Capital Development and Operation of Residential Services within Bronx, Kings and Richmond County
Request for Proposals
Residential Services within Bronx, Kings and Richmond County

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NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Request for Proposals
Residential Services within Bronx, Kings and Richmond County

Expected Timetable for Key Events:

Release Date .............................................................................................. February 13, 2017
Closing Date for Submission of Bidder Inquiries ........................................ March 6, 2017
Answers to Bidder’s Inquiries on or about ............................................... March 21, 2017
Closing Date for Receipt of Bidder’s Proposals ........................................ April 13, 2017
Anticipated Evaluation and Selection ....................................................... June 1, 2017

All Inquiries to:
Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
procurements@oasas.ny.gov
Reference: “RFP #16104 - Residential Services within Bronx, Kings and Richmond County”

Submission of Proposal to:
Karen Stackrow
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, 5th Floor
Albany, New York 12203-3526
Reference: “RFP #16104 - Residential Services within Bronx, Kings and Richmond County”

Please be aware that any expenses your agency incurs in the preparation and submission of the proposal(s) will not be reimbursed by the State. Your agency’s continued interest in providing services to the State of New York is appreciated.

- **FUNDING AVAILABLE:** Up to $2,250,000 (Maximum of $750,000 per program) is currently available annually to operate a Part 820 Residential Program with a minimum of 16 and maximum of 25 beds. This amount may increase or decrease based on future State appropriations.

- **GEOGRAPHIC DISTRIBUTION:** One program will be awarded in each of the boroughs of Bronx, Kings and Richmond County. In the event that no viable application is received for a borough(s), OASAS may award an additional award to a viable bidder in one of the other borough(s).

- **ELIGIBLE BIDDERS:** Voluntary agencies or other Not-for-Profit organizations.

Proprietary entities are not eligible.
I. INTRODUCTION AND BACKGROUND

A. Purpose of the Request for Proposals

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) announces the availability of funds for capital development and operating costs associated with the establishment of a Part 820 Residential Services program for between 16 and 25 beds in each of the following three boroughs- Bronx, Kings and Richmond County.

OASAS is the state agency responsible for planning, developing, and regulating one of the nation’s largest addiction service systems that includes prevention, treatment, and recovery services.

Bidders should be familiar with the current OASAS regulations, as well as any guidance documents published by OASAS with regard to the delivery of treatment services. In addition, higher points will be given to those bidders who show familiarity with current best and evidence-based practices in the field of substance use disorder (SUD) treatment.

B. Funding

Up to $2.25 million (Maximum of $750,000 per program) is available annually for ongoing operational costs for this initiative.

C. Availability of the Request for Proposals

The Request for Proposals will be available on the OASAS website, posted in the NYS Contract Reporter and advertised on the Grants Gateway website. An announcement regarding the Request for Proposals will also be e-mailed to the most current address of record of all known potential eligible agencies.

II. PROPOSAL REQUIREMENTS AND SUBMISSIONS

A. Prequalification Requirement for Not-for-profit Bidders

(See Appendix C for Important Information on Maintaining Prequalification Status)

Pursuant to the New York State Division of Budget Bulletin H-1032 Revised, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which require that not-for-profits must register in the NYS Grants Gateway and complete a Vendor Prequalification process.

Bidders must be pre-qualified in the NYS Grants Gateway when submitting their proposal and any award is contingent on the bidder(s) being pre-qualified in at the time of contract execution. (See: http://grantsgateway.ny.gov/)

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Reform Website details the requirements and an online tutorial are available to walk users through the process.

1) Register for the Grants Gateway.

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username please email grantsreform@budget.ny.gov. If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.
2) Complete your Prequalification Application.

- Log in to the Grants Gateway. If this is your first time logging in, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the Organization(s) link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A Document Vault link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the Required Forms and upload Required Documents. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@budget.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the Submit Document Vault Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to In Review.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Failure to prequalify and maintain your prequalification status will serve as a bar to grant eligibility. If you have any questions about prequalification, please go to the Grants Reform website or contact the OASAS prequalification specialist, Lenore Perrott at Lenore.Perrott@oasas.ny.gov.

B. Designated Contact Agent

OASAS has designated a Contact Agent who shall be the exclusive OASAS contact from the time of issuance of the RFP until the issuance of the Notice of Award (restricted time period). Bidders may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period. The designated contact agent is:

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
procurements@oasas.ny.gov

The following are permissible contacts by a Bidder:

1. The submission of written proposals in response to this RFP.

2. The submission of written questions prior to 5 PM EST on March 6, 2017.

3. Complaints filed by a Bidder stating that the Designated Contact has failed to respond in a timely manner.
4. Negotiations after the proposal due date between the successful Bidder and OASAS for the purpose of generating a contract or purchase order.

5. Contacts by Bidders after the proposal due date to request the review of a contract award.

6. Contacts by Bidders in protests, appeals, or other review proceedings before OASAS seeking a final administrative determination, or in a subsequent judicial proceeding; or complaints of alleged improper conduct in a procurement to the Attorney General, Inspector General, District Attorney or court of competent jurisdiction; or written protests, appeals or complaints to the State Comptroller’s Office during the contract approval process, and where such communications and responses thereto are made in writing and shall be entered in the procurement record; or complaints of alleged improper conduct in this procurement conducted by a municipal agency or local legislative body to the State Comptroller’s Office, provided, however, that nothing in the subdivision shall be construed as recognizing or creating any new rights, duties or responsibilities or abrogating existing rights, duties or responsibilities of any governmental entity as it pertains to implementation and enforcement of Article 11 of the State Finance Law or any other provision of law dealing with the governmental procurement process.

C. Inquiries Related to the Request for Proposals

Any questions or requests for clarification about this Request for Proposals must be received in writing by 5:00 p.m. Eastern Standard Time on March 6, 2017 and must be directed to: procurements@oasas.ny.gov, with the Subject: “RFP #16104 Residential Services within Bronx, Kings and Richmond County”. To the degree possible, each inquiry should cite the Request for Proposals section to which it refers. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date are anticipated to be posted on the OASAS website on or about March 21, 2017.

D. Addenda to the Request for Proposals

In the event that it becomes necessary to revise any part of the Request for Proposals, an addendum will be posted on the OASAS website.

E. Key Events/Timeline

Release Date…………………………………………………………………………. February 13, 2017
Closing Date for Submission of Bidder Inquiries……………………………….. March 6, 2017
Answers to Bidder’s Inquiries on or about……………………………………….. March 21, 2017
Closing Date for Receipt of Bidder’s Proposals…………………………………. April 13, 2017
Anticipated Evaluation and Selection…………………………………………….. June 1, 2017

F. Eligible Bidders

OASAS is seeking proposals from Eligible Bidders interested in operating a Part 820 Residential Services program. For purposes of this section and anywhere else in the Request for Proposals Eligible Bidder is mentioned, Eligible Bidder shall mean the following:

- Voluntary agencies or other Not-for-Profit organizations.

For purposes of this solicitation the following definitions apply:

- **Local Governmental Unit:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 5, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local services.”
• **In good standing:** All of a provider’s OASAS operating certificates (if any) which are subject to a compliance rating have a current compliance rating of partial (two years) or substantial (three years) compliance.

• **OASAS Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, possession of operating certificate(s) issued by the OASAS commissioner to engage in the provision of Chemical Dependence Withdrawal and Stabilization Services, Chemical Dependence Inpatient Rehabilitation Services, Chemical Dependence Residential Rehabilitation Services for Youth, Chemical Dependence Residential Services, or Chemical Dependence Outpatient and Opioid Treatment Services as defined in 14 NYCRR Parts 816, 818, 817, 819, 820 and 822, respectively.

• **Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 11, a voluntary agency means a corporation organized or existing pursuant to the not-for-profit law for the purpose of providing local services.

G. **Format of Proposal and Instructions for Submission**

**Format**

The proposal should be typed double-spaced on single-side of 8 ½" x 11" paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length. Each proposal should contain:

1. Proposal Cover Letter - A Proposal Cover Letter will transmit the bidder agency’s Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the bidder agency. The letter should include a designated agency contact name, phone number and e-mail address.

