Request for Applications

Deliver Strengthening Families Program (SFP) to Families Residing in Upstate New York Permanent Supportive Housing (PSH)

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH

http://www.oasas.ny.gov
http://www.rfmh.org
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INTRODUCTION

A. Overview and Goal

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). Specifically, this funding opportunity is directed towards supplementing existing opioid prevention activities by increasing access to evidence-based programs and strategies (EBPS) to youth in New York State.

The grant intends to address unmet need in the permanent supportive housing environment through the evidence-based Strengthening Families Program (SFP). The unmet need can be seen in the impact of SUD on family functioning, lack of positive parental role-models, and other factors that put families at great risk for intergenerational substance abuse and involvement in the Child Welfare System. There is a lack of family support services available to families living in permanent supportive housing (PSH). Furthermore, substance abuse can be both a cause and a result of homelessness. Families in PSH often have many risk factors and providing prevention services can be particularly effective in helping to reduce the risk of substance abuse among both parents and their children.

The SFP is an EBP designed to help families maintain stability and reduce the likelihood of SUD. This RFA aims to build the capacity of a proven EBP within the PSH environment in Upstate New York. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. It is based on engaging families, programs and communities in building five protective factors including parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

The SFP is intended to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 7-17. The program is comprised of life skills courses delivered in weekly, 3-hour sessions. For more information on SFP visit https://www.strengtheningfamiliesprogram.org/
B. Available Funding:

OASAS through its fiscal agent, RFMH, will issue up to 2 awards with a maximum amount $205,000 each. This is a targeted procurement with the expectation that there will be one award for a prevention provider to serve PSH programs in Erie County and a second award for a prevention provider to serve PSH programs in Albany and Schenectady Counties. The maximum total amount of funds to be awarded for the first year depends on the number of qualifying applications received. Funding for this project is made possible by the SOR Grant through SAMHSA which ends on September 29, 2019 and is subject to second year of funding based on federal appropriations.

C. Eligible Applicants:

An eligible applicant must be an existing OASAS funded prevention provider in good standing with experience delivering primary prevention services, including evidence-based prevention practices, and must have the capacity to provide SFP in Erie or Albany and Schenectady Counties. Furthermore, the prevention provider must have (or establish for this project) formal relationships with OASAS PSH provider(s) to support the delivery of SFP in PSH settings. For the purposes of this RFA in good standing is defined as being current with their prevention reporting (WITNYS) and in compliance with the EBP level of effort standard.

The OASAS prevention provider and PSH provider(s) must complete a Letter of Commitment for the duration of the grant period. A Letter of Commitment from the OASAS prevention provider and PSH provider(s) is required with this application. A separate letter of commitment is needed for each PSH provider the Prevention Provider plans to work with.

D. Reporting Requirements:

Successful applicants will be required to submit at minimum:

- List, with description of location and date, of planned activities including, but not limited to, outreach and recruitment efforts, dates of SFP sessions with attendance verification, and required follow-up with SFP participants.
- NYS OASAS Outcome Measurement data collection forms including but not limited to:
  - NYS OASAS Strengthening Families Program Surveys,
  - NYS OASAS Strengthening Families Program Instructor Questionnaire; and
  - NYS OASAS Strengthening Families Program Follow-up Survey.
- Mid-year report on progress.
- Enter Opioid SOR related activities in WITNYS as determined by OASAS.
- Example of food survey filled out by SFP participants.

