OASAS 2011
Request for Proposals

NewYork/NewYork III
Permanent Supportive Housing for Homeless Families
Round One

Released: November 7th, 2011
OASAS 2011 Request for Proposals

NEW YORK/NEW YORK III
PERMANENT SUPPORTIVE HOUSING FOR
HOMELESS FAMILIES
ROUND ONE

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NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

2011 Request for Proposals
New York/New York III
Permanent Supportive Housing for
Homeless Families
Round One

• FUNDING GOAL: At least 75 Apartments in Blocks of five units with 10 as the minimum and 20 as the maximum.

• GRANT PARAMETERS: Up to $25,000 per unit for Operating and Supportive Services.

• AMOUNT AVAILABLE: $1.875 Million is currently available annually. This amount may increase or decrease based on future State appropriations.

• ELIGIBLE APPLICANTS: OASAS certified Agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence outpatient services, residential services, and/or funded not-for-profit drug-free prevention services in NYC (whether certified or not) who have demonstrated successful experience working with homeless families and managing permanent supportive housing programs.

NOTE: OASAS reserves the right to negotiate with an applicant for a modest change in the number of units (not to exceed five).

I. INTRODUCTION

A. NY/NY III Supportive Housing Agreement Overview

The original New York/New York III (NY/NY III) Homeless Agreement between New York State (NYS) and New York City (NYC) included a commitment that the State [Office of Temporary Disability Assistance (OTDA) as the identified agency] would procure contracts for operational funding of 375 apartments for homeless families with substance abuse-related problems. The projected operating budget costs were set at $25,000 per apartment, resulting in a total ongoing funding commitment of over $9.4 million. OASAS Budget and Housing Bureaus were involved in discussions with the Division of the Budget and OTDA budget and program staff
regarding the transfer of this NY/NY III family homelessness responsibility from OTDA to OASAS. OASAS currently manages approximately 200 family apartments in NYC through its U.S. Department of Housing Urban Development (HUD) Shelter Plus Care contracts. The enacted State budget for 2011-12 identified $1.875 million in the OTDA budget to begin the procurement of at least 75 family apartment units for NY/NY III homeless families. OTDA has suballocated the $1.875 million to OASAS. OASAS is now releasing this NY/NY III Family RFP.

It is the intention of OASAS to award new blocks of family apartment units in phases, as funding is appropriated over the next few years. The first round of awards will be for the establishment of up to 75 family apartment units. Applicants are reminded that funding to support the operation of these programs are contingent upon continued availability of State appropriations.

Awards for family apartment units **beyond** the initial 75 in Round One will be based on future appropriations received by OASAS, if any, to expand services.

This OASAS RFP is another component of the NY/NY III Agreement that has brought together many State and City agencies and departments in a multi-year effort to address homelessness. OASAS currently operates 325 units of Category F NY/NY III housing for homeless single adults who have completed substance abuse treatment, with 50 additional units becoming operational in winter 2011. With this RFP, OASAS begins the development of Category G NY/NY III housing for homeless families with a head of household with substance use disorders. In accord with the NY/NY III Agreement, the units for the Category G population are to be in a congregate setting.

**B. Program Development Strategies**

**DIRECT APPROACH**

It is possible that an applicant agency already has a congregate site that it owns which is ready for occupancy or will be ready for occupancy within six months of a grant award. In this case, the applicant agency should plan to place families directly into its congregate site.

**ALTERNATIVE, TWO-PHASE APPROACH**

It is critical to move families from Tier II Family Homeless Shelters as soon as possible. OASAS will encourage applicants to use a two-phase approach to program development.
1. The first phase will lease scatter-site or small cluster rental apartments from private landlords in the neighborhood where the applicant has control of an appropriate site for the capital development of a congregate site. During this phase of program operation, the provider agency will receive State Aid funding from OASAS sufficient to lease apartments up to Fair Market Rental rates (e.g., $191,600 for 10 apartments). Please refer to the operating budget on page 14 of this RFP to help you calculate a program larger than 10 apartments.

2. The second phase is to give occupants of the scatter-site apartments first right of refusal to apartments in the new congregate building upon its opening for occupancy. Upon placement of occupants in the new congregate site, OASAS will reduce lease costs by approximately one-half (e.g., $95,800 for 10 apartments). The reduced level of funding will be sufficient to support front desk and maintenance staff in the building, building maintenance and reserve funds set aside for repairs.

OASAS projects that at least some families will have achieved full-time employment within that two year time frame, and therefore, will be able to make a higher client contribution to their rent. This will allow the provider to continue to rent some of the scatter-site units for those participants who choose not to move to the congregate site, thus expanding the program’s capacity.

C. The Target Population for this Request for Proposal is:

Chronically homeless families, families at serious risk of becoming chronically homeless, and other currently homeless families, in which the head-of-household has a substance use disorder.

Families living in a Tier II Family shelter will be the first priority. Families living in other transitional housing settings are also considered to be a priority population, including those families who were homeless when they entered an OASAS-certified Intensive Residential facility designed to serve Women and their children, and are now scheduled to complete that course of treatment.

D. General Definitions:

“Chronically homeless family” means a family who has lived in a homeless shelter, other homeless transitional housing setting, or “on the street” in public places not suited for habitation, for at least 365 days over the course of the past two years, not necessarily in one episode of homelessness.

“Families at serious risk of becoming chronically homeless” means a family that has had multiple admissions to a homeless family shelter, other homeless transitional housing setting, or lived “on the street” for sufficient
time that without intervention will continue until that family meets the “chronic” definition of time homeless.