2. Proposal Narrative - The Proposal Narrative should be concise (no more than 20 pages, not including attachments).

3. Capital Plan – Appendix A.

4. Program Budget/Initiative Funding Request Form – Appendix B.

5 Appendix U - Minority and Women-owned Business Enterprises (Form #4, and Form #6)

6. Appendix V-1 – Service-Disabled Veteran-Owned Business Enterprises Utilization Form

7. Attachment 2 - Diversity Practices Questionnaire**

** - Pursuant to § 313-a of the Executive Law and § 142.3 of Title 5 of the New York Codes, Rules, and Regulations, all agencies and authorities must evaluate the diversity practices of respondents to best value procurements expected to exceed $250,000 whenever practical, feasible, and appropriate. Evaluating the diversity practices of contractors as part of procurements provides contractors with an incentive to develop mutually beneficial relationships with NYS-certified MWBEs outside of the context of state contracting. These relationships help to build the capacity of MWBEs, and enhance their ability to perform ever increasing roles in state contracting.

Bidders interested in submitting proposals for more than one borough, MUST submit a separate and complete proposal package for each borough.

**Submission Process**
ONE ORIGINAL AND FOUR COPIES of complete proposals in a sealed envelope(s) must be mailed, sent via delivery service or hand delivered by the organization or the organization’s representative to address below:

Karen Stackrow  
New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, 5th Floor  
Albany, New York 12203-3526  
Attn: RFP #16104 - Residential Services within Bronx, Kings and Richmond County

The cover of the sealed envelope should be labeled “RFP #16104 - Residential Services within Bronx, Kings and Richmond County”.

All proposals must be received by 5:00 p.m. April 13, 2017.

H. Business Participation Opportunities For New York State Certified Minority- And Women-Owned Business Enterprises and Equal Employment Opportunities For Minority Group Members And Women. (APPENDIX U)

New York State Law
Pursuant to New York State Executive Law Article 15-A and Parts 140-145 of Title 5 of the New York Codes, Rules and Regulations, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of OASAS contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title “The State of Minority and Women-Owned Business Enterprises: Evidence from New York” (Disparity Study). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that OASAS establishes goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (MWBE) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs
For purposes of this solicitation, the OASAS hereby establishes an overall goal of 30% for MWBE participation, 15% for Minority-Owned Business Enterprises (MBE) participation and 15% for Women-Owned Business Enterprises (WBE) participation (based on the current availability of qualified MBEs and WBEs). A contractor (Contractor) on the subject contract (Contract) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that the OASAS may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at: http://www.esd.ny.gov/mwbe.html. For guidance on how OASAS will determine a Contractor’s “good faith efforts,” refer to 5 NYCRR §142.8.
In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and OASAS may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a respondent agrees to demonstrate its good faith efforts to achieve the applicable MWBE participation goals by submitting evidence thereof through the New York State Contract System (“NYSCS”), which can be viewed at https://ny.newnycontracts.com, provided, however, that a respondent may arrange to provide such evidence via a non-electronic method by contacting their OASAS.

Additionally, a respondent will be required to submit the following documents and information as evidence of compliance with the foregoing:

A. An MWBE Utilization Plan, Form #1 (Appendix U), with their bid or proposal or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. Any modifications or changes to an accepted MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to the OASAS for review and approval.

The OASAS will review the submitted MWBE Utilization Plan and advise the respondent of the OASAS acceptance or issue a notice of deficiency within 30 days of receipt.

B. If a notice of deficiency is issued, the respondent will be required to respond to the notice of deficiency within seven (7) business days of receipt by submitting to the OASAS, address phone and fax information], a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by the OASAS to be inadequate, the OASAS shall notify the respondent and direct the respondent to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals Using Form #2 (Appendix U). Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.

The OASAS may disqualify a respondent as being non-responsive under the following circumstances:

a) If a respondent fails to submit an MWBE Utilization Plan;

b) If a respondent fails to submit a written remedy to a notice of deficiency;

c) If a respondent fails to submit a request for waiver; or

d) If the OASAS determines that the respondent has failed to document good faith efforts.

The successful respondent will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to the OASAS, but must be made no later than prior to the submission of a request for final payment on the Contract.
The successful respondent will be required to submit a Quarterly M/WBE Contractor Compliance & Payment Report, Form #3 (Appendix U), to the OASAS, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

Offeror’s should consult the New York State M/WBE Directory in order to identify potential firms to partner with to meet their M/WBE goals. The directory may be reached with the following link: https://ny.newnycontracts.com. OASAS’s Contracts and Procurement Unit is readily available to provide technical assistance in identifying potential partners.

Questions regarding the certification process or the New York State M/WBE program in general should be addressed to the Empire State Development Corporation at (518) 292-5250.

Questions regarding the OASAS M/WBE program or requests for technical assistance should be addressed to the Contracts and Procurement Unit at Procurements@oasas.ny.gov.

**Equal Employment Opportunity Requirements**

By submission of a bid or proposal in response to this solicitation, the respondent agrees with all of the terms and conditions of the State of New York Master Contract for Grants, Section IV.J. - Equal Opportunities for Minorities and Women; Minority and Women Owned Business Enterprises. The respondent is required to ensure that it and any subcontractors awarded a subcontract over $25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the Work) except where the Work is for the beneficial use of the respondent, shall undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

The respondent will be required to submit a Minority and Women-owned Business Enterprise and Equal Employment Opportunity Policy Statement, Form # 6 (Appendix U), to the OASAS with its bid or proposal.

The respondent is required to submit with the bid or proposal an Equal Opportunity Staffing Plan, Form #4 (Appendix U), identifying the anticipate work force to be utilized on the Contract. If awarded a Contract, respondent shall submit a Workforce Utilization Report and shall require each of its Subcontractors to submit a Workforce Utilization Report, Form #5 (Appendix U), in such format as shall be required by the OASAS on a quarterly basis during the term of the contract.

Further, pursuant to Article 15 of the Executive Law (the Human Rights Law), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or Bidder for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

**Please Note:** Failure to comply with the foregoing requirements may result in a finding of nonresponsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

Service-Disabled Veteran-Owned Business Enterprises (SDVOB)
Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. SDVOBs that are capable of meeting the requirements of this solicitation are strongly encouraged to submit a bid proposal. As defenders of our nation and in recognition of their economic activity in doing business in New York State, all Bidders for this contract are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at: http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf

For purposes of this solicitation, the OASAS hereby establishes a goal of 6% on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than $25,000 under a contract awarded from this solicitation. This is in addition to required MWBE participation goals identified in this solicitation.

The SDVOB participation goal is subject to the requirements of Article 17-B, and its implementing regulations as set forth in Title 9, Subtitle G Part 252 of the New York Codes, Rules and Regulations (the “Regulations”). By submitting a proposal, the Proposer represents that it has reviewed and familiarized itself with the Regulations (see http://ogs.ny.gov/About/Regs/docs/part252.pdf) which are incorporated herein by this reference. Any conflicts between the solicitation and the Regulations shall be resolved in favor of the Regulations. Each proposer shall, in accordance with the Regulations, make good faith efforts and, in a manner that can be established in documentary form, solicit active participation by certified SDVOBs, as identified in the applicable state directory maintained by OGS.
(See http://ogs.ny.gov/core/docs/CertifiedNYS_SDVOB.pdf)

Additionally, proposers are encouraged to contact the Division of Service-Disabled Veterans’ Business Development at 844-579-7570 or VeteransDevelopment@ogs.ny.gov to discuss additional methods of maximizing SDVOBs on the contract.

General inquiries or questions relating to SDVOB participation and the goals specified herein may be addressed to Designated Contact for this RFP at Procurements@oasas.ny.gov.

Additional information about becoming a certified SDVOB can be found at the following URL: http://www.ogs.ny.gov/Core/SDVOBA.asp

Utilization Plan
A copy of each respondents USE OF SERVICE-DISABLED VETERAN-OWNED BUSINESS ENTERPRISES IN CONTRACT PERFORMANCE form proposing specific certified firms to be utilized or industries where SDVOB firms shall be sought is to be included as part of the response to the RFP. A copy of the aforementioned form is available as Appendix V-1.

Compliance Reporting
Contract compliance reports are required to be submitted for all contracts that require a Utilization Plan. See form “NYS OASAS Attachment V-2 - SDVOB Compliance Report Form”.

