Human Resources Administration
Department of Social Services
Office of Contracts

Steven Banks
Commissioner

Martha A. Calhoun
General Counsel

Vincent Pullo
Agency Chief Contracting Officer

150 Greenwich Street
New York, NY 10007

929 221 6347

W-2-196
Rev. 03/15

MEMORANDUM

DATE: May 31, 2016

TO: Deborah Bander, Assistant General Counsel
Mayor's Office

FROM: Cynthia Holland, Director
Contract Management Division

SUBJECT: **Registered Contract Package - Contract Change or Modification**
PIN: 14OHEOC04001A02 **EPIN:** 14OHEOC04001A02
Contract Number: CTR 069 201514111372-00006

Enclosed is your copy of the registered contract package for Provision of Housing Recovery Program Case Management Services which has been awarded to Solix, Inc.

To facilitate prompt payment to the Vendor, invoices with the appropriate documentation (receiving reports, payroll reports, time sheets, etc.) must be carefully reviewed, signed and sent to Accounts Payable within the timeframe set in the Procurement Policy Board Rules. The invoices and accompanying documentation should be mailed to:
New York City Human Resources Administration, Accounts Payable, Attn: Madlyn Korman, Director, 150 Greenwich Street, 33rd Floor, New York, New York, 10007

Please be advised that diligent review and prompt submission of all invoices by the program area to Vendor Payment is critical as all invoices are dated and monitored for prompt vendor payment. Invoices are only to be certified upon registration of an executed contract or purchase agreement to ensure the agency is billed correctly and sufficient funds are available to avoid payment delays.

Pursuant to Section 4-06 of the Procurement Policy Board Rules, the required payment date shall be thirty (30) days upon submission of a proper invoice by the vendor. In compliance with the mandate, the time period between the locations receiving invoice(s) for certification and the return of those invoices Vendor Payment will be audited.

Pursuant to Section 4-01 of the Procurement Policy Board Rules, performance evaluation of the vendor shall conform to the requirements of the contract, including but not limited to, quality and timeless of performance, fiscal administration and accountability.

The Human Resources Administration shall monitor the vendor's performance against such standards and indicators on an ongoing basis and sufficiently far in advance of the end of the contract term to determine whether an existing contract should be extended, renewed, terminated or allowed to lapse. Notification to the vendor of deficient performance shall be made as soon as practicable, and shall not await the annual evaluation.

If there are any questions do not hesitate to contact me at (929) 221-6355.

cc: Madlyn Korman; Cynthia Holland; B. Martinez

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New York, NY 10007

929 221 6347

W-2-196
Rev. 03/15

May 31, 2016

Eric D. Seguin, Senior Vice President
Solix, Inc.
30 Lanidex Plaza West
Parsippany, NJ 07054

Re: Notice of Modification
Provision of Housing Recovery Program Case Management Services
Contract Number: CTR 069 201514111372-00006
PIN: 14OHEOC04001A02 **EPIN:** 14OHEOC04001A02

Dear Mr. Seguin:

This is to inform you that the contract with the Human Resources Administration (HRA) referenced above has been registered. The contract term for this action is from 12/16/2013 to 12/31/2015 and the maximum contract amount shall not exceed $0.00.

To facilitate prompt payment invoices are to be submitted in accordance with the Submission of Invoices section of the specification. Invoices and deliveries shall be forwarded to the address indicated below. Please reference your Federal Tax Identification Number, an Invoice Number, the assigned Contract Number and the Procurement Identification Number (PIN) on all invoices and correspondence.

Invoices:
New York City
Human Resources Administration
Mayor's Office
150 Greenwich Street
New York, NY 10007
Attn: Madlyn Korman
Phone: (929) 221-5899
kormanm@hra.nyc.gov

Deliveries:
New York City
Human Resources Administration
Mayor's Office
250 Broadway , 24th floor
New York, NY 10007
Attn: Kristi Jacques
Phone: (212) 615-8041
kjacques@recovery.nyc.gov

Your interest in doing business with the City of New York is appreciated.

