

END OF APPLICATION

Note to Proposers: Review your application to confirm that you have addressed all information requested. Failure to do so may result in the rejection of your proposal as non-responsive.



Exhibit #2

Gilbert Taylor
Commissioner

[Date]

Lula Urquhart
Deputy Commissioner
Fiscal and Procurement
Operations

[Proposer Name]
[Proposer Title]
[Proposer Address]

Janine Woodley-Brown
Assistant Commissioner
Agency Chief Contracting
Officer
ACCO
jwoodley@dhs.nyc.gov

RE: Open-Ended Request for Proposal Submission to Develop and Operate a
[Program Name & Site Address]

33 Beaver Street
13th Floor
New York, NY 10004

Dear [Proposer Name]:

212.361.8411 tel
212.361.8418 fax

Thank you for your response to the Department of Homeless Services' Open-Ended Request for Proposal for additional shelter capacity. After an initial review of your application, DHS has developed a list of questions/comments that require clarification and/or expansion by your organization.

Attached please find the list of issues related to your proposal. Please submit your response to the attention of Calvin Pitter, Deputy Agency Chief Contracting Officer, Department of Homeless Services, Office of the ACCO, 33 Beaver Street, Room 1312, New York, NY 10004 by close of business [insert date].

Your response to the attached queries will enable our agency to more fully evaluate your proposal and determine the viability of the proposed site and program. Thank you for your anticipated cooperation.

Sincerely,

Janine Woodley-Brown

Open Ended RFP - ACCO Proposals Checklist

Exhibit # 3

(Proposer Compliance with the OERFP Minimum Qualification and Other Qualification Requirements)

Proposer Name: _____ Proposed Site Address: _____ Program Type: _____

Minimum Qualification Requirements		check one		Comments
<i>Proposers that fail to meet all of the following minimum qualification requirements will be determined by the agency to be non-responsive and will be disqualified.</i>		YES	NO	
1	All proposers must have tax exempt status under 501(c)(3) of the Internal Revenue Code and/or be legally incorporated as a for-profit entity			
2	All proposers must demonstrate that they have, or can obtain by the anticipated contract start date, site control of the proposed Standalone facility location(s)			
3	All proposers must demonstrate an intent to enter into lease agreements with the owner(s) or management designee(s) for each property.			
Other Qualifications		check one		Comments
<i>Greater consideration will be given to stand-alone Transitional Residential and Drop-In Center facilities located in zoning districts M1 or C1 through C6 in New York City who demonstrate two or more years of successful experience in providing social services to homeless people.</i>		YES	NO	
1	All Proposers shall submit prior written notification to both the Chairperson and District Manager of the appropriate Community Board (CB) with copies to each applicable City Council Member, State Senator, Assembly Member, Congressional representative and Borough President of their intent to submit a proposal to DHS in response to this RFP to operate a homeless shelter site. A signed copy of that letter on official organization letterhead and proof that the letter was received by all local elected officials shall accompany the proposal submitted to DHS. (Addendum 10)			
<i>DHS will not consider proposals for either stand-alone or Neighborhood Based Cluster Transitional residences for families that:</i>				
2	Cause the displacement or relocation of existing residential tenants.			
3	Have significant environmental issues. This may include sites where hazardous materials can not be safely abated or where proper abatement would be prohibitively expensive.			
4	Where the scope-and/or cost of renovation would be significantly altered by landmark or historic district designations.			

Signature of Reviewer

Date



Exhibit #4

Gilbert Taylor
Commissioner

[Date]

Lula Urquhart
Deputy Commissioner
Fiscal and Procurement
Operations

[Proposer Name]
[Proposer Title]
[Proposer Address]

Janine Woodley-Brown
Assistant Commissioner
Agency Chief Contracting
Officer
ACCO
jwoodley@dhs.nyc.gov

RE: Open-Ended Request for Proposal Submission to Develop and Operate a
[Program Name]

33 Beaver Street
13th Floor
New York, NY 10004

Dear [Proposer Name]:

The Department of Homeless Services (DHS) has completed its review of your proposal to develop and operate a [program] at [site address].

212.361.8411 tel
212.361.8418 fax

We thank you for the time and effort that went into the development of your application, however, we cannot consider it at this time. Your proposal was deemed non-responsive for failing to address the minimum qualification requirements in the following area(s):

[The findings noted here is a result of the process as outlined in Section IV in the Open-Ended Request for Proposal for Additional Shelter Capacity procedures.]