Waiver Requests
A proposer may request a total or partial waiver of the requirements of the SDVOB participation goal (contact Procurements@oasas.ny.gov for information on how to apply for a partial or total waiver request of the SDVOB goal in your contract). Prior to granting or denying a waiver, OASAS will evaluate the proposer’s good faith efforts and may consider the factors set forth in the Regulations. In the event OASAS refuses to grant a waiver, the proposer may file a complaint with OASAS in accordance with the
Regulations.

J. Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete Attachment 1, Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

K. Iran Divestment Act.

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website at: http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should OASAS receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, OASAS will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then OASAS shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default.

OASAS reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

III. Administrative Information

A. Vendor Responsibility

Pursuant to New York State Finance Law Section 163(3) (a) (ii), State agencies are required to ensure that contracts are awarded to responsible vendors. A determination of responsibility includes, but is not limited to, an affirmative review of a bidder’s qualifications, legal authority, financial stability, integrity and past contract performance. A vendor responsibility review, including completion of a vendor responsibility questionnaire, will be required of any successful bidder. OASAS requires a successful bidder to formally communicate any changes in its responsibility disclosure. Failure to disclose any changes provides OASAS with the right to terminate the contract for cause.
OASAS recommends that bidders file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://osc.state.ny.us/vendrep/documents/system/checklist.pdf or go directly to the VendRep System online at http://portal.osc.state.ny.us.

Bidders must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller’s Help Desk at (866) 370-4672 or (518) 408-4672 or email at ciohelpdesk@osc.state.ny.us.

Bidders opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at www.osc.state.ny.us/vendrep or via contacting OASAS or the Office of the State Comptroller’s Help Desk for a copy of the paper form.

B. Reserved Rights

OASAS reserves the right to:

1. Reject any or all proposals received in response to this Request for Proposals;

2. Not make an award to any bidder who is not in good standing or who proposes to subcontract with an OASAS-certified provider who is not in good standing at the time a contract is awarded;

3. Not make an award to any bidder who proposes to subcontract with any entity that OASAS determines does not meet the criteria of a responsible vendor;

4. Withdraw the Request for Proposals at any time, at the agency’s sole discretion;

5. Make an award under this Request for Proposals in whole or in part;

6. Make awards based on the needs of underserved special populations as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the State;

7. Make multiple awards within a geographic area and/or make awards based on geographical or regional consideration to best serve the interests of the State;

8. Make awards in a culturally competent and ethnically diverse as determined necessary and appropriate in the sole discretion of OASAS to best serve the interests of the state;

9. Negotiate with the successful bidder within the scope of the Request for Proposals in the best interests of the State;

10. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this Request for Proposals;

11. Seek clarifications and revisions of proposals;

12. Use proposal information obtained through site visits, management interviews and the State’s investigation of a bidder’s qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the Request for Proposals;
12. Prior to the bid opening, amend the Request for Proposals to correct errors of oversights, or to supply additional information as it becomes available;

13. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent Request for Proposals amendments;

14. Change any of the scheduled dates;

15. Eliminate any mandatory, non-material specification that cannot be met by all of the prospective bidders;

16. Waive any requirement that is not material;

17. Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;

18. Utilize any and all ideas submitted in the proposals received;

19. Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s proposal and/or to determine a bidder’s compliance with the requirements of the solicitation;

20. Accept submissions and/or letters of intent after the due date, if OASAS in its sole discretion, determines there is good cause shown for the delay in the submission(s), and

21. Cancel or modify contracts due to the insufficiency of appropriations.

C. Debriefing

A debriefing is available to any Bidder that submitted a proposal in response to this RFP (“Bidder”). Bidder will be accorded fair and equal treatment with respect to its opportunity for debriefing. A debriefing must be requested in writing by the unsuccessful Bidder within ten (10) business days of OASAS notifying the unsuccessful Bidder that they were not selected for award.

An unsuccessful Bidder must make a written request for a debriefing to the designated contact agent referenced above by electronic mail, or first class mail. The debriefing will be limited to only the evaluation results as they apply to the proposal of the Bidder receiving the debriefing. The debriefing may be in writing, by telephone, by videoconference or in person, at the sole discretion of OASAS.

D. Funding Availability and Awards

The enacted 2016-17 State Budget for OASAS provides Capital Projects appropriation authority for development of residential beds. Operational funding for these additional beds will be made available through the State’s annual budget process.

Applicants are reminded that continuation of Capital Projects appropriations and appropriations for operational funding are contingent upon the continued availability of State Budget appropriations for this purpose. Continuation of operational funding is also contingent upon the results of OASAS’ annual Prospective Budget and Performance Review process.

OASAS will select successful bidders, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to the amount of available State appropriation authority and meeting geographic needs.
Capital funding award grant amounts will be determined and made by OASAS to successful and selected applicants after the project is determined to be feasible and the capital project costs are determined to be economical and within available appropriation authority and the Division of the Budget approval is received.

Similarly, for those applicants selected to receive a capital grant, the operational budget submitted is used for evaluation purposes only in making the award decisions. The actual operational funding received will be determined through the normal budget review process for OASAS funded programs on a yearly basis.

If an award is made pursuant to this Request for Proposals, only the acceptance in writing by the OASAS Associate Commissioner, Division of Fiscal Administration or a designated duly authorized representative, with approval of the Attorney General and the Office of the State Comptroller shall constitute a binding contract.

OASAS may not fund a proposal where the bidder is an OASAS-certified treatment provider that is not in good standing at the time an award is made.

This Request for Proposals, all information submitted in the successful bidder’s proposal and any revisions thereto, any follow-up questions and answers, and any Request for Proposals addenda, amendments or clarification will be included as part of the successful bidder’s contract.

Neither OASAS nor the State of New York is liable for any expenditure incurred or made by an bidder until a contract is signed and approved.

OASAS will provide written notification to the successful bidders(s) and all bidders not selected to receive funding under the Request for Proposals.

OASAS intends to enter into a multiyear contract with the initial contract being for a period of up to five (5) years, subject to funding availability and appropriations.

If a Voluntary agency’s proposal is selected for funding, the agency must have a finalized feasibility study within nine months after receiving the award. If this requirement is not met, OASAS reserves the right to select another qualified bidder.

If a Not-for-Profit organization’s proposal is selected for funding, the organization must be prepared to submit an approvable Certification Application to the Behavioral Health Services Advisory Council for their recommendation to the Commissioner within twelve months of having been selected. This time may be extended for good cause at the sole discretion of OASAS. If OASAS does not find good cause, the contract may be terminated and an award may be given to the next successful applicant.

IV. Scope of Work

A. Target Population

The target population is the population in need of Part 820 Residential Services in Bronx, Kings and Richmond County. These should be persons who are in need of residential care (as determined by the OASAS web-based level of care determination application known as Level of Care for Alcohol and Drug Treatment Referral (LOCADTR)), or those actively engaged in outpatient treatment who due to lack of appropriate housing are at risk for relapse.
B. Program Approach and Services

The proposal should explain the bidder’s overall philosophy and approach to delivering Part 820 Residential Services Beds, including but not limited to what the criteria for admissions and discharges will be, the anticipated range of length of stay for clients depending on needs, and demonstrate linkages to other levels of care. The proposal should address the required elements listed in Section V (below) and address as many of the preferred elements as the bidder intends to incorporate into its proposal.

C. Program Effectiveness

The proposal should explain how the bidder will measure the expected outcomes of the service strategies delivered upon the target populations selected. This would include methods of measuring changes and tracking performance over time. The proposal should include a process to be used to account for unanticipated outcomes and course corrections to improve outcomes.

D. Reporting Requirements

Successful bidders who receive funding under this Request for Proposals must agree to comply with the reporting requirements of the OASAS Client Data System or any other specified reporting system. All awardees will be subject to OASAS monitoring visits and must operate according to all applicable OASAS laws, regulations, contract provisions, and guidelines.

V. Evaluation Factors for Awards

A. Threshold Review Criteria

Following the opening of bids, a preliminary review of all proposals will be conducted to determine whether the proposal meets specific thresholds.

The following “threshold review criteria” will be rated either yes or no. If any of the criteria are rated no, the proposal will be immediately disqualified from further consideration without exception.