Sincerely,

Cynthia Holland, Director
Contract Management Division

cc: Cynthia Holland; B. Martinez

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM
ADVICE OF AWARD REVISION

EXPENSE/GENERAL CONTRACT

DATE: 05/03/2016

PAGE: 1

FINAL

BATCH ID: CT1 069

TAXPAYER ID: 223741663

CONTRACT NUMBER: CT1 069 20151411372

AMENDMENT NUM:

VERSION NUM: 1

VENDOR ADDR IND: 001

OCA NUMBER: 1005335297

VENDOR: 0002755701
SOLIX INC.

MOD NUMBER: CTR 069 20151411372-00006

ALIAS/DBA:

CONTACT: ERIC D. SEGUIN
PHONE: 973-581-5007

ADDRESS: 30 LANIDEX PLAZA WEST

PARSIPPANY
NJ
07054

CONTRACT TITLE: SOLIX INC.

PIN: 14OHEOC04001A02

DESCRIPTION: HOUSING RECOVERY OPERATIONS(HRO)

ORIGINAL AMT:	$23,511,833.05	ORIGINAL START:	12/16/2013	END:	12/31/2015
REVISED AMT:	$24,126,733.05	REVISED START:	12/16/2013	END:	12/31/2015
CURRENT CHANGE:		RESP AGENCY:	069		
INC/DEC INDICATOR:		SUBMITTING AGCY:	069		

CONTRACT OFFICER: PHONE:

COMMENTS:

HOUSING RECOVERY OPERATIONS- PROVISION OF CASE MANAGEMENT SERVICES FOR NEW YORK CITY RESIDENTS DIRECTLY AFFECTED BY HURRICANE SANDY.

CONTRACT TYPE: 70 CLASS: G AWARD METHOD: 29 AWARD LEVEL:

CATEGORIES 1: 103 2: 3: 4: 5:

CONSTRUCTION RELATED: N REDUCED ADVERTISING: N

HEARING DATE:

MINORITY: WOMAN LOCAL: NOT-FOR-PROFIT: MWBE UTILIZATION CLAUSE: N

LOCATION INFORMATION

SERVICE LOCATION: 30 LANIDEX PLAZA, PARSIPPANY, NJ

ZIP CODE: 07054 BOROUGH: BLOCK: LOT: COUNCIL DISTRICT:

DELIVERY DATE:

DELIVER TO: DEPARTMENT OF SOCIAL SERVICES
HRA CORPORATE HEADQUARTERS
150 GREENWICH STREET
NEW YORK NY 10007

INVOICE TO: DEPARTMENT OF SOCIAL SERVICES
HRA CORPORATE HEADQUARTERS
150 GREENWICH STREET (4WTC), 33RD FLOOR
NEW YORK NY 10007

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM
ADVICE OF AWARD REVISION

EXPENSE/GENERAL CONTRACT

DATE: 05/03/2016

FINAL

TAXPAYER ID: 223741663

VENDOR: 0002755701
SOLIX INC.

ALIAS/DBA:

BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20151411372

AMENDMENT NUM:

VERSION NUM: 1

VENDOR ADDR IND: 001

OCA NUMBER: 1005335297

MOD NUMBER: CTR 069 20151411372-00006

DEPT: 069 SHIP CODE: 069002

DEPT: BILL CODE: 069927

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM
ADVICE OF AWARD REVISION

EXPENSE/GENERAL CONTRACT

DATE: 05/03/2016

FINAL

BATCH ID: CT1 069

TAXPAYER ID: 223741663

CONTRACT NUMBER: CT1 069 20151411372

AMENDMENT NUM:

VERSION NUM: 1

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OCA NUMBER: 1005335297

VENDOR: 0002755701
SOLIX INC.

MOD NUMBER: CTR 069 20151411372-00006

ALIAS/DBA:

CONTRACT INFORMATION

REFERENCE INFORMATION

REFERENCE CODE: MOD

REFERENCE CONTRACT:

INTERNAL AWARD NUMBER: 14OHEOC04001A02

SOLICITATION NUMBER:

REPLACES CONTRACT: CT1 069 20141400169

NUMBER OF RESPONSES: 1

OUT OF NUM OF SOLICITATION: 1

COMPLIANCE INFORMATION

COMPLIANCE CRITERIA	1. MCBRIDE	N	2. 0LIVINGWAG	N	3.	N
	4.	N	5.	N		

NON COMPLY REASON: N/A

WORKSITES / COMMUNITY / BOARD CODES

WORKSITES	1. ALL	2.	3.	4.	5.
	6.	7.	8.	9.	10.