“Other currently homeless families” means a family that is now living in a Tier II Family Homeless Shelter, another homeless transitional housing setting, an OASAS-certified Intensive Residential facility designed for women and their children (which that family entered when homeless), or is living “on the street”.

“Disabling condition” means a condition that significantly impairs an individual’s ability to function independently which results in a restriction of activities of daily living (ADL) and difficulties in self-care and maintaining social functioning.

“Family” means a household unit of more than one person, which may or may not consist of minor or adult children.

“Substance abuse disorder” means a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period: recurrent substance abuse resulting in failure to fulfill major role obligations at work, school or home; recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use); recurrent substance related legal problems (e.g., arrests for substance related disorderly conduct); or continued substance abuse despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of use.

The programming goals for these families are to ensure housing stability in a safe and supportive environment; to improve family functioning and stability; to promote family health and wellness; and to enable families to achieve the maximum possible recovery and integration into the community.

Proposers are advised that if the head of household originally qualifying the family for the supportive housing unit dies or moves out, the services funding for that unit will terminate while the operating subsidy will continue. Upon such a change in the family composition, the contractor will work with the remaining family members to transition them to more appropriate housing in terms of support services and/or unit size so that OASAS service and operating dollars can be used to support a new eligible family in that building.

Documentation of chronic homelessness is established in one of the following ways:

A client is identified as meeting the above criteria based on his/her lodging history as contained in the Department of Homeless Services (DHS) Shelter
Care Information Management System (SCIMS). Other emergency lodging history must be documented by a written attestation by an employee of the applicable agency and must be included as part of the supportive housing application.

An outreach team or drop-in program provides a written attestation that its staff has been working with a client for the period of time that satisfies the above criteria.

Combinations of shelter lodging history, street engagement, and/or documentation from HIV/AIDS Services Administration (HASA) will satisfy the above criteria. It will be the responsibility of the referral source to provide verifiable documentation of time spent in an institution and verifiable documentation of the homeless history prior to and subsequent to the time spent in an institution, as part of the application.

II. ELIGIBLE APPLICANTS AND PROGRAMS

A. Eligible Applicants

OASAS intends to fund projects that can demonstrate an ability to provide the appropriate services for the populations identified.

OASAS, through its 2011 Request for Proposals – New York/New York III Permanent Supportive Housing for Homeless Families Round One is seeking funding proposals from voluntary agencies and Local Governmental Units (LGUs) that operate OASAS-certified chemical dependence outpatient services, residential services, and/or funded, not-for-profit drug-free prevention services in NYC (whether certified or not) as follows:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>OASAS Certification Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Residential Rehabilitation</td>
<td>Part 819</td>
</tr>
<tr>
<td>Community Residential</td>
<td>Part 819</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Part 822 or Part 822-4</td>
</tr>
<tr>
<td>Methadone Treatment Programs</td>
<td>Part 828 or Part 822-5</td>
</tr>
<tr>
<td>Funded Drug Free Prevention Programs</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Applicants are advised that:

- With the exception of non-certified, funded prevention providers, only those programs with a valid OASAS operating certificate as of the date of contract award will be accepted for possible funding through this RFP.
- The applicant agency must have its own OASAS operating certificate for outpatient services and/or methadone treatment, OR
enclose with the application a formal Memorandum of Understanding (MOU) with an OASAS-certified outpatient service and/or methadone treatment program.

- The provision of outpatient treatment services to residents of the NY/NY III family units must be located as close as possible to the community where the families are living. In any case, the outpatient services should be accessible by public transportation and within a five (5) mile radius of the apartment.

For purposes of this solicitation the following definitions apply:

**Voluntary Agencies:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 12, a voluntary agency “means a corporation organized or existing pursuant to the not-for-profit corporation law for the purpose of providing local services.” Accordingly, for profit or proprietary entities are not eligible to apply for funding.

**Local Governmental Unit:** As defined in New York State Mental Hygiene Law, section 41.03 paragraph 6, local governmental unit “means the unit of local government given authority in accordance with this chapter by local government to provide local or unified services.”

**OASAS Certified:** Pursuant to Article 32 of the New York State Mental Hygiene Law, eligible applicants must possess operating certificates issued by the OASAS Commissioner to engage in the provision of Chemical Dependence Residential Services as defined in Part 819, Chemical Dependence Outpatient Services as defined in Part 822, and Methadone Treatment Programs as defined in Part 828 of the Official Compilation of Rules and Regulations of the State of New York.

**In good standing:** all of a provider’s operating certificates which are subject to a compliance rating have a current compliance rating of partial (two year) or substantial (three year) compliance.

### B. Program Components

#### Contractor Qualifications

1. The contractor must have successful experience providing housing and/or services to the target population.
2. For those agencies that are applying to develop a congregate facility, the contractor would have successful experience developing housing, as well as providing housing and/or services.
3. The contractor would have effective linkages with appropriate not-for-profit agencies or service providers in the community in which the proposed program will be located or readily accessible through public transportation,
and who could serve as resources for and/or provide off-site services to program clients. Additional supportive services that are unique to families will be added as necessary, such as parent education seminars, and age-appropriate prevention activities for the children.

4. The contractor would have a linkage agreement or memorandum of understanding with a prevention program to provide the necessary prevention services for children and adolescents in the household.

**Staffing and Training**

1. The contractor would ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The contractor would initially train staff and conduct ongoing training.