1. Was the proposal received by OASAS by the submission deadline date as set forth in the Request for Proposals or is there good cause for the delay?
2. Is the bidder entity eligible to apply as set forth in Section II F. Eligible Bidders of this Request for Proposals?
3. Was the bidder prequalified in Grants Gateway on the submission due date?
4. Did the bidder provide a Proposal Narrative?
5. Did the bidder provide an Appendix A?
6. Did the bidder provide an Appendix B?
7. Did the bidder provide Appendix U Form #4 and Form #6?
8. Did the bidder provide an Attachment 2 – Diversity Practices Questionnaire?

B. Review Criteria

Proposals passing the Threshold Review will be reviewed, rated and ranked in order of highest score based on an evaluation of each bidder’s written submission.
The evaluation will apply points in the following categories:

- Demonstrated Successful Relevant Experience: 4 points
- Organizational Capacity: 4 points
- Program Approach and Services: 10 points
- Program Effectiveness: 10 points
- Capital Plan: 50 points
- Program Budget: 20 points
- Diversity Practices: 2 points

**TOTAL POSSIBLE POINTS**: 100 POINTS

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**C. Method for Evaluating Proposals**

Evaluation of proposals will be conducted in four parts: Program Evaluation, Capital Evaluation, Fiscal Assessment and Diversity Practices Assessment.

OASAS’ Program review team, consisting of at least three evaluators, will review the program portion of each proposal and compute a program score. The Program Evaluation includes: Demonstrated Successful Relevant Experience, Organizational Capacity, Program Approach and Services, and Program Effectiveness. All of the program scores will be added together and averaged to arrive at a final Program Evaluation score.

OASAS’ Capital review team, consisting of at least three evaluators, will review the capital plan (Appendix A) portion of each proposal and compute a Capital score. All of the capital scores will be added together and averaged to arrive at a final Capital Evaluation score.

A fiscal assessment score will be computed separately based on the operating budget (Appendix B).

A Diversity Practices score will be computed separately based on the diversity practices submission (Attachment 2).

The final Program, Capital, Fiscal and Diversity Practices scores for each proposal will be added together, resulting in an overall final score.

Proposals will be ranked by highest overall score. In the event that two or more proposals have the same highest overall final score, the following tie breaker criteria will be applied to determine which proposal will be ranked highest:

- The proposal(s) with the highest total program evaluation score will be ranked highest
- If the program evaluation scores are tied, the proposal(s) with the highest program approach and services score will be ranked highest

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**VI. Proposal Format and Evaluation**

**A. Narrative**

Provide a narrative which describes in full detail the Part 820 Residential Services Beds that you propose to offer. Services to be delivered must comply with the current OASAS regulations and any other guidance documents issued by OASAS.
The narrative needs to include a rationale for how your organization is best suited to provide the Part 820 Residential Services Beds and strategies identified to the target population. The narrative should provide details as to which elements of care, (stabilization, rehabilitation and reintegration) bidder intends to offer and expected utilization of each element.

When submitting proposals for funding under this Request for Proposals, your narrative should be brief (no more than 20 pages, excluding attachments) and address all of the components listed below, in the following order:

**Proposals will be evaluated based on the following areas:**

**Demonstrated Successful Relevant Experience (4 points)**

- Describe any information which demonstrates your experience delivering treatment services, including number of years of experience.
- Describe your experience delivering treatment services that utilize best and promising practices that are appropriate to the residential setting and your ability to deliver others as needed.
- Briefly describe your experience providing services to any specific target populations identified in your proposal, e.g. what type of services, for how long, etc.
- Describe your experience with integration of chemical dependency residential beds with mental health and physical health services.

**Organizational Capacity (4 points)**

- Describe how your agency’s infrastructure, (e.g. physical setting, organizational/managerial staffing, staff development, etc.) will support the implementation of the proposed treatment services, and explain how this program fits into your agency’s mission. Attach an organizational chart.
- Describe the organizational capacity to collaborate with and partner with other community stakeholders, and integrate necessary services into the identified communities. Identify those partners and community stakeholder groups and include letters of support from each.
- Attach a staffing plan for your proposed treatment services, and for each key staff position, attach resumes and/or a job description of the qualifications and experience that will be required. Demonstrate how your staffing for the proposed services meets the OASAS staffing requirements. Indicate how many Qualified Health Professionals (QHPs) and/or non-credentialed staff will be working in the program.
- Describe the process by which the agency will comply with the criminal background check provisions of the Justice Center legislation and Part 805 of the OASAS regulations as they relate to the hiring of new employees.
- Describe the process by which the agency will comply with the incident reporting provisions of the Justice Center legislation and Part 836 of the OASAS regulations as they relate the reporting of incidents.
- Describe your organizational capacity and/or strategies that will allow your organization to provide treatment services to any identified cultural, religious and/or linguistic groups.
• Describe the proposed site for the services, whether it is owned or leased by your agency, and if it is currently certified for treatment services.

Program Approach and Services (10 points)

Proposals should present needs assessment data for each geographic area/community where patients will be served, and identify the sources of those data.

Each proposal should aim to achieve the broadest geographic coverage feasible and deliver services to the greatest number of individuals. Services are to be provided in a culturally appropriate manner.

Proposals should address how the proposed program will meet the following required elements:

• Bidder needs to demonstrate the ability to provide comprehensive evaluation at intake, with admission assessment based on LOCADTR and performed by clinical staff with appropriate training.

• Individual and group counseling must be provided as clinically indicated in treatment plan.

• Treatment/recovery planning and review must be multi-disciplinary, patient centered and flexible to meet the changing needs of the individual as they move through the program.

• Toxicology testing must be performed as clinically indicated and results incorporated in treatment planning and services modified as needed.

• Bidder must admit patients based on need without regard to ability to pay, and have appropriate sliding scale fee policies and procedures in place.

• Medication-assisted treatment must be available and offered to all patients as indicated, and staff must be thoroughly trained on uses of addiction medicine and its relation to long-term recovery.

• Bidder must demonstrate fiscal viability and attest that it is not encumbered by significant disallowances or claims against it that would jeopardize its viability.

• Bidder must have capacity to interface with and show proficiency in using appropriate information technology, including PSYCKES and other patient tracking systems, and to utilize electronic health records, automated billing systems and related applications.

• Bidder must demonstrate an appropriate internal audit function for case records and clinical documentation, utilization review based on clear criteria, as well as a quality improvement function.

• The treatment facility must be well kept, maintain a patient-friendly environment, comply with all OASAS facility standards.

• Discharge planning must begin at admission, and address the wide range of concerns that affect its patients (e.g. physical health, mental health, family issues, housing, etc.) with a view toward recovery oriented health and wellness, and bidder must maintain long-term recovery supports for its graduated patients via means such as an alumni association.

In addition, the following criteria will be considered to be preferred elements of a Residential Services program and points will be awarded for meeting some or all of the following elements:
• Bidder should show ability to provide meaningful care coordination either with its own staff or through work with health homes or other care management agencies.

• Clinical direction should be provided by staff with appropriate levels of training and education and with demonstrated experience in delivering chemical dependency treatment services. Bidder should show how it will develop and implement a comprehensive in-service training curriculum and engage in appropriate workforce management.

• Bidder should demonstrate through documented staff training and case review systems the ability to address co-occurring mental health and substance use disorders, as well as integration of physical health with behavioral health concerns, either within its own program or by partnerships with other agencies. Psychiatric and physical evaluation needs to begin with the intake evaluation process.

• Bidder should demonstrate the ability to provide individualized employment and person-centered services for individuals who need ongoing support to seek, obtain, and maintain employment. Employment support services must be included in the initial assessment and admission process and continue throughout treatment and beyond as ongoing follow-along support of a long-term recovery plan.

• Bidder should demonstrate viable connections with recovery community as well as show existing or program design for the integration of peer services.

• Bidder should demonstrate that it has or will have a working advisory board including consumers and community members, and demonstrate its intent to address community needs.

• Program should maintain language access via bilingual staff and/or a contract with translation service.

• The bidder should demonstrate capability to work with Medicaid managed care plans (both mainstream and Health and Recovery Plans) and Delivery System Reform Incentive Payment (DSRIP) program’s Performing Provider Systems.