Other Reporting requirements will be conveyed at the time of the award and when appropriate, OASAS will convey these reporting requirements.
APPLICATION PROPOSAL

Project Narrative
Application narratives should be concise and address all the components listed below, in the following order:

A. **Statement of Need/Needs Assessment (10 points)**
   a. Provide available epidemiologic information to describe the social and emotional needs of the targeted community. This information should include information on housing, level of substance abuse of the targeted group, and/or explanation of risk factors faced by children and families.
   b. Include a thorough description of the targeted under-served and at-risk youth and family population. Provide relevant demographic information, including total population size and the size of the targeted age group prioritized. Describe any gender, ethnic, racial or cultural health disparities in the community, especially identifying underserved populations such as people of color, women, and disability populations.
   c. Identify any other community factors that play a significant role in the community or within the community’s housing environment in which services will be provided. Description of any events or any significant factors related to opioid abuse and/or the under-served population should be included.
   d. Identify the specific geographic area to be served by the program, including the community (city, town, village, neighborhood) to be served within the geographic boundaries. Include the name of the county/counties in which you hope to provide services and statement(s) about how this area might qualify as high need.

B. **Permanent Supportive Housing Collaboration (25 points)**
   a. Describe PSH partner(s) ability to meet expectations of this RFA including but not limited to current and historical services provided, history of collaborative efforts with other provider systems, and description of staffing (i.e – organization chart, ratio, qualifications).
   b. Indicate if PSH partner(s) has experience in running SFP. If so, describe dates of programming and outcomes from implementing SFP.
   c. Describe plan to work collaboratively with the PSH programs to identify and recruit families into the SFP based on needs.
   d. Include a Signed Letter of Commitment from partnering OASAS PSH Provider outlining the number of families served by type of housing via the PSH provider within the service area targeted by this RFA. List of previous collaborations between prevention and PSH providers, additional resources available including but not limited to other prevention services or opportunities which could bolster the service delivery of SFP, and location names and addresses where SFP sessions will be held should be on this letter of commitment. See Attachment B for a sample letter of commitment.
C. **Service Delivery (35 points)**

a. Describe type of prevention provider staff who will implement SFP including a job description.

b. Describe process for training prevention and PSH staff member(s) to implement the program. Include a description regarding how the applicant will implement the program with fidelity ensuring the effectiveness of the intervention.

c. Include the number of families, adults, and children that will be impacted by the proposed programming regimen.

d. Describe process and plan for developing a sustainable SFP model after the grant funding period.

e. Describe plan for transporting participants to and from SFP locations. If your service area is large, explain how you will overcome possible barriers related to transportation.

f. Describe how the applicant will fulfill the following requirements of implementing the SFP program:

   i. Deliver SFP to 15 families who receive housing services from partnering OASAS PSH programs by September 2019.

   ii. Provide childcare to parents who have children under age six.

   iii. Provide dinner, at each session, to parents and children to increase family opportunities for pro-social involvement. Providers should survey families each week on type of food(s) they would like to eat.

   iv. Provide additional on-site staff weekly to:

      o Collaborate with the PSH programs to identify existing mentors at the programs who may be good candidates for SFP training.

      o Follow-up with SFP participants on their understanding of the program as it relates to fidelity of the SFP model.

      o Become long-term supports for families participating in the SFP and craft sustainability plans.

g. Describe implementation strategies and schedule for 12 months of programming.

h. See below for an example of a Proposed Implementation Schedule for first 6 months:

**Month 1 – 2:**

- Hire prevention staff member(s) to act as SFP facilitators. Hiring/Selection Guidance: In addition to credentials required by your organization, the SFP Facilitator Partner should be able to successfully complete a background check and should have experience based on the requirements of their role.

- Finalize PSH provider partnership(s) and coordinate resources to support needs of program including but not limited to activities such as outreach and recruitment for SFP sessions, linkages to other beneficial services for those participating in SFP, communication design for contacting necessary PSH or Prevention provider staff, and clear delineation on when and where SFP sessions will occur.

- Educate staff on necessary OASAS reporting requirements such as surveys, pre- and post-tests, WITNYS reporting, etc.
Month 3-4:
- Conduct SFP content training for Prevention and PSH provider staff and purchase program materials.
- Begin outreach to PSH tenants for recruitment of first SFP cycle.
- Begin delivering SFP and implement required OASAS data forms.