2. The contractor must have a staff member designated as a Mandated Reporter of child abuse/maltreatment (New York Social Service Law §413). The contractor must also conduct background checks on staff, which should include a search of the NYS Division of Criminal Justice Services Sex Offender Registry.

3. Program Directors overseeing case managers would be required to have a graduate degree and experience with the target population or a Bachelor’s degree with supervisory experience and experience serving the target population.

4. The contractor would have the capacity to provide training to staff that would include, but not be limited to: addiction treatment and recovery, street drugs and their effects, symptoms of overdose and withdrawal, availability of naloxone to prevent death from opioid overdose, crisis intervention, trauma-informed training, counseling techniques and motivational interviewing, the stages of change model, depression screening, relapse prevention health education and infectious disease prevention, nutrition, relationship skills, best practices in employment services, and harm reduction and housing first service approaches, including safe injection and safe sex practices.

5. Train staff in housing placement in order to assist families who would like to move on to a more independent setting.

6. Where feasible, actively seek qualified heads of household who have been in the program for at least one year to serve as peer-to-peer mentors for new heads of households.

**Client Eligibility and Placement**

The eligibility of a family seeking housing under NY/NY III will be determined by HRA upon electronic submission of the supportive housing application (HRA Form 2010 e) by the family or anyone acting on behalf of the family such as an outreach worker, case manager, shelter or drop-in center staff, etc. DHS will be responsible for placing approved applicants by sending NY/NY III housing providers a limited, but reasonable, number of eligible applicants from which they will be required to select tenants.
Documentation of addiction-related problems and documentation of head-of-household willingness to participate in a permanent supportive housing (PSH) program, including development of an overall Personal Recovery Plan, will be required.

Support Services

To deliver the core services required for this Program Initiative, the contractor would:

1. In conjunction with each head of household, develop an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes that include the individual as well as all members of the family. The plan should adequately address the family’s access to preventive, ongoing, and emergency services as well as the interval at which the support plan will be reviewed. The plan should be designed to assist the family to remain in housing while the type and intensity of services vary to meet the changing needs of the individuals.

2. Focus on the multiple service needs of the family as well as those skills and services that the family would require in order to remain stably housed in the community.

3. Make programming available during evenings and weekends to accommodate work, training, and/or treatment requirements of the head of household and the children’s school schedules.

4. Coordinate all substance abuse support services for each head of household and family members directly with the contractor’s own programs or through appropriate providers located nearby or at a central location that is readily accessible to public transportation.

5. Address the substance abuse recovery related needs of the head of household, and any family members identified, as well as those skills and services necessary to sustain sobriety, avoid relapse, and build family stability.

6. Focus on recovery planning and relapse prevention using individual counseling and support provided by substance abuse and mental health professionals and peer counselors.

7. Directly provide: case management, relapse prevention, substance abuse treatment services, medication management, rehabilitation, individualized personal assistance that emphasizes learning daily living skills [i.e., budgeting, nutrition, meal planning, cleaning, appointment planning, navigating the social service system (ACS, SSI/SSD, DOCS, welfare) and socialization], residential stability in housing, financial management, and assistance in gaining access to appropriate public benefits and services, peer support, 24 hour/7 day on-call staffing, help in the establishment of the household.

8. Through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address the
family’s physical and behavioral needs in the areas of primary medical health (e.g., regular care, maintaining appointments, medication compliance, medication literacy), substance abuse counseling and treatment, domestic violence counseling, mental health (including PTSD) and dental care, and HIV/STD prevention services, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate.

9. Provide directly or through linkages the following support services for each family, including, but not limited to, outpatient treatment, peer counseling and advocacy; relapse prevention; crisis intervention; Alcoholics Anonymous, Narcotics Anonymous and similar community groups.

10. For individuals who have been victimized or abused as children or later in life, ensure that all supportive services are trauma-informed (e.g. trauma groups, domestic violence groups, links to psychological services) in order to address the underlying issues of addiction.

11. Provide services in a culturally- and linguistically-competent and sensitive manner.

12. Focus on and promote the head of household’s recovery to his or her fullest potential, by conducting assessment of skills, including literacy, providing educational opportunities (GED, certification programs), job readiness skills, vocational training, employment placement and retention and career development.

13. Make available parenting classes/skills for the head of household which include topics such as discipline, hygiene, importance of vaccinations and annual doctor visits, supporting school age children, navigating challenges after re-unification, legal guardianship of a relative, wellness, and arranging logistics of childcare.

14. Provide services for dependents, which include prevention programs for children/adolescents, Universal Pre-K/Pre-School/Headstart programs, links to developmental disabilities assessment and services, after school programs for latchkey kids, daycare, tracking of attendance and grades of school age children.

15. Ensure that the agency has a staff member who is an ACS certified mandated reporter of child abuse or neglect (if there is not one certified at the time of application, the agency must hire or mandate a staff member to become certified by the start of NY/NY III family housing program).

16. Focus on those skills and services that families would require to achieve self sufficiency and the ability to eventually move into independent housing in the community, particularly educational, vocational training, and employment placement services.

17. Provide services that will focus on spirituality, social and community building activities, individual and group counseling, peer support, home visits, recreation opportunities and, building of support networks including links to community resources and recovery centers.

18. Assist each family in planning for and locating appropriate independent housing or other supportive housing placement where appropriate. Although there would be no length of stay restrictions, the program should expect
families to move on.