• The bidder should show that it is committed to operating a cost effective program with a clear understanding of the relationship between the cost of providing each of its services and revenues that they generate, and the ability to control costs as revenue streams change. Bidder should demonstrate ability to assess performance outcomes as part of future pay for performance arrangements.

• Bidder should demonstrate a clear understanding of Person Centered Care and Recovery Oriented Systems of Care, and utilize processes to obtain regular feedback from participants on the quality of services provided (e.g. Perception of Care Survey). Bidders should be able to demonstrate the use of peer-based recovery services as part of the patient’s long-term recovery plan.

• Bidder should demonstrate ability to provide family-based services and address the impact of addiction on family systems, including family issues for those who are involved with the child-welfare system. Bidder should demonstrate ability to provide brief interventions as needed.

Program Effectiveness (10 points)

The proposal needs to describe the expected outcomes of selected service approaches, how they will be measured and tracked, and how those results will be used to change or improve programs.
• Describe your data collection methods both with regards to the use of the OASAS Client Data System and other sources of data (e.g. Perception of Care Surveys, reports from managed care plans, etc.)

• Explain how you will use the data to determine program effectiveness. Describe how the data will be used to improve programs. Describe how the data will be used to inform trainings and report against contracted outcomes. Describe any processes that you have in place to review the data and make recommendations for changes or improvements in service delivery.

B. Capital Plan (See Appendix A) (50 points)

The proposal must provide a detailed description of the proposed site, including a description of the vacant land and surrounding area, name of the property owner, acquisition plan (if necessary), and the renovations that will be necessary. Preference will be given to proposals that have site control and can demonstrate a more rapid site development capability. If the timeframe for site development becomes problematic, OASAS retains that right to withdraw any award.

Use Appendix A and attach additional pages as necessary to describe a Capital Plan that addresses each of the following questions:

• Site Control – Does the bidder have control of the site? Control is defined as ownership of the site by the bidder or a closely allied entity. If the site is controlled, are there any outstanding liens (other than OASAS) on the property that would prevent a State lien on the site? Is the site currently certified by OASAS?

• Site Acquisition – If the site is not owned by the bidder, has a specific site been identified with an adequate and reasonable explanation of how the property will be acquired? Higher points will be awarded for sites (or adjacent sites) already certified for chemical dependence programs.

• Site Information – For the site identified, are the dimensions of the land and/or vacant building sufficient to provide a program for the proposed number of beds?

• Zoning – Is the vacant land or building zoned to permit the program to operate at the site?

• Experience – Include a description of the bidder’s previous capital experience and projected timeline for the project.

• Scope of work for proposed project - Include a projected scope of work for the acquisition (if required) of a site; the amount of renovations or new construction required to allow the site to operate as a residential program; a timeline for all steps needed to acquire (if applicable), design, construct and open the residence and a projected capital budget.

C. Program Budget (See Appendix B) (20 points)

OASAS places greater value on those bidders having a greater reach within communities, as this would maximize the impact of resources and return on investment. Limited funding resources dictate that those bidders which can provide additional resources, such as budget, program, and/ or staff supports would have the greater capacity to provide Part 820 Residential Services Beds. Delivery of Residential Services beds by full-time direct service staff (FTEs) is valued as a cost effective means to achieve goals.

Budgets must be divided into these major categories: personal services, fringe benefits, non-personal services, equipment, property/space and agency administration. Total agency administration may not exceed 20% of total Personal Services, Fringe Benefits, and non-personal Services program expenses. Each service category proposed must contain the expenses, revenues and deficit funding costs
associated with that proposed service. The budget must include the number of beds available for residential services, as well as the number of direct services FTEs needed to provide the service.

If applicable, include a start-up budget for the service, a timeline for program implementation and a narrative that justifies separate funding for initial program implementation. Start-up costs are for one-time expenses only. Costs must be reasonable and necessary for program implementation. The start-up budget is LIMITED to 1/4 of the full annual State Aid.

Please identify in the budget section additional budgetary resources you are able to leverage to increase your own service capacity. Identify and include the source of revenue, the amount, and information from the other funding source documenting this level of support.

Program budget scores will be determined by awarding the maximum points to the most cost effective budget. Remaining budgets will be compared to the most cost effective budget and awarded points based on the percentage difference the cost is from the most cost effective budget. To determine cost effectiveness, a cost per bed will be calculated by dividing the total OASAS State Aid funding requested by the total number of beds identified on the budget. The lowest cost per bed will be the most cost effective budget.

All fiscal policies and procedures of OASAS-funded providers must be in accordance with New York State Mental Hygiene Law; New York State Finance Law; the Not-for-Profit Corporation Law; Consolidated Budgeting Reporting and Claiming Manual; Consolidated Fiscal Reporting Manual; OASAS Funding Requirements; Contract Documents; Administrative and Fiscal Guidelines for Funded Providers; Local Services Bulletins; all other applicable Federal and State laws and regulations as well as local school/community agency board and/or County/LGU requirements and policies. Please see the Administrative and Fiscal Guidelines for OASAS Funded Programs as a reference source to all applicable fiscal requirements and Local Services Bulletins.

D. Diversity Practices (See Attachment 2) (2 points)

OASAS places greater value on those bidders having diversity practices in place. Use Attachment 2 to describe diversity practices utilized at your organization.
### OAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County
Appendix A - REQUEST FOR PROPOSALS – CAPITAL PLAN

<table>
<thead>
<tr>
<th>1. Legal Name of Bidder Entity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of Local Governmental Unit, if Applicable:</td>
</tr>
<tr>
<td>3. Bidder’s OASAS Provider Number:</td>
</tr>
<tr>
<td>4. Bidder’s Street Address/P.O. Box:</td>
</tr>
<tr>
<td>5. Bidder’s City/Town/Village:</td>
</tr>
<tr>
<td>6. Postal Zip Code:</td>
</tr>
<tr>
<td>7. Date Prepared:</td>
</tr>
<tr>
<td>8. Name of Bidder Contact Person:</td>
</tr>
<tr>
<td>9. Title of Contact:</td>
</tr>
<tr>
<td>10. Contact Telephone Number:</td>
</tr>
</tbody>
</table>

### PART I - CAPITAL PROJECT DESCRIPTION (Page 1)

<table>
<thead>
<tr>
<th>Project Site Description</th>
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</thead>
<tbody>
<tr>
<td>1. Street/P.O. Box:</td>
</tr>
<tr>
<td>3. State:</td>
</tr>
<tr>
<td>5. Service Category:</td>
</tr>
<tr>
<td>7. County:</td>
</tr>
<tr>
<td>8. Contact Person:</td>
</tr>
<tr>
<td>10. Telephone:</td>
</tr>
<tr>
<td>12. Proposed Capacity:</td>
</tr>
<tr>
<td>13. Is the proposed site owned by this bidder?</td>
</tr>
<tr>
<td>14. If the site is owned by this bidder, are there any liens on the property?</td>
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<tr>
<td>If “Yes”, Name on Lien:</td>
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<tr>
<td>15. If the site is not owned by this bidder, provide the following information on the owner and property acquisition plan:</td>
</tr>
<tr>
<td>Name of property owner:</td>
</tr>
<tr>
<td>Property to be acquired in the following manner: (Attach an additional page, if necessary)</td>
</tr>
<tr>
<td>16. Is the proposed site vacant land or an existing building?</td>
</tr>
<tr>
<td>17. Is the proposed site currently zoned to allow the proposed program to operate there?</td>
</tr>
<tr>
<td>If “No”, Please describe how the appropriate zoning approvals will be obtained.</td>
</tr>
</tbody>
</table>

New York State Office of Alcoholism and Substance Abuse Services, IFR2009-1

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### PART I - CAPITAL PROJECT DESCRIPTION (Page 2)

#### Project Site Description

1. **Street/P.O. Box:**
2. **City:**
3. **State:**
4. **Zip:**

5. **Service Category:**
6. **PRU:**
7. **County:**

**18. If the site is vacant land, is the adjacent property a certified chemical dependence program?**

- [ ] Yes
- [ ] No

- **Dimensions of the vacant land:**
- **Description of the vacant land and surrounding area:** (Attach an additional page, if necessary)

**19. If the site is an existing building, is the building a certified chemical dependence program?**

- [ ] Yes
- [ ] No

- **Gross square footage of the existing building:**
- **Net square footage of the existing building:**

- **Description of building and any renovations that will be necessary:** (Attach an additional page, if necessary)

**20. Describe the provider’s past capital experience, demonstrating the organization’s capacity to successfully complete a capital project in a timely and cost effective manner, including a projected timeline for project completion, assuming a funding award in Summer 2017**

*New York State Office of Alcoholism and Substance Abuse Services, IFR2009-1*
Instructions for Completing the Initiative Funding Request Form (IFR)
(Start-up and Annual Operating Budgets)

BIDDER INFORMATION

1. **Printed Legal Name of Bidder Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**

2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Bidder Entity’s local State Aid contract agreement. **Bidders that have a direct contract with OASAS for State Aid funding should leave this blank.**

3. **Bidder’s OASAS Provider Number** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code** number used when submitting Consolidated Fiscal Report (CFR) documents.