In accordance with the Procurement Policy Board Rules, Section 2-07(e) you have a right to file a written appeal with the Agency Head. Filing your appeal should be done within five days of the receipt of this letter. A copy of your appeal should also be sent to the New York City Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007.

The appeal shall briefly state all the facts upon which the protest is based. You will receive a written decision from the Agency Head regarding this appeal. This decision shall be final.

Sincerely,

Janine Woodley-Brown

☐ Initial Eval.☐ Amended No. _____

**SUMMARY RATING SHEET
FOR DHS "OPEN ENDED" RFP**

- ☐ Development and Operation of Transitional Residences for Homeless Single Adults
- ☐ Development and Operation of Drop-In Center for Homeless Adults
- ☐ Development and Operation of Transitional Residences for Families

Proposer _____

Rating

A. **DEMONSTRATED QUANTITY AND QUALITY OF SUCCESSFUL
RELEVANT EXPERIENCE (40 points)** A. _____

B. **DEMONSTRATED LEVEL OF ORGANIZATIONAL CAPABILITY (20 points)** B. _____

C. **QUALITY OF PROPOSED PROGRAM APPROACH (40 points)** C. _____

TOTAL _____

Evaluator (Print) _____

(Signature) _____

Date ____/____/____

RATING SHEET AND GUIDELINES FOR DHS "OPEN ENDED" RFP

- Development and Operation of Transitional Residences for Homeless Single Adults
- Development and Operation of Drop-In Center for Homeless Adults
- Development and Operation of Transitional Residence for Homeless Families

Proposer _____
Reviewer _____

A. DEMONSTRATED QUANTITY AND QUALITY OF SUCCESSFUL RELEVANT EXPERIENCE (40 points)

Extent to which the proposer demonstrates that the organization has successful experience developing and operating a transitional residence or drop-in center, as applicable, and providing supportive social services, particularly to homeless adults/families. (40 points)

- 35 - 40 points Proposer demonstrates that the organization has extensive successful experience both in developing and operating a transitional residence or drop-in center, as applicable, and providing supportive social services, particularly to homeless adults/families.
- 28 - 34 points Proposer demonstrates that the organization has extensive successful experience providing supportive social services, particularly to homeless adults/families, and at least satisfactory experience in developing and operating a transitional residence or drop-in center, as applicable.
- 21- 27 points Proposer demonstrates that the organization has satisfactory successful experience both in developing and operating a transitional residence or drop-in center, as applicable, and providing supportive social services, particularly to homeless adults/families.
- 14 - 20 points Proposer demonstrates that the organization has satisfactory successful experience providing supportive social services, particularly to homeless adults/families, but less than satisfactory experience in developing and operating a transitional residence or drop-in center, as applicable.
- 7- 13 points Proposer demonstrates that the organization has limited successful experience both in developing and operating a transitional residence or drop-in center, as applicable, and providing supportive social services, particularly to homeless adults/families.
- 1- 6 points Proposer demonstrates that the organization has limited successful experience providing supportive social services, particularly to homeless adults/families, and no experience in developing and operating a transitional residence or drop-in center, as applicable.
- 0 points Proposer does not demonstrate that the organization has any successful experience in developing and operating a transitional residence or drop-in center, as applicable, or providing supportive social services, particularly to homeless adults/families.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

· Initial Eval. _____

· Amended No. _____

SUB-TOTAL A _____

☐ Initial Eval.
☐ Amended No. _____

B. DEMONSTRATED LEVEL OF ORGANIZATIONAL CAPABILITY (20 points)

- 1. Extent to which the proposer demonstrates the administrative capability to timely hire quality professional staff, effectively manage the design and construction or renovation activities, obtain adequate financing and develop a sound transitional plan for operating the facility. (15 points)**

- 13-15 points Proposer demonstrates very strong administrative capability to achieve all of the cited aspects of the scope of services.
- 9-12 points Proposer demonstrates very strong administrative capability to achieve most of the cited aspects of the scope of services and at least satisfactory capability to achieve the others.
- 5 - 8 points Proposer demonstrates at least satisfactory administrative capability to achieve all of the cited aspects of the scope of services.
- 1 - 4 points Proposer demonstrates at least satisfactory administrative capability to achieve most of the cited aspects of the scope of services, but less than satisfactory capability to achieve the others.
- 0 points Proposer does not demonstrate at least satisfactory administrative capability to achieve any of the cited aspects of the scope of services.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

- 2. Extent to which the proposer demonstrates community support. (5 points)**

- 5 points Proposer demonstrates support from both the appropriate community board and other local community entities.
- 4 points Proposer demonstrates support from the appropriate community board only.
- 3 points Proposer demonstrates support from local community entities only.
- 2 points Proposer demonstrates only that the appropriate community board has been notified.
- 0 points Proposer has not notified the appropriate community board

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

SUB-TOTAL B (B1+B2): _____

☐ Initial Eval.