19. The provider agency is the lease holder for the apartment(s), a sub-lease that is in easily understandable language must be provided to the head of household and a copy of such sub-lease must be maintained as part of their file. The lease must include the names of all members living in the household, including significant others.

20. Require family to contribute 30% of their household income toward rent. Ensure that the household income includes the appropriate adjustment for each dependent. The household is responsible for the payment of utilities.

21. Encourage the head of household’s direct participation into ongoing program implementation and management through regular community meetings, advisory boards, or other means.

22. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The contractor should make every effort to preserve the family’s housing in the event of hospitalization or relapse.

23. Establish appropriate procedures for terminating the family’s sub-lease if the tenants do not comply with the sub-lease provisions and/or require assistance beyond the scope of the program. In such circumstances, the contractor would identify alternate appropriate placement. Due process procedures and NYC’s landlord/tenant law would be followed. Programs are urged to develop a positive and effective means of transitioning families to independent or other long-term permanent housing, as appropriate.

24. Track, record, and report information to OASAS as required in the contract, including, but not limited to, client demographics, children’s data, income source, place discharged to, and outcome data including occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration.

25. Track families who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such families for a period of one year following their departure from the program. At a minimum, contact with the family would be made at three months, six months and one year after departure.

26. Conduct a consumer perception of care survey annually using the survey instrument that will be provided by DOHMH.

Program Services

Describe in detail how the proposer will provide the services set forth in the above “Support Services” section; demonstrate that the applicant agency’s proposed approach would fulfill OASAS’ stated goals and objectives for this program initiative. Specifically address the following:

1. Describe and demonstrate the effectiveness of the applicant agency’s approach for providing directly or through linkages the services set forth under the heading “Support Services.”
2. Describe and demonstrate the effectiveness of measures that will be taken to ensure services are provided in a culturally competent, linguistically appropriate, and sensitive manner.

3. Include a policy which addresses situations where the head of household must leave the home due to inpatient treatment, hospitalization, incarceration, etc. The plan must specify where the children will be placed during the absence of the head of household (e.g., living with other family members, placed in foster care). In instances where the head of household has been admitted to inpatient care, the provider agency may hold the apartment up to, but no longer than, 90 days.

4. Describe and demonstrate a detailed emergency response plan including response to medical and psychiatric emergencies. Include in the program description an explanation of personnel training including assessing risk and safety; handling emergencies; coordinating with medical, mental health, law enforcement, and other professionals; and implementing health and safety procedures. The emergency plan should also address situations such as child safety, fire, sexual harassment, disaster, and other incidents that may jeopardize the health and safety of residents.

5. State and justify each of the outcomes to be achieved by families served and demonstrate how the program would effectively assist them to achieve those outcomes.

6. Describe and demonstrate the effectiveness of the applicant agency’s approach to transitioning families into permanent supported housing.

7. Describe and demonstrate that the applicant agency has actively participated in community- and city-wide consortia and networks appropriate to the needs of program participants.

OASAS’ assumptions regarding programmatic approach represent what OASAS believes to be most likely to achieve its goals and objectives. Applicant agencies, however, are encouraged to propose a different approach that they believe would most likely achieve OASAS’ goals and objectives. Evidence-based practices, such as Contingency Management, can be proposed as a way of keeping families engaged in programming and achieving goals. As OASAS is aware individuals and families respond to different techniques, applicant agencies may propose more than one approach. If an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in this section.

III. OPERATING PROGRAM ASSUMPTIONS

A. Program Design

1. This Program is Permanent Supportive Housing, not certified residential treatment. The length of stay should be individualized and should be driven by the head of household and family members’ needs, interests, and
development of strengths necessary for successful economic self-sufficiency and fully independent living (including establishment of positive family and social supports in the community). The program will allow flexibility for inclusion of families of varying sizes, including pregnant women, and up to four children.

2. Where possible, apartments that have an original lease between the sponsoring agency and a private landlord may be later “turn-keyed”, with a subsequent lease assumed by the family and held directly with the landlord. In such a situation, the sponsoring agency would locate and secure a replacement apartment to maintain the required number of apartments needed to serve the number of families the sponsor is approved to serve.

3. All apartments must meet federal Housing and Urban Development (HUD) Housing Quality Standards. Leases must be secured at or slightly below the HUD 2011 Fair Market Rental rates: $1,403 per month for a two-bedroom apartment, and $1,726 for a three-bedroom apartment.

4. If an applicant agency is using the Two-Phase Approach, they should strongly consider leasing a cluster of apartments in no more than three locations for each ten apartments. The peer and social support may contribute to the family’s ability to achieve full independent living.

5. Unless a sponsoring agency has already secured funding for the leasing costs for the necessary number of apartments needed, the leasing costs will be the single largest element in an operating budget. The constraints of $25,000 per unit rule out apartment configurations that result in more than two-thirds of the total operating cost allocated to leasing costs.

B. Questions and Answers About Program Models

1. Where will the families be drawn from?
   **Response:** The priority is families currently living in Tier II Family Homeless Shelters or otherwise homeless. Families may also be drawn from street outreach or treatment programs.