4-6. **Bidder Address** – Enter the mailing address, including zip code, where the administrative office of the bidder entity is located.

7. **Date Prepared** – Enter the date the IFR was prepared.

8-10. **Bidder Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the xx/xx/xxxx format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful bidder to accommodate available funding and capacity needs.

Requested Operating Budget for Proposal

Requested operating budget amounts must represent:

Column A – **PROPOSED START-UP OPERATING BUDGET**: The start-up or part year costs, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort. Start-up costs are one-time expenses only and must be reasonable and necessary for program implementation. The start-up budget is limited to one quarter (1/4) of the full annual State Aid. Start-up costs may include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B – **ANNUAL OPERATING BUDGET**: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected bidders will be prorated for the first fiscal period based on the initiative start date identified above.
ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.

2. **Gross Expense Budget** – Bidders should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Bidders should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

   If the bidder does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering $0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget** in Column A and B.

5. **OASAS State Aid Funding Requested** – Enter the amount of OASAS State aid funding being requested for the initiative in Columns A and B. This amount **should equal** the **Operating Budget Net Deficit** amount.

6. **Number of Direct Service Full-Time Equivalent (FTE) Staff** – Enter the total number of direct service FTE staff. A direct service FTE is defined as: a minimum of 35 hours depending on your agency’s established work week.

7. **Residential—Number of Beds** – Enter the total number of beds expected to be operational. Must be either between 16 and 25.

   **Bidder Official** – Enter the printed name and title of the bidder agency representative submitting the IFR proposal.

   **Signature and Date** – The IFR should be signed and dated by the bidder agency representative.
OASAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County
APPENDIX B - INITIATIVE FUNDING REQUEST (IFR) FORM
(Start-up and Annual Operating Budgets)

1. Printed Legal Name of Bidder Entity:

2. Printed Name of Local Governmental Unit, if Applicable:

3. Bidder’s OASAS Provider Number: 4. Bidder’s Street Address/P.O. Box:


8. Printed Name of Bidder Contact Person: 9. Printed Title of Contact:

10. Contact Telephone #: PART II – OPERATIONAL FUNDING REQUEST

1. Date Program expected to be operational:

<table>
<thead>
<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>(Column A) PROPOSED START-UP OPERATING BUDGET</th>
<th>(Column B) ANNUAL OPERATING BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gross Expense Budget (see instructions for details): Round Amounts to the nearest $100.</td>
<td></td>
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<tr>
<td>Personal Services</td>
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<td>Fringe Benefits</td>
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<td>Non-Personal Services</td>
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<td>Equipment</td>
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<td>Property/Space</td>
<td></td>
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<tr>
<td>Agency Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS EXPENSE BUDGET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Revenue Budget (see instructions for details): Round Amounts to the nearest $100.</td>
<td></td>
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</tr>
<tr>
<td>Patient Fees</td>
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<tr>
<td>SSI and SSA</td>
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<tr>
<td>Public Assistance (Safety Net &amp; TANF)</td>
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<tr>
<td>Medicaid</td>
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<tr>
<td>Medicare</td>
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<tr>
<td>Third Party Insurance/Private Pay</td>
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<tr>
<td>Food Stamps</td>
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<tr>
<td>Closely Allied Entity Contributions</td>
<td></td>
<td></td>
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<tr>
<td>Donations</td>
<td></td>
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<tr>
<td>Other: Specify:</td>
<td></td>
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<tr>
<td>Specify:</td>
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<tr>
<td>TOTAL REVENUE BUDGET</td>
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<td></td>
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<tr>
<td>4. NET OPERATING COST</td>
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<td></td>
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<tr>
<td>5. OASAS State Aid Funding Requested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Number of Direct Service Full-Time Equivalent (FTE) Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Residential—Number of Beds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bidder Official:</td>
<td>Printed Title:</td>
<td></td>
</tr>
<tr>
<td>Printed Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature: Date:</td>
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</tr>
</tbody>
</table>

New York State Office of Alcoholism and Substance Abuse Services, IFR (1-13-15)

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Interested bidders should be aware that even after your organization becomes prequalified in the NYS Grants Gateway system, you still need to monitor the status of your document vault to ensure that your organization remains eligible to apply for this grant opportunity on the proposal submission due date.

**Expiring Documents that Effect Prequalification Status** – There are currently three required documents that expire on a yearly basis, and as such, require that your organization’s document vault be updated prior to each expiration in order to maintain a *Prequalified* status. These documents are:

- IRS990
- Audit
- CHAR500

It is strongly recommended that you update these required documents proactively (i.e.: before the annual expiration date). The advantage of a proactive approach is as follows:

- If you proactively open your Document Vault to update required documents prior to expiration your document vault will be placed in *Document Vault Prequalified Open* status. Your organization will remain eligible to apply for grants while in this status.

- Once you have updated and submitted your document vault, your document vault status will change to *Document Vault Prequalified /In Review*. Likewise this is a *Prequalified* status and you are eligible to apply for grants.

However, if you allow one or more required documents to expire, your document vault will automatically move to *Document Vault Expired* status. Your organization is *not eligible* to apply for grants in this status. Once your document vault is in the *Document Vault Expired* status, the following must occur before *Prequalified* status can once again be achieved:

1. You must updated and submitted your document vault at which time your status will change to *Document Vault In Review*. (Note: this is not a prequalified status and you are not eligible to apply for grants.)

2. The State Agency assigned to your document vault must review the vault, determine that it meets the prequalification requirements, and change the vault status to *Prequalified*. (Note: This may take several days so you should ensure that you upload updated documents and submitted your document vault as soon as possible after expiration.)

Further details on expiring documents and their effect of your *Prequalification* status can be found at: [https://www.grantsreform.ny.gov/Grantees](https://www.grantsreform.ny.gov/Grantees) under *Quick Links - Maintaining Prequalification.*
OAS-RFP-16104

OASAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County

APPENDIX U - FORM #1 - M/WBE UTILIZATION PLAN

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority- and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary.

Offeror’s Name: ________________________________

Federal Identification No.: ______________________

Address: ________________________________

Solicitation No.: ______________________

City, State, Zip Code: ________________________________

Telephone No.: ______________________

Region/Location of Work: ________________________________

M/WBE Goals in the Contract: MBE %  WBE %

<table>
<thead>
<tr>
<th>Certified M/WBE Subcontractors/Suppliers</th>
<th>Classification</th>
<th>Federal ID No.</th>
<th>Detailed Description of Work</th>
<th>Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS ESD CERTIFIED</td>
<td>MBE</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>WBE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NYS ESD CERTIFIED</td>
<td>MBE</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>WBE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PREPARED BY (Signature)______________________________ DATE________________________

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143 AND THE ABOVE-REFERENCED SOLICITATION.

Name and Title of Preparer: ________________________________

Email Address: ________________________________

Telephone No.: ______________________

<table>
<thead>
<tr>
<th>REVIEWED BY:______________________________</th>
<th>DATE:________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>UTILIZATION PLAN APPROVED:</th>
<th>YES</th>
<th>NO</th>
<th>Date:________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract No:_______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Award Date:________________________</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Estimated Date of Completion:________________________</td>
<td>Amount Obligated Under the Contract: $__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTICE OF DEFICIENCY ISSUED:</td>
<td>YES</td>
<td>NO</td>
<td>Date:________________________</td>
</tr>
<tr>
<td>NOTICE OF ACCEPTANCE ISSUED:</td>
<td>YES</td>
<td>NO</td>
<td>Date:________________________</td>
</tr>
</tbody>
</table>

***********FOR AGENCY USE ONLY***********
### INSTRUCTIONS:
See page 2 of this attachment for requirements and document submission instructions.