☐ Amended No. _____

C. QUALITY OF PROPOSED PROGRAM APPROACH (40 points)

1. **Extent to which the proposer demonstrates that their proposed social service model will effectively address the service needs of the targeted homeless population. (15 points)**

- 13-15 points Proposer demonstrates that their proposed social service model will effectively address all the service needs of the targeted homeless population .
- 10-12 points Proposer demonstrates that their proposed social service model will effectively address most of the service needs of the targeted homeless population and at least satisfactorily address the others.
- 7- 9 points Proposer demonstrates that their proposed social service model will at least satisfactorily address all the service needs of the targeted homeless population .
- 4-6 points Proposer demonstrates that their proposed social service model will at least satisfactorily address most of the service needs of the targeted homeless population, but will less than satisfactorily address the others.
- 1-3 points Proposer demonstrates that their proposed social service model will less than satisfactorily address all the service needs of the targeted homeless population .
- 0 points Proposer does not demonstrate that their proposed social service model address any of the service needs of the targeted homeless population .

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

☐ Initial Eval.

☐ Amended No. _____

2. **Extent to which the proposer demonstrates the viability of the proposed facility or vacant lot in terms of the following factors: desirability of the zoning district (as prescribed in the RFP); appropriateness of the facility(ies)/lot size (i.e., square footage and number of floors or lot dimensions and buildable area, as applicable) in relation to the proposed capacity (i.e., number of bed/units or clients per day, as applicable) to be accommodated; and, if a facility, ADA compliance. (10 points)**

8 – 10 points Proposer demonstrates that the proposed facility/lot is highly viable in terms of the above cited factors.

5 – 7 points Proposer demonstrates that the proposed facility/lot is acceptable in terms of the above cited factors.

1 – 7 points Proposer demonstrates that the proposed facility is potentially acceptable viable in terms of the above cited factors.

0 Proposer does not demonstrate that the proposed facility is potentially acceptable in terms of the above cited factors.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

☐ Initial Eval.

☐ Amended No. _____

3. Extent to which the proposer demonstrates that their proposed construction/renovation approach, including bed/unit allocation, and timeline for site acquisition and development and assuming full operation of the proposed facility, is sound and achievable. (15 points)

- 11-15 points Proposer demonstrates that all aspects of their proposed construction/renovation approach and timeline are both sound and achievable.
- 5- 10 points Proposer demonstrates that most aspects of their proposed construction/renovation approach and timeline are both sound and achievable. However, the other aspects have the potential for being made sound and achievable.
- 1 - 4 points Proposer does not demonstrate that most aspects of their proposed construction/renovation approach and timeline are sound and/or achievable. However, the proposed approach and timeline have the potential for being made sound and achievable.
- 0 points Proposer does not demonstrate that most or any aspects of their proposed construction/renovation approach and timeline are sound and/or achievable and the proposed approach and timeline do not have the potential for being made sound and achievable.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

SUB-TOTAL (C1 + C2 + C3) _____

TOTAL RATING (A+B+C) _____
(From Pages __, __, and __)

1st
2nd

SUMMARY RATING SHEET AND GUIDELINES
OPEN-ENDED RFP TO DEVELOP AND OPERATE NEIGHBORHOOD BASED CLUSTER
TRANSITIONAL RESIDENCES
PIN # 071-00S-003-262

Proposer _____

	Rating
A. DEMONSTRATED QUANTITY AND QUALITY OF SUCCESSFUL RELEVANT EXPERIENCE (40 points)	A. _____
B. DEMONSTRATED LEVEL OF ORGANIZATIONAL CAPABILITY (20 points)	B. _____
C. QUALITY OF PROPOSED PROGRAM APPROACH (40 points)	C. _____
TOTAL	_____