2. How will the referral process work for the various population options?
   **Response:** Placements to housing providers under the NY/NY III Initiative will only be made by DHS, the sole agency responsible for placement. In general, the placement agency will forward the provider a panel of three HRA-approved prospective candidates from which the provider is expected to choose one. In cases where a provider has many units to fill, the placement agency may forward a larger group of prospective candidates or match the provider with a shelter or other program that has a large number of eligible candidates. The provider, however, will still be expected to accept applicants at the one to three ratio. The HRA 2010eform must be completed for all applicants in any NY/NY III Initiative program. The form is available on-line and requires a two part training done through the Center for Urban and Community Services’ website at [www.cucs.org](http://www.cucs.org) and NYC HRA.
3. Is there a limit to the length of stay in this supportive housing program?  
Response: There are no absolute time limits imposed through the OASAS NY/NY III contracts. The programming goals for these families are to ensure housing stability in a non-judgmental, safe, and supported environment; to enable them to sustain sobriety and to transition to independent living outside of a supportive housing setting; and to enable residents to achieve the maximum possible recovery and integration into the workforce and the community.

4. Is it acceptable practice for participants of these programs to remain in their apartments after they complete the program?  
Response: Yes, OASAS and the City Departments involved prefer that participants be allowed to retain their apartments rather than having to uproot themselves and move. The provider would then rent another apartment for the new incoming family. This is a “turn-key” approach that would result in apartment units becoming permanent supportive housing units.

5. What should a provider do in the event the head of household is incarcerated or hospitalized?  
Response: In general, the provider should strive to preserve the family’s housing for up to 90 days, by all indications, the head of household may return quickly. The providers can use the contingency funds (discussed further in the Budgeting Section below) to cover the family’s rent contribution for a maximum of three months. In addition, the provider must ensure that the children are placed in an appropriate setting or have an acceptable guardian stay with them until the head of household is able to return.

6. If the head of household is in the hospital, but will be returning to the apartment, is that considered a vacancy?  
Response: No, not if the head of household is returning. Where it is not clear or the absence is prolonged, the determination will be handled on a case-by-case basis, and providers are encouraged to approach OASAS for guidance.

7. Must providers adhere to the HUD fair market rates for rent or are they allowed to pay market rents? How should they calculate what portion of the maximum funding amount is the rental cost and what portion is for services?  
Response: The proposer should look to the HUD fair market rents as a guide. Providers, however, should carefully consider the nature and cost of specific services needed and allocate sufficient funding for services. Be advised that if the provider includes an agency contribution in its proposed budget and is awarded a contract, it will be expected to include the agency contribution in each year’s budget thereafter.

8. Are providers supposed to pay the 30% client contribution if the family does not pay it? How much in contingency funds should providers allocate per family? How should such funds be presented in the budget proposal?
Response: Providers are responsible for covering the client contribution if the family fails to pay. Contingency funds should be budgeted at about $500 per family per year. The provider can make funds not spent on one family available for other families.

9. Does the budget cover food, clothing, and other daily needs?
Response: No, part of the provider’s role is to link families to community resources such as food pantries and assist them in applying for food stamps, public assistance, and other benefits for which they may be eligible.

10. How much funding will go toward start-up?
Response: The start-up budget should reflect up to $75,000 as outlined in Section IV. Model Program Guidelines of this RFP for a ten-unit program. If the applicant is proposing a larger program, adjust accordingly.

11. Are individuals who are receiving medically assisted treatment eligible for this housing?
Response: Yes.

12. Must there be full site control for a congregate setting at the time of application?
Response: If the applicant does not expect to have the building open for occupancy within six months of grant award, OASAS expects the program to follow the Two-Phase Approach described in Section III A. of this RFP.

IV. MODEL PROGRAM GUIDELINES

The following presentation is intended as guidelines for applicant agencies. If required elements of supportive services are not funded by the grant, then the sponsoring agency will need to support such services through either another grant source or as a service match.

Budget projections are displayed which cover all components of the Operating Budget.

Operating Budget Details:
- **Budget Parameters** = $25,000/apartment Net for a Ten Apartment program = $250,000
- **Leasing Costs** =
  1) Gross Costs = HUD Fair Market Rentals =
     a) Six Three-bedroom Apts. = $1,726/month x 12 months = $20,712
     x 6 units = $124,272 +
     b) Four Two-bedroom Apts. = $1,403/month x 12 months = $16,836
     x 4 units = $67,344
     c) **Gross Costs = $191,616 ($191,600)**
  2) Client Contributions = 30% of Gross Monthly Income or HRA Shelter Allowance
     a) Family of four = $450/month x 12 months = $5,400 x 6 clients = $32,400
b) Family of three = $400/month x 12 months = $4,800 x 4 clients = $19,200

c) Total Client Contributions = $51,600 x 95% collected = $49,020 ($49,000)

3) Net Leasing Costs = $191,600 - $49,000 = $142,600

- Other Apartment-related Costs =
  1) Contingency Fund = $500/family x 10 families = $5,000
  2) Damages = $2,000
  3) Legal = $2,000
  4) Subtotal of Other Apartment-related Costs = $9,000

- OTPS Costs =
  1) Supplies = $1,400
  2) Travel = $1,400
  3) Child Developmental Consults = $100/hour x 20 consults = $2,000
  4) Contracted Prevention Services for children = $5,000
  5) Subtotal OTPS Costs = $9,800

Staffing Costs =
  1) Case Manager = FTE = $45,000 salary + 30% Fringe ($13,500) = $58,500
  2) Employment/Job Developer = 0.2 FTE = $8,000 + 11% Fringe ($900) = $8,900
  3) Clinical Supervisor = 0.1 FTE = $6,000 + 11% Fringe ($700) = $6,700
  4) Staffing Costs Subtotal = $74,100

Direct Services Subtotal = $142,600 + $9,000 + $9,800 + $74,100 = $235,500
A&OH = 6% of Direct Services = $14,100

TOTAL NET OPERATING COSTS = $249,600
NET COST PER APARTMENT = $24,960

- One-Time Costs
  1. $4,500 for furnishings per apartment X 10 apartments = $45,000
  2. $3,000 for security, Broker’s fees, last month’s rent and inspections X 10 apartments = $30,000

TOTAL ONE-TIME COSTS = $75,000
V. FORMAT AND CONTENT OF THE PROPOSAL

Proposal Submission Instructions: Proposers may submit only one proposal for this initiative. The proposal should be typed double-spaced on both sides of 8 ½" x 11" paper. Pages should be paginated. The proposal will be evaluated on the basis of its content, not length.