<table>
<thead>
<tr>
<th>Offerer/Contractor's Name:</th>
<th>Federal Identification No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Solicitation/Contract No.:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td>M/WBE Goals: MBE % WBE %</td>
</tr>
</tbody>
</table>

By submitting this form and the required information, the Offerer/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.

Contractor is requesting a:

1. ☐ MBE Waiver – A waiver of the MBE Goal for this procurement is requested. ☐ Total ☐ Partial

2. ☐ WBE Waiver – A waiver of the WBE Goal for this procurement is requested. ☐ Total ☐ Partial

3. ☐ Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.) Date of such filing with Empire State Development: ________________

PREPARED BY (Signature) ____________________________ DATE __________

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

| Name and Title of Preparer: | Email Address: | Telephone No.: |

SUBMIT WITH THE BID OR PROPOSAL OR IF SUBMITTING AFTER AWARD, SUBMIT TO:

Mr. William Reilly  
Office of Alcoholism and Substance Abuse Services  
Division of Fiscal Administration, 5th floor  
1450 Western Avenue  
Albany NY 12203

REVIEWED BY: ____________________________  
DATE: ____________________________

WAIVER GRANTED: YES  MBE: ☐  WBE: ☐

☐ Total Waiver  ☐ Partial Waiver  ☐ ESD Certification Waiver  ☐ *Conditional

☐ Notice of Deficiency Issued ________________

Comments: __________________________________________________________

__________________________________________________________

OAS-RFP-16104  
OASAS 2017 REQUEST FOR PROPOSALS  
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When completing the Request for Waiver Form please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1 – 11, as listed below. If box # 3 has been checked above, please see item 11. Copies of the following information and all relevant supporting documentation must be submitted along with the request.

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offerer/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number, and email address of Offerer/Contractor’s representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

**NOTE:** Unless a Total Waiver has been granted, Offerer/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the contracting entity, to determine M/WBE compliance.
**INSTRUCTIONS:** Beginning ninety (90) days after a contract is awarded, quarterly compliance reports are due on the tenth (10th) day of each quarter for the preceding quarter’s activity...

Contractor’s Name: Federal Identification No.:
Address: Contract No.:
City, State, Zip Code: Telephone No:

AS EVIDENCE OF THE PROGRESS MADE TOWARDS ACHIEVEMENT OF THE MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) GOAL(S), CONTRACTOR IS REQUIRED TO COMPLETE AND SUBMIT THE FOLLOWING FOR EACH MBE OR WBE (PLEASE USE A SEPARATE FORM FOR EACH MBE OR WBE.):

1. Copy (ies) of the written agreement with certified M/WBEs (submit with first quarterly report).
2. List below the name, address and telephone number(s) of the certified M/WBE(s) utilized during the preceding quarter.
   - Name:
   - Address:
   - Telephone No.:
   - City, State, Zip:
   - Location of Work Performed:
3. Description of the work performed by the certified M/WBE in the reporting period (attach separate sheet if needed)
4. Dates of performance of the work by the certified M/WBE
5. Actual payments made to the certified M/WBE in the reporting period $
6. Actual total amount(s) of all payments made over the life of the contract by the Contractor to the certified M/WBE as of the date the compliance report is being submitted $

PREPARED BY (Signature)__________________________________________________ DATE__________________

SUBMISSION OF THIS FORM CONSTITUTES THE CONTRACTOR’S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

Name and Title of Preparer: Email Address: Telephone No.:
Submit with Bid or Proposal – Instructions on page 2

Solicitation No.: _____________________________________________

Solicitation No.: _____________________________________________

Offerer’s Name: ____________________________________________

Offerer’s Name: ____________________________________________

Reporting Entity: ☐ Contractor ☐ Subcontractor

Reporting Entity: ☐ Contractor ☐ Subcontractor

Subcontractor’s name_________________________________________

Subcontractor’s name_________________________________________

Address: ___________________________________________________

Address: ___________________________________________________

City, State, Zip Code: _________________________________________

City, State, Zip Code: _________________________________________

Report Includes: ☐ Work force to be utilized on this contract

Report Includes: ☐ Work force to be utilized on this contract

☐ Contractor/Subcontractor’s total work force

☐ Contractor/Subcontractor’s total work force

Enter the total number of employees in each classification in each of the Equal Employment Opportunity job Categories identified.

<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Work Force</th>
<th>Work Force by Gender</th>
<th>Work Force by Race/Ethnic Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male (M) Female (F)</td>
<td>White (M) (F) Black (M) (F) Hispanic (M) (F) Asian (M) (F) Native American (M) (F) Disabled (M) (F) Veteran (M) (F)</td>
</tr>
<tr>
<td>Officials/Administrators</td>
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<tr>
<td>Professionals</td>
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<tr>
<td>Technicians</td>
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<tr>
<td>Sales Workers</td>
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<tr>
<td>Office/Clerical</td>
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<tr>
<td>Craft Workers</td>
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<td></td>
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<tr>
<td>Laborers</td>
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<td></td>
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</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Temporary/Apprentices</td>
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<tr>
<td><strong>TOTALS</strong></td>
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</tbody>
</table>
OAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County
APPENDIX U - FORM 4 - STAFFING PLAN (Continued)

Name and Title of Preparer:       Email:
Address:       Telephone No.:

PREPARED BY (Signature)_____________________________________________

DATE__________________

SUBMIT COMPLETED WITH BID OR PROPOSAL

General instructions: All Officers and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor’s or subcontractor’s total work force, the Offerer shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor’s or subcontractor’s total work force, the Offerer shall complete this form for the contractor’s or subcontractor’s total work force.

INSTRUCTIONS FOR COMPLETING:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offerer.
2. Check off the appropriate box to indicate if the Offerer completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerers’ total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading ‘Work force by Gender’.
6. Break down the total work force by race/ethnic background and enter under the heading ‘Work force by Race/Ethnic Identification’. Contact the Designated Contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE**: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK**: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC**: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER**: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)**: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
OTHER CATEGORIES

- **DISABLED INDIVIDUAL**: Any person who has a physical or mental impairment that substantially limits one or more major life activity(ies); has a record of such an impairment; or is regarded as having such an impairment.
- **VIETNAM ERA VETERAN**: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER**
OASAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County
APPENDIX U - FORM 5 - EQUAL EMPLOYMENT OPPORTUNITY
WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT

Contractor No.:  
Reporting Entity:  
Contractor  
Subcontractor

Reporting Period:
- January 1, 20    - March 31, 20
- April 1, 20    - June 30, 20
- July 1, 20    - September 30, 20
- October 1, 20    - December 31, 20

Offeror's Name:  
Address:  
City, State, Zip Code:  

Report Includes:
- Work force to be utilized on this contract
- Contractor/Subcontractor’s total work force

Enter the total number of employees in each classification in each of the EEO-job Categories identified.

<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Work Force</th>
<th>Work Force by Gender</th>
<th>Work Force by Race/Ethnic Identification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>White (M) (F) Black (M) (F) Hispanic (M) (F) Asian (M) (F) Native American (M) (F) Disabled (M) (F) Veteran (M) (F)</td>
<td></td>
</tr>
<tr>
<td>Officials/Administrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
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<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office/Clerical</td>
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</tr>
<tr>
<td>Craft Workers</td>
<td></td>
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<tr>
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<td></td>
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<tr>
<td>Temporary/Apprentices</td>
<td></td>
<td></td>
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<tr>
<td><strong>TOTALS</strong></td>
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</tr>
</tbody>
</table>

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OASAS 2017 REQUEST FOR PROPOSALS  
Residential Services within Bronx, Kings and Richmond County  
APPENDIX U - FORM 5 - WORK FORCE EMPLOYMENT UTILIZATION/COMPLIANCE REPORT (Continued)

Name and Title of Preparer:  
Email Address:  
Telephone No.:  

PREPARED BY (Signature)_____________________________________________  DATE__________________

SUBMIT COMPLETED FORM TO:  
Mr. William Reilly  
Office of Alcoholism and Substance Abuse Services  
Division of Fiscal Administration, 5th floor  
1450 Western Avenue  
Albany NY 12203

General Instructions: The work force utilization/compliance report is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor’s or subcontractor’s total work force, the contractor or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor’s or subcontractor’s total work force, information on the contractor’s total work force shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to OASAS within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a written statement of no change or submit a copy of the previously submitted report with the date and reporting period updated.