Evaluator (Print) _____

(Signature) _____

Date. ___/___/___

RATING SHEET AND GUIDELINES
FOR OPEN-ENDED RFP NEIGHBORHOOD BASED CLUSTER TRANSITIONAL RESIDENCE
PIN# 071- 01S- 003-262

Proposer _____

Proposed Site Addresses/Community Districts _____

Reviewer Name _____

A. DEMONSTRATED QUANTITY AND QUALITY OF SUCCESSFUL RELEVANT EXPERIENCE (40 points)

- 1. Extent to which the proposer demonstrates that the organization (and each subcontractor, if any) has successful experience in developing and operating transitional housing and (ii) social and other supportive services particularly to homeless families and or adults. (10 points)**

- 9 - 10 points Proposer demonstrates that the organization has extensive successful experience in both areas (i) and (ii).
- 7-8 points Proposer demonstrates that the organization has extensive successful experience in area (i) and at least satisfactory successful experience in area (ii).
- 5- 6 points Proposer demonstrates that the organization has at least satisfactory successful experience in both areas (i) and (ii).
- 3-4 points Proposer demonstrates that the organization has at least satisfactory successful experience in area (i), but only limited successful experience in area (ii).
- 1-2 points Proposer demonstrates that the organization has at least satisfactory successful experience in are (ii), but only limited successful experience in are (i).
- 0 points Proposer does not demonstrate that the organization has any successful experience in either area (i) or (ii).

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

2. Extent to which the proposer demonstrates that the organization (and each subcontractor, if any) has successful experience working (i) with landlords, real estate brokers, developers and other housing entities and (ii) to identify apartments for families and or adults (15 points)

- 13 - 15 points Proposer demonstrates that the organization has extensive successful experience in providing (i) and (ii).
- 10-12 points Proposer demonstrates that the organization has extensive successful experience providing (i) and at least satisfactory successful experience providing (ii).
- 7- 9 points Proposer demonstrates that the organization has at least satisfactory successful experience providing (i) and (ii).
- 4-6 points Proposer demonstrates that the organization has at least satisfactory successful experience providing (i), but only limited successful experience in (ii).
- 1-3 points Proposer demonstrates that the organization has at least satisfactory successful experience providing (ii), but only limited successful experience providing (i).
- 0 points Proposer does not demonstrate that the organization has any successful experience providing (i) or (ii).

Basis for Rating (Strengths and/or Deficiencies):

RATING _____

Areas in Need of Clarification:

3. Extent to which the proposer demonstrates that key staff has successful relevant experience.
(15 points)

13 - 15 points Proposer demonstrates that all key staff has extensive successful relevant experience

10 - 12 points Proposer demonstrates that a majority of key staff has extensive successful relevant experience and that the other key staff has at least satisfactory relevant experience.

7- 9 points Proposer demonstrates that all key staff has at least satisfactory successful relevant experience.

4- 6 points Proposer demonstrates that a majority of key staff has at least satisfactory successful relevant experience, but that other key staff has only limited successful relevant experience.

1- 3 points Proposer demonstrates that all key staff has limited successful relevant experience .

0 points Proposer does not demonstrate that any key staff has any successful relevant experience.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

SUB-TOTAL A (A1+A2+A3) :

B. DEMONSTRATED LEVEL OF ORGANIZATIONAL CAPABILITY (20 points)

1. Extent to which the proposer demonstrates: (i) capability to assume full responsibility for the size of the proposed project including start-up; and (ii) the capability to provide adequate staff coverage; and (iii) a realistic timeframe to phase-in units and hire appropriate staff and (iv) to develop a sound transitional plan for operating the cluster sites/ apartments(15 points)

13-15 points Proposer demonstrates the administrative capability to successfully achieve all of the standards cited above.

10-12 points Proposer demonstrates the administrative capability to successfully achieve most of the standards cited above, including standard (i).

7-9 points Proposer demonstrates the administrative capability to successfully achieve some of the standards cited above, including standard (i).

4-6 points Proposer demonstrates the administrative capability to successfully achieve most of the standards cited above, but not including standard (i).

1-3 point Proposer demonstrates the administrative capability to successfully achieve some of the standards cited above, but not including standard (i).

0 points Proposer does not demonstrate the administrative capability to successfully achieve any of the standards cited above.