A. Proposal Cover Letter

A Proposal Cover Letter will transmit the applicant agency’s Proposal Package to OASAS. It should be completed, signed, and dated by an authorized representative of the applicant agency.

B. Agency Experience

Describe the successful relevant experience of the applicant agency, each proposed subcontractor, if any, and the proposed key staff, in providing the program described in the Support Services section of this Request for Proposals.

Specifically address the following:

1. Program

   a. Describe the proposer’s successful experience providing services to the target population, chronically homeless families, families at serious risk of becoming chronically homeless, and other currently homeless families in which the head of household has a substance abuse disorder.
   
   b. Describe the proposer’s successful experience providing services in or related to supportive housing settings [either transitional (e.g., Tier II Shelter or another form of transitional housing) or permanent]. Include the specific nature of those services and when and where they are/were provided.
   
   c. Describe the successful experience of the proposer and/or housing management partner agency, whichever is applicable, in managing the ongoing operations of a permanent supportive housing project.
   
   d. Describe the successful experience of the proposer in developing residential housing in a congregate setting.
   
   e. Applicants MUST include two Letters of Support; one from NYC DOHMH, the other from NYC DHS or the NYC Continuum of Care.
   
   f. For each key staff position, attach a resume and/or description of the qualifications and experience that will be required. In addition, state extent of staff expertise in relevant cultures and languages.
2. Organizational Capability

Demonstrate the proposer’s organizational (i.e., programmatic, managerial and financial) capability to provide an appropriate site and successfully perform the services described in the scope of services of this RFP. Specifically address the following:

a. Demonstrate that the proposer has an appropriate staffing plan with sufficient numbers of staff for the number of families to be served and with salaries commensurate with these qualifications.
b. Demonstrate that the proposer has an appropriate staff training program.
c. Demonstrate that the proposer has an appropriate client record keeping and data management system, in view of both efficient internal management as well as meeting the NY/NY III Supportive Housing evaluation and other client-tracking and data-reporting responsibilities set forth under the heading “Support Services.”
d. Demonstrate that the proposer has established effective linkages with other appropriate not-for-profit agencies and/or service providers or others in the community who could serve as resources for and/or provide off-site services to clients and their families; the linkages should be located nearby or readily accessible through public transportation. Be as specific as possible and attach copies of all relevant linkage agreements.
e. Attach documentation demonstrating not-for-profit status.
f. Attach a chart showing where, or an explanation of how, the proposed services would fit into the proposer’s organization.
g. Attach a copy of the proposer’s financial audit or certified financial statement, or a statement as to why no report or statement is available.

C. Initiative Funding Request

Funding Request

1. The funding request should include a line item budget, as referenced in the Appendix A of this RFP.
2. Complete the Initiative Funding Request (IFR) form to itemize the one-time only expenses. This is the start-up budget.
3. Complete the IFR form for the full annual operating budget and include cost per unit data.
4. If an application identifies a funding commitment for some of the support service costs of the NY/NY III Program, please list the source (i.e. Office of Temporary and Disability Assistance (OTDA) SHFYA monies), the amount of operating monies and the services that will be supported by these additional monies.
D. Proposal Package Contents ("Checklist")

The Proposal Package should contain the following materials. Applicant agencies should utilize this section as a checklist to assure completeness prior to submitting their proposal to OASAS.

A sealed envelope containing **one original and four copies** of the documents listed below in the following order:

1. Proposal Cover Letter
2. Program Proposal
   a. Narrative
   b. Resumes and/or Job Descriptions for Key Staff
   c. Organizational Chart (including proposed services)
   d. Budget Narratives for Start-up and Fully Annualized Budgets
   e. Financial Audit Report or Certified Financial Statement
3. Initiative Funding Request Form
4. Memorandum of Understanding(s) and/or Linkage Agreement(s) with a community-based prevention program.
5. Letter of Support from NYC DOHMH
6. Letter of Support from NYC DHS or NYC Continuum of Care

VI. APPLICATION REVIEW CRITERIA

A. Threshold Review Criteria

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

1. Was the application received by OASAS by the submission deadline date as set forth in the **OASAS 2011 Request for Proposals -- New York/New York III Permanent Supportive Housing for Homeless Families Round One**?
2. Is the applicant entity eligible to apply as set forth in Section II of this RFP?
3. Does this housing program meet the contractor qualifications as defined in Section II of this RFP?
4. Is the Initiative Funding Request Form completed, signed, dated?
5. Did the applicant include documentation of having a designated staff NYS Mandated Reporter or agency documentation of intent to have a staff member trained to become a NYS Mandated Reporter upon receipt of award letter and understanding? OASAS will request documentation of a certified mandated reporter and agency policies and procedures of reporting to be on file as a contractual obligation.
6. Did the applicant include a Letter of Support from the NYC
Department of Health and Mental Health?
7. Did the applicant include a Letter of Support from either the NYC Department of Homeless Services OR the NYC Continuum of Care?