INSTRUCTIONS FOR COMPLETING:

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor’s total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading ‘Work force by Gender’.
7. Break down the total work force by race/ethnic background and enter under the heading ‘Work force by Race/Ethnic Identification’.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:
• **WHITE:** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

• **BLACK:** A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

• **HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

• **ASIAN & PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

• **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE):** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

• **DISABLED INDIVIDUAL:** Any person who has a physical or mental impairment that substantially limits one or more major life activity(ies); has a record of such an impairment; or is regarded as having such an impairment.

• **VIETNAM ERA VETERAN:** A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

• **GENDER**
At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest; and that such union or representative will affirmatively cooperate in the implementation of this organization’s obligations herein.

Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Contractor will include the provisions listed above in EEO sections i. through iv. in every subcontract in such a manner that the requirements will be binding upon each subcontractor as to work in connection with the State contract.

**SDVOB**

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the SDVOB contract participation goals set by the State for that area in which the State-funded project is located, by taking the following steps:

i. Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified SDVOBs, including solicitations to SDVOB contractors and/or associations.

ii. Request a list of State-certified SDVOBs from AGENCY and solicit bids from them directly.

iii. Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective SDVOBs.

iv. Where feasible, divide the work into smaller portions to enhanced participations by SDVOBs and encourage the formation of joint venture and other partnerships among SDVOB contractors to enhance their participation.

v. Document and maintain records of bid solicitation, including those to SDVOBs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting SDVOB contract participation goals.

vi. Ensure that progress payments to SDVOBs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage SDVOB participation.

**M/WBE Contract Goals**

- 30% Minority and Women’s Business Enterprise Participation
- 15% Minority Business Enterprise Participation
- 15% Women’s Business Enterprise Participation
**SDVOB Contract Goals**

06% Service Disabled Veteran-Owned Business Participation

**Required Signatures**

<table>
<thead>
<tr>
<th>Minority Business Enterprise Liaison - (Person responsible for administering the Minority and Women-Owned Business Enterprises – Equal Employment Opportunity Program (MWBE-EEO))</th>
<th>Service Disabled Veteran-Owned Business Liaison - (Person responsible for administering the Service Disabled Veteran-Owned Business Program (SDVOB))</th>
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<tbody>
<tr>
<td><strong>Printed Name:</strong> _________________________</td>
<td><strong>Printed Name:</strong> _________________________</td>
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<td><strong>Title:</strong> _________________________</td>
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<td><strong>Phone:</strong></td>
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**Authorized Signatory** - (Officer or representative vested (explicitly, implicitly, or through conduct) with the powers to commit the authorizing organization to a binding agreement)

Organization Name: __________________________________________________________________________

Location of Services: __________________________________________________________________________

(Address, City, State, Zip)

Printed Name: _________________________

(Authorized Representative)

**Title:** _________________________

Signature: _________________________
Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders/proposers for this contract are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf.

Public procurements can drive and improve the State’s economic engine through promotion of the use of SDVOBs by its contractors. The State, therefore, expects bidders/proposers to provide maximum assistance to SDVOBs in their contract performance. The potential participation by all kinds of SDVOBs will deliver great value to the State and its taxpayers.

Bidders/proposers can demonstrate their commitment to the use of SDVOBs by responding to the questions below and including the responses with their bid/proposal:

Bidder/Proposer Name______________________________ Solicitation #_____________
Bidder/Proposer Address_____________________________________________________
Are you a bidder/proposer that is a NYS certified SDVOB? Yes __  No __
If yes, what is your DSDVBD Control #? ______________
Will NYS certified SDVOBs be used in the performance of this contract? Yes __  No __
If yes, identify the NYS certified SDVOBs that will be used below. (If additional space is required, please add to the table below).

<table>
<thead>
<tr>
<th>SDVOB Name</th>
<th>SDVOB Address</th>
<th>DSDVBD Control #</th>
<th>Contract #</th>
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<th>Nature of Participation</th>
<th>% of Total Work Performed</th>
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Authorized Signature ________________________ Date _____________________

Contractor will report on actual participation by each SDVOB during the term of the contract to the contracting agency/authority on a quarterly basis on the form provided: Attachment V-2 SDVOB Compliance Report.
OASAS 2017 REQUEST FOR PROPOSALS
Residential Services within Bronx, Kings and Richmond County
NYS OASAS Attachment V-2 SDVOB Compliance Report Form
Article 17-B (SDVOB) Provisions for Solicitation Documents (non-construction)

Contract No.: __________________ Report Date: _______________ Sheet #: _______of __________

I. INSTRUCTIONS
1. In Section II, provide the name, addresses, telephone number, FEIN, and SDVOB Control Number (found in column A of Certified SDVOB List) of each SDVOB you are actually using in compliance with your SDVOB goal (Use as many sheets as necessary).
2. Also in Section II, provide a brief description of the work being performed by the SDVOB.
3. Provide the actual total amount of payments made to any SDVOB as of the date of the completion of the utilization report.
4. Attach a copy of your written agreement with the SDVOB (First report only; check the applicable box in Section II).
5. In Section IV, provide the name, title and telephone number of the person responsible for submitting the work force utilization report and sign.
6. Compliance Reports are due on the first day of the first month of each quarter, beginning three months after contract award date.

II. SDVOB CONTRACTOR INFORMATION

<table>
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<tr>
<th>Company Name:</th>
<th>Company Address:</th>
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<th>Company Telephone:</th>
<th>Company Federal ID #:</th>
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<tr>
<th>Contract/PO Award Amt.:</th>
<th>Company SDVOB #:</th>
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| Contract/PO Payments Amt.: | |
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| $                         |  

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<th>Brief Description of Work:</th>
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Written agreement with the SDVOB attached: ☐ Yes ☐ No

III. WAIVER REQUESTS
1. If you are unable to meet the SDVOB goal established in your contract, contact Procurements@oasas.ny.gov for information on how to apply for a partial or total waiver request of the SDVOB goal in your contract.

IV. CERTIFICATION
Completed by:

<table>
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<th>Name:</th>
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| Signature: | |
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| Date: | |
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43
New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, proteges or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing services and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects bidders/proposers to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

Will New York State Businesses be used in the performance of this contract? ________     _______
Yes   No

If yes, identify New York State businesses that will be used and attach identifying information. Information should include at a minimum: verifiable business name, New York address and business contact information.

<table>
<thead>
<tr>
<th>New York Business Name</th>
<th>Business Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email Address</th>
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I, [Name], as [Title] of [Company], swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives?
  ☐ Yes or ☐ No

   If Yes, attach a sheet that provides the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company’s gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company’s clients or customers?

   %

3. What percentage of your company’s overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company’s clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?\(^1\)

   %

4. Does your company provide technical training\(^2\) to minority- and women-owned business enterprises?
   ☐ Yes or ☐ No

   If Yes, attach a sheet to provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program?
   ☐ Yes or ☐ No

   If Yes, attach a sheet to identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company’s commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements?
   ☐ Yes or ☐ No

\(^1\) Do not include onsite project overhead.

\(^2\) Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.
If Yes, attach a sheet that provides a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? ☐ Yes or ☐ No

If Yes, attach documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? ☐ Yes or ☐ No

If Yes, complete Form 1 - Utilization Plan

All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

Signature of
Owner/Official
Printed Name of
Signatory

Title

Name of Business

Address Line 1

Address Line 2

City, State, Zip

Email Address of
Signatory

STATE OF _______________________________
COUNTY OF                             ) ss:

On the _____ day of __________, 20__ , before me, the undersigned, a Notary Public in and for the State of __________, personally appeared ____________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

_________________________________ Notary