Month 5-6:
- Continue programming of SFP.
- Begin outreach and recruitment for next cycle of SFP.
- Complete required OASAS data forms as SFP cycle concludes including the beginning of tracking for necessary follow-up.

D. Management and Staffing Plan (10 points)
Describe how the work of the prevention staff members will be organized around the goals of the SFP program, including:
  a. Description and qualifications of prevention staff members who will facilitate the SFP sessions;
  b. Description of plan for prevention staff to do outreach and conduct recruitment efforts for SFP;
  c. Description of other necessary staff to ensure fidelity to the SFP model.
  d. Information regarding the percentage of the prevention staff’s time devoted to grant activities (e.g. program implementation, training, reporting etc.);
  e. An organizational chart of project staff, supervisor, and other partners of the SOR SFP program; and
  f. Describe the organizational capacity of the applicant and a brief description of the organization’s previous experience in managing grants and experience in the following:
     i. providing evidence-based practices including ensuring fidelity;
     ii. reporting prevention activities;
     iii. overseeing projects; and if applicable,
     iv. working with PSH providers and program participants.

E. Budget and Budget Narrative (20 points)
a. Working within the cost parameters of $205,000 per provider in annual funding applicants must provide a full annual budget for the proposed strategies using Attachment A.

b. Applicants should adhere to OASAS Administrative and Fiscal Guidelines when developing their proposed budget including agency administration. The service category proposed must contain the expenses and net operating costs. Each budget must include the FTE of the required afterschool program staff needed to provide the service.

c. Applicants must provide a Budget Narrative which includes the following:
• Detailed job description including duties, experience, and qualifications of the required prevention staff members. Describe how staff will meet the goals of the project, maximize resources, and coordinate the project activities including reporting and performance outcome measurement.

• Describe the experience and training necessary to implement the SFP. Include a description of strengths and skills that will enable staff members to be successful in carrying out SFP Sessions.

• Note: SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the MTDC which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

**PROPOSAL AND SUBMISSION:**

A. Expected Timetable for Key Events:

- Release Date: February 6, 2019
- Bidders’ Questions Due: February 14, 2019
- Responses to Bidders’ Questions: February 21, 2019
- Applications Due: March 7, 2019
- Anticipated Award: March 22, 2019

B. Bidders’ Inquiries:

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the State Opioid Response – SFP RFA in your message.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about February 21, 2019.

C. Format of Proposal Instructions:

Only one application from an applicant organization will be accepted. The proposal should be typed and double-spaced on both sides of 8 ½ x 11 paper utilizing Times New Roman, 12 pt. font. Pages should be numbered. Each side of a page will count as one page, and the proposal narrative (sections I – V) is not to exceed 15 pages. Attachments do not count toward the page limit.
D. Instructions for Submissions:

Proposals must be received by 5:00 p.m. EST on Thursday, March 7, 2019. Proposals not received by 5:00 p.m. EST may be opened by the sole discretion of Research Foundation for Mental Hygiene and the Office of Alcoholism and Substance Abuse Services.

**ONE ORIGINAL and FOUR COPIES** of complete application 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. Each sealed envelope must also have **ONE USB STORAGE DEVICE CONTAINING PDF SEARCHABLE ELECTRONIC COPIES OF ALL APPLICATION REQUIREMENTS.** The application should be addressed to:

Barry Kinlan  
Bureau of Prevention Services  
New York State Office of Alcoholism and Substance Abuse Services  
2nd Floor  
1450 Western Avenue  
Albany, NY 12203  
ATTN – State Opioid Response: SFP RFA

V. Administrative Information

A. Cancellation of Awards:

The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

B. Reserved Rights:

NYS OASAS, through its fiscal agent, RFMH, reserves the right to

- Reject any or all proposals received in response to this RFA;  
- Not make an award to any applicant who is not in good standing at the time of award;  
- Withdraw the RFA at any time, at the agency’s sole discretion;  
- Make an award under this RFA in whole or in part;  
- Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State;  
- Make multiple awards within a geographic area;  
- Negotiate with the successful bidder within the scope of the RFA in the best interests of NYS;  
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFA;
• Seek clarifications and revisions of applications;
• Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information as it becomes available;
• Prior to the bid opening, amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
• Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFA amendments;
• Change any of the scheduled dates;
• Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
• Waive any requirement that is not material;
• Negotiate with the successful bidder the scope of the RFA 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;
• Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
• Utilize any and all ideas submitted in the applications received; and
• Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s application and/or to determine a bidder’s compliance with the requirements of the solicitation.

C. Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.
Attachment A: Instructions for Completing the Initiative Funding Request Form (IFR)  
(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, if Applicable** – 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 – Not Applicable**

**Column B – ANNUAL OPERATING BUDGET:** 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. **Grant Funding Requested** – Enter the amount of Grant 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.
OASAS/RFMH 2018 REQUEST FOR PROPOSALS (SFP RFA)  
INITIATIVE FUNDING REQUEST (IFR) FORM

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:  

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<thead>
<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
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<tr>
<td>Gross Expense Budget (see instructions for details):</td>
<td>Round Amounts to the nearest $100.</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>Agency Administration</td>
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TOTAL GROSS EXPENSE BUDGET

3. Revenue Budget (see instructions for details): Round Amounts to the nearest $100.

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<thead>
<tr>
<th>Revenue Budget</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
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<td>Patient Fees</td>
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<td>SSI and SSA</td>
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<td>Public Assistance (Safety Net &amp; TANF)</td>
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<td>Third Party Insurance/Private Pay</td>
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<td>Food Stamps</td>
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<td>Closely Allied Entity Contributions</td>
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<td>Donations</td>
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<td>Other: Specify:</td>
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<td>Specify:</td>
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TOTAL REVENUE BUDGET

4. NET OPERATING COST

5. OASAS State Aid Funding Requested

6. Full-Time Equivalent (FTE) Staff Requested:

Applicant Official:  
Printed Name:  
Printed Title:  

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<th>Full-Time Equivalent (FTE) Staff Requested</th>
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<th>Applicant Official:</th>
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Re: Letter of Commitment for [OASAS Prevention Provider name] application to Deliver Strengthening Families Program (SFP) to families residing in Upstate New York and Permanent Supportive Housing (PSH)

Dear Mr. Kinlan,

This Letter of agreement establishes that [OASAS Prevention Provider name] have agreed to partner with [OASAS Permanent Supportive Housing Provider] to accomplish the deliverables set forth in the Request for Applications: Deliver Strengthening Families Program (SFP) to families residing in Upstate New York and Permanent Supportive Housing (PSH)

The following [OASAS Permanent Supportive Housing Provider] locations will be part of implementing Strengthening Families Program:

[List PSH locations full address including county and type of housing, indicate if SFP sessions will be held at this location (or not), and number of families served at this location.]

The following location(s) will host the SFP sessions:

[List full address, county, and indicate if space will be rented or is owned by either the prevention or PSH provider]

[OASAS Prevention Provider name] will be leveraging additional resources. Those resources are [List additional resources as necessary].

If [OASAS Prevention Provider name] and [OASAS Permanent Supportive Housing Provider] have had previous collaborations list name, date(s), and purpose of project below:

I affirm that [OASAS Prevention Provider name] and [OASAS Permanent Supportive Housing Provider] understands and is committed to the information proposed in this RFA, and that we will be fully engaged in activities and plans. We will follow through on these commitments, regardless of changes in agency leadership, budget modifications, or other foreseeable events.

OASAS Prevention Provider Representative Printed Name ____________________________
OASAS Prevention Provider Representative Title ____________________________
Signature ____________________________
Date ________________

OASAS Permanent Supportive Housing Provider Representative Printed Name ____________________________
OASAS Permanent Supportive Housing Representative Provider Title ____________________________
Signature ____________________________
Date ________________