B. Proposal Evaluation Criteria

1. Applications passing the Threshold Review Criteria will be read, reviewed, and rated by a team of OASAS staff using the eligibility review criteria specified below. The review team will consist of staff from the Bureau of Housing Services, the NYC Field Office, and the Coordinator of Family Services from the Bureau of Treatment.
2. The application will be evaluated on a complete, accurate, and signed Operational Funding Request. The budget narrative should adequately describe all expenses and revenue. The full annual operating funding request for the proposed program must not exceed $250,000 for a ten-unit program. If applying for a larger program, adjust accordingly.

Evaluation Criteria

The three major Evaluation Criteria are as follows:

A. Demonstrated Successful Relevant Experience = 30 points
B. Demonstrated Organizational Capability = 15 points
C. Quality of the Program Approach = 35 points
D. Cost Effectiveness = 20 points

A. Demonstrated Quantity and Quality of Successful Relevant Experience
(Maximum 30 Points)

A1. Extent to which the applicant agency demonstrates that the agency (including each sub-contractor, if any) has successful experience in providing services to chronically homeless families, families at serious risk of becoming chronically homeless, or other currently homeless families in which the head of household has a substance abuse disorder. (15 points)

A2. Extent to which the applicant agency demonstrates that the agency has successful experience managing permanent supportive housing for alcohol and substance abusers. (15 Points)

B. Demonstrated Organizational Capability (Maximum Total: 15 Points)
B1. Extent to which applicant agency demonstrates the agency’s programmatic and managerial capability to successfully meet the following standards: (15 Points)

1. Has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and salaries commensurate with their qualifications.

2. Has an appropriate agency organizational structure as demonstrated by the attached agency organizational chart.

3. Has an appropriate staff training program.

4. Has an appropriate client record-keeping and data management system, in view of both (i) efficient internal management, and (ii) meeting other client tracking and data reporting responsibilities described in the Support Services of this RFP.

5. Maintains effective linkages with other appropriate service-providers and other community organizations that could serve as resources for and/or provide services to program participants.

C. Quality of Proposed Approach (Maximum Total: 35 Points)

C1. Extent to which the applicant agency demonstrates that its program approach will meet the following programmatic standards:
(10 points)

1. Has an appropriate plan to successfully secure leases for apartments that meet HUD Quality Standards and all appropriate New York State Codes and Local Housing Authority Codes.

2. The applicant agency demonstrates an effective approach to preparing families to move into this housing.

3. Applicant agency demonstrates a commitment to take effective measures to ensure that services are provided in a culturally competent and linguistically appropriate and sensitive manner.
4. Applicant agency has an effective emergency response plan, including response to medical and psychiatric emergencies.

5. Applicant agency demonstrates effective participation in community and citywide referral networks appropriate to meeting the needs of its families.

C2. Extent to which the applicant agency demonstrates that its program approach will effectively provide, whether directly or through linkages, the services described in the Support Services section of the RFP. (10 points)

C3. Extent to which the applicant agency describes appropriate outcomes to be achieved in the following areas: (10 points)

3 points Achieving stable recovery from use of alcohol and other substances of abuse.
2 points Achieving housing stability in a safe and supportive environment.
2 points Improve family functioning and stability.
2 points Achieving economic self-sufficiency.
1 point Achieving positive reintegration to the community.
0 points Applicant agency does not describe any appropriate outcomes.

C4. Extent to which applicant agency demonstrates fiscal viability through review of agency’s financial statement and review of history of OASAS contracts. (5 points)

D. Cost Effectiveness (Maximum Total: 20 Points)

D1. Extent to which the applicant agency’s budget is comprehensive, appropriate and cost effective in the following four key areas: Staffing, OTPS, Administration and Revenue Projections. (20 points)
C. Instructions for Completing the Initiative Funding Request Form (IFR) (Start-up and Annual Operating Budgets)

PROVIDER INFORMATION

1. **Printed Legal Name of Applicant 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 Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**

3. **Applicant’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. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.

7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.

8-10. **Applicant 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 applicant to accommodate available funding and capacity needs.

**Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

Column A: the **start-up, part year costs**, net deficit and OASAS State aid funding requested for one-time costs necessary to start the program effort.
up costs include, but are not limited to the following: equipment; office supplies; furniture; rental deposits/securities; and staff recruitment.

Column B: the **12-month, full annual costs**, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

**ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.**

2. **Gross Expense Budget:** Applicants 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:** Applicants 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 applicant 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. **Full-Time Equivalent (FTE) Staff Requested:** Enter the number of FTE’s requested as part of this initiative in Columns A and B.

**Applicant Official:** Enter the printed name and title of the applicant agency representative submitting the IFR proposal.
**Signature and Date:** The IFR must be signed and dated by the applicant agency representative.

**VII. Funding Availability and Awards**

The Executive Budget for 2011-12 identified $1.875 million in the OTDA budget to begin the procurement process for NY/NY III Homeless Families. Applicants are reminded that continuation of operational funding is contingent upon the continued availability of appropriations and the results of OASAS’ annual Prospective Budget and Performance Review process.

OASAS will review and evaluate funding proposals submitted by eligible applicant entities according to the criteria set forth in Section VIII of this RFP. OASAS will select a successful applicant, at its sole discretion, based on consideration of a number of factors, including but not necessarily limited to amount of available State appropriation authority.