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

2. Extent to which proposer demonstrates demonstrate Community Support (5 points)

- 5 points Proposer demonstrate support from both the appropriate community districts and other local community entities
- 4 points Proposer demonstrates support from the appropriate community district(s) only
- 3 points Proposer demonstrates support from local community entities only
- 2 points Proposer demonstrates only that the appropriate community district(s) have been notified.
- 1 points Proposer has not notified the appropriate community district(s)

RATING _____

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

SUB-TOTAL B (B1+B2): _____

C. QUALITY OF PROPOSED PROGRAM APPROACH (40 points)

1. Extent to which the proposer demonstrates the viability of the proposed neighborhood based cluster transitional residences in terms of the following standards: (i) provide a minimum capacity of 10 units (ii) provide apartments proximal to each other in relationship to the proposed residential community districts; (iii) meet applicable NYC building codes and regulations; and (iv) access to appropriate support services (15 points)

13-15 points Proposer demonstrates that their proposed residences will more than satisfactorily meet all of the standards cited above.

10-12 points Proposer demonstrates that their proposed residences will more than satisfactorily meet most of the standards cited above and at least satisfactorily meet the others.

7-9 points Proposer demonstrates that their proposed residences will at least satisfactorily meet all the standards cited above.

4-6 points Proposer demonstrates that their proposed residences will at least satisfactorily address most of the standards cited above, but will less than satisfactorily meet others.

1-3 points Proposer demonstrates that their proposed residences will less than satisfactorily meet all the standards cited above

0 points Proposer does not demonstrate that their proposed residences will meet any of the standards cited above

RATING _____ ☐ NA

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

2. Extent to which the proposer demonstrates that the proposed social services plan will address the standards prescribed by the Agency's assumptions for the Neighborhood Cluster Transitional Residences in Section III- Scope of Service of the "Open-ended RFP". (20 points)

- 16-20 points Proposer demonstrates that their proposed social services plan will better than satisfactorily implement all standards.
- 11-15 points Proposer demonstrates that their proposed social services plan will better than satisfactorily implement most of the standards and satisfactorily implement others
- 7-10 points Proposer demonstrates that their proposed social services plan will at least satisfactorily implement all the standards
- 4-6 points Proposer demonstrates that their proposed social services plan will satisfactorily implement most of the standards, but will less than satisfactorily implement others
- 1-3 points Proposer demonstrates that their proposed social services plan will less than satisfactorily implement all the standards
- 0 points Proposer does not demonstrate that their proposed social services plan will implement any of the standards.

RATING _____ ☐ NA

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

3. Extent to which the proposer will provide an effective staffing pattern. (5 points)

- 5 points Proposer will provide a highly effective staffing pattern.
- 3-4 points Proposer will provide an adequately effective staffing pattern.
- 1-2 points Proposer will provide a less than adequately effective staffing pattern.
- 0 points Proposer will provide a totally ineffective staffing pattern.

RATING _____ ☐ NA

Basis for Rating (Strengths and/or Deficiencies): _____

Areas in Need of Clarification: _____

SUB-TOTAL C (C1+ C2 + C3): _____

TOTAL RATING (A+B+C)
(From Pages 3, 5, and 8) _____

Evaluator's Signature _____ Date _____

CONFLICT OF INTEREST CERTIFICATION
EVALUATOR AFFIDAVIT

Proposer Name: _____

Proposer Address: _____

Proposed Site Name & Address: _____

To the best of my knowledge, information and belief, neither I nor any member of my immediate family is, has ever been or has current plans to be a sole proprietor, officer, stockholder, partner or employee of or has now, ever had or has current plans to have fiduciary relationship with the above proposer responding to this RFP, nor have I ever discussed employment upon conclusion of my City service with any such proposers.

☐ I attest that the above statement is true.

☐ I cannot attest to the above for reasons set forth in the attached statement.

Name (Print)

Signature

Date: _____

Gilbert Taylor
Commissioner

Lula Urquhart
Deputy Commissioner
Fiscal and Procurement
Operations
lurquhar@dhs.nyc.gov

33 Beaver Street
17th Floor
New York, NY 10004

212.361.7946 tel
212.361.7950 fax

Memo

To: Gilbert Taylor
Thru: Lula Urquhart
From: Janine Woodley-Brown & Calvin Pitter
Date: [Date]

Re: Open-Ended RFP Proposal to Operate a Stand-alone Transitional
Residence for Homeless Families – Approval to Move Forward With Award to
[Provider Name]

[Provider Name] has submitted a proposal under the Open-Ended RFP to operate a “stand-alone” [Program Name and Site Address] [Community District #].

A three-person evaluation committee completed the ratings process. The proposal received an average score of [] out of 100 points. The anticipated effective date of this contract will be [Date].

The proposal submission outlines that the provider seeks to offer [brief sentence of type of service], which will consist of [# of units].

Notwithstanding any unforeseen responsibility issues, the ACCO's Office is recommending moving ahead with formal negotiations for this facility in order to calendar the contract for Public Hearing on [Date]. If you concur, please designate your approval by signature below.

Approval to Move Forward

Date



Exhibit #8

Gilbert Taylor
Commissioner

[Date]

Lula Urquhart
Deputy Commissioner
Fiscal and Procurement
Operations

[Proposer Name]
[Proposer Title]
[Proposer Address]

Janine Woodley-Brown
Assistant Commissioner
Agency Chief Contracting
Officer
ACCO
jwoodley@dhs.nyc.gov

Dear [Proposer Name]:

33 Beaver Street
13th Floor
New York, NY 10004

DHS is moving forward with negotiations for an award to operate [name of program] (Open-Ended RFP Pin #071-00S-003-262) [site address]. You will be contacted shortly by [DHS Division] to begin the negotiation process.

212.361.8411 tel
212.361.8418 fax

In order to move forward with this award, another important part of the process is assuring that the ACCO's Office has all the oversight approvals required by the Procurement Policy Board Rules. This means a responsibility determination must be made and approvals received before a formal award can be made. Our office will be contacting you shortly to request the required responsibility determination documents.

Sincerely,

Calvin Pitter
Deputy Agency Chief Contracting Officer

c: J. Woodley-Brown; R. Abad; W. Coger; L. Nuamah

Gilbert Taylor
Commissioner

[Date]

Lula Urquhart
Deputy Commissioner
Fiscal and Procurement
Operations

[Proposer Name]
[Proposer Title]
[Proposer Address]

Janine Woodley-Brown
Assistant Commissioner
Agency Chief Contracting
Officer
ACCO
jwoodley@dhs.nyc.gov

RE: Open-Ended Request for Proposal Submission to Develop and Operate a
[Program Name & Site Address]

Dear [Proposer Name]:

33 Beaver Street
13th Floor
New York, NY 10004

212.361.8411 tel
212.361.8418 fax

The Department of Homeless Services has completed the evaluation and negotiation process for the development and operation of a [program name] at [site address]. Before a formal award can be made a responsibility determination is required.

To obtain oversight approvals the submission of the following information is required:

- Vendex Submission (Vendor and Principal Questionnaires or Certificate of No Change Form.) The instructions and forms can be obtained from the Mayor's Office of Contract Services web site at:
(<http://www.nyc.gov/html/mocs/html/research/vendex.shtml>).
- If your organization is a "For-Profit", and would like to request a subcontract any work, Agency approval is required. If the subcontract dollar amount is $\geq \$100,000$, Vendex Questionnaires must be completed; and if $> \$750,000$, Division of Labor Services Employment Report is required (please see attached subcontractor approval form instructions).
- Board of Directors List and your subcontractor's Board of Directors list (if applicable). Please include a list of individuals designated by the Board of Directors, with the authority to negotiate on behalf of the proposer.
- An affidavit of Authority executed by those officers designated by the Board of Directors to act as signatories for the contract and/or reviewers of claims. A Board Resolution must accompany this document stating the officers have received the Board's permission to act on their behalf.
- Final Agency Financial Audit
- NYS Charities Bureau Compliance - Please submit a statement concerning your organization's status, and include CHAR 500, IRS 990 documentation, and any extension requests. Charity Bureau information can be obtained from the NYS Office of the Attorney General web site at
<http://www.charitiesnys.com/home.html>.

- Certification Regarding Substantiated Cases of Abuse or Neglect. Only cases of client abuse or neglect within the past 12 months of the signature date on the form require an explanation. Please provide current status of any corrective action plan to resolve a particular case.

The items are due by ____ date _____. Please send all information to Wayne Coger, Director of Compliance, NYC Department of Homeless Services, 33 Beaver Street, Room 1318, New York, NY 10004.

We have included the Vendex Questionnaires. Thank you for your anticipated cooperation.

Sincerely,

Calvin Pitter
Deputy Agency Chief Contracting Officer

Enclosures

c: Janine Woodley-Brown, Agency Chief Contracting Officer
[Julia Moten, Deputy Commissioner, Family Services]
[Jody Rudin, Deputy Commissioner, Adult Services]
Yianna Pavlakos, Deputy Commissioner, CPD