OASAS will identify successful applicants based on the highest ranking score. Awards will be made until the $1.875 million funds for this RFP are committed.

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

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

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

OASAS will provide written notification to the successful applicant and all applicants not selected to receive funding under the RFP.

**ADDENDA TO THE RFP**

In the event that it becomes necessary to revise any part of the RFP an addendum will be posted on the OASAS website.
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). Applicants may not communicate with any other personnel of OASAS regarding this RFP during the restricted time period.

The designated contact agent is:

Judy Monson
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue, Room 205
Albany, New York 12203-3526
JudyMonson@oasas.ny.gov
Phone: (518) 485-2145
Fax: (518) 485-1332

BIDDERS’ CONFERENCE

A Bidders’ Conference will be held on Monday, November 14, 2011 from 1:30 p.m. until 3:30 p.m. in Conference Room 8A at OASAS’ offices located at 501 7th Avenue, New York, New York 10018. Attendance is not mandatory.

INQUIRIES RELATED TO THE RFP

Any questions or requests for clarification about this RFP must be submitted in writing by 12:00 p.m. on November 14, 2011 and must be directed to the designated contact agent referenced above. All inquiries must be typed and include your name, organization, mailing address, email address, and fax number. Please reference the New York/New York III Permanent Supportive Housing for Homeless Families RFP. To the degree possible, each inquiry should cite the RFP section to which it refers. Inquiries may be submitted only by mail, e-mail or facsimile. OASAS will not entertain inquiries via telephone, made to anyone other than the designated contact agent or received after the deadline date. Inquiries will not be answered on an individual basis. Written responses to inquiries submitted by the deadline date and all questions asked at the Bidders’ Conference will be posted on the OASAS website (www.oasas.ny.gov) on or about November 21, 2011.

APPLICATION SUBMISSION PROCESS

Interested applicants should submit, in a sealed envelope, ONE ORIGINAL AND FOUR COPIES of a completed OASAS 2011 Request for Proposals – New York / New York III Permanent Supportive Housing for Homeless Families Round One application and the Initiative Funding Request Form (IFR) to the following address:
The cover of the sealed envelope should be labeled “OASAS 2011 Request for Proposals – New York / New York III Permanent Supportive Housing for Homeless Families Round One

All applications must be received by 3 p.m. **Monday, December 5, 2011.**

OASAS expects to send award letters within 30 days from the due date of applications.

**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 an applicant’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 applicant. OASAS requires a successful applicant 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 applicants 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://www.osc.state.ny.us/vendrep/vendor_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at [http://portal.osc.state.ny.us](http://portal.osc.state.ny.us).

Applicants 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 by email at ciohelpdesk@osc.state.ny.us.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at [www.osc.state.ny.us/vendrep](http://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.

**RESERVED RIGHTS**

OASAS reserves the right to:
• Reject any or all proposals received in response to this RFP;

• Not make an award to any applicant who is not in Good Standing at the time a contract is awarded.

• Not make an award to any applicant who has an MOU for treatment services with a treatment provider who is not in Good Standing at the time a contract is awarded.

• Withdraw the RFP at any time, at the agency’s sole discretion;

• Make an award under this RFP in whole or in part;

• Make awards based on geographical or regional consideration to best serve the interests of the State;

• Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFP;

• Seek clarifications and revisions of proposals;

• 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 RFP;

• Prior to the bid opening, amend the RFP to correct errors of oversights, or to supply additional information as it becomes available;

• Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;

• Change any of the scheduled dates;

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

• Waive any requirement that is not material;

• Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;

• Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
• Utilize any and all ideas submitted in the proposals received;

• 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.
### APPENDIX A - OASAS 2011 REQUEST FOR PROPOSALS – NEW YORK/NEW YORK III PERMANENT SUPPORTIVE HOUSING FOR HOMELESS FAMILIES ROUND ONE INITIATIVE FUNDING REQUEST (IFR) FORM (Start-up and Annual Operating Budgets)

1. **Printed Legal Name of Applicant Entity:**

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

3. **Applicant’s OASAS Provider Number:**

4. **Applicant’s Street Address/P.O. Box:**

5. **Applicant’s City/Town/Village:**

6. **Postal Zip Code:**

7. **Date Prepared:**

8. **Printed Name of Applicant Contact Person:**

9. **Printed Title of Contact:**

10. **Contact Telephone #:**

### PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative expected to be operational:**

### REQUESTED OPERATING BUDGET FOR PROPOSAL

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<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>(Column A) PROPOSED START-UP OPERATING BUDGET</th>
<th>(Column B) ANNUAL OPERATING BUDGET</th>
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<td><strong>2. Gross Expense Budget</strong> (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Personal Services</td>
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<td>Fringe Benefits</td>
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<td>Agency Administration</td>
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<td><strong>TOTAL GROSS EXPENSE BUDGET</strong></td>
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<td><strong>3. Revenue Budget</strong> (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Patient Fees</td>
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<td><strong>TOTAL REVENUE BUDGET</strong></td>
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### NET OPERATING COST

4. **OASAS State Aid Funding Requested**

5. **Full-Time Equivalent (FTE) Staff Requested:**

Applicant Official:

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<tr>
<th>Printed Name:</th>
<th>Printed Title:</th>
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Signature: Date:

*New York State Office of Alcoholism and Substance Abuse Services, IFR*