THE CITY OF NEW YORK
FINANCIAL MANAGEMENT SYSTEM
ADVICE OF AWARD REVISION

EXPENSE/GENERAL CONTRACT

DATE: 05/03/2016
PAGE: 4

FINAL

TAXPAYER ID: 223741663

VENDOR: 0002755701
SOLIX INC.

ALIAS/DBA:

BATCH ID: CT1 069
CONTRACT NUMBER: CT1 069 20151411372
AMENDMENT NUM:
VERSION NUM: 1
VENDOR ADDR IND: 001
OCA NUMBER: 1005335297
MOD NUMBER: CTR 069 20151411372-00006

I HAVE EXAMINED THIS ADVICE OF AWARD OF CONTRACT AND CERTIFY THAT THE AWARD WAS MADE TO THE LOWEST RESPONSIBLE BIDDER, AND/OR IN ACCORDANCE WITH THE PROVISIONS OF THE APPROPRIATE SECTIONS OF THE NYC CHARTER, AT THE PRICE BID BY SUCH BIDDER, AND THAT IT IS CORRECT AS TO CALCULATION AND EXTENSION AND THAT THE AWARD WAS PROPERLY MADE.
I CERTIFY THAT I HAVE CHECKED THE CONTRACTOR'S RECORD PURSUANT TO SECTIONS 6-116.1 AND 6-116.2 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK.
I FURTHER CERTIFY THAT THIS AWARD IS A PROPER EXPENDITURE AND THE LIABILITY HAS BEEN CHARGED TO THE PROPER FUND OR FUNDS.

AGENCY NYC HRA TELEPHONE # 929-221 6407

PREPARED BY (PRINT) B Martinez

PREPARED BY (SIGNATURE) B Martinez

AUTHORIZED OFFICIAL'S NAME & TITLE Vincent Pullo / ACCO

TELEPHONE # 929-221-6347

AUTHORIZED AGENCY OFFICIAL (SIGNATURE) VPullo/OH

REQUEST FOR CONTRACT CHANGE OR MODIFICATION (RCAM)

AGENCY HRA	CONTRACTOR Solix, Inc.	☒ EIN ☐ SSN 22-3741663
CONTRACT TITLE/DESCRIPTION Provision of Housing Recovery Program Case Management Services		CONTRACT#20151411372-0001 PIN # 14OHEOC04001A02

PERIOD COVERED BY THE SUBJECT AMENDMENT From 12 /16 /2013 To 12 / 31 /2015

PART I – TYPE(S) OF CHANGE

[Check all that apply]

☐ **Increase in Contract Amount:**

* If no prior change(s) to this contract were approved by CCPO, list below each change occurring since contract start date; if prior change(s) were approved by CCPO, list below each change occurring since previous CCPO approval obtained.

Date	$ Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
This Change	$ 0.00__
TOTAL	$ 0.00 *

- Original Contract Amount $24,126,733.05
- Current Contract Amount $24,126,733.05
- This Change in Contract Amount $0.00___
- Latest Total Cumulative Changes in Contract Amount (Including this Change) Not Approved by the CCPO $0.00 — 0 % of Original Contract Amount
- New Contract Amount (Including This Change) $24,126,733.05

☐ **Extension of Contract Term:**

- Original term of subject contract: from __/__/__ to __/__/__
- Cumulative term of prior extension(s): from __/__/__ to __/__/__ ☐ N/A
- Term of this Extension: from __/__/__ to __/__/__
- Cumulative term/duration of all extensions (including this extension): from /_/ to / /_ (0__ mos.)
- New contract term (including this extension): from __/__/__ to __/__/__

☒ Revision in Contract Language ☐ Decrease of Contract Amount
☐ Reduction of Contract Length of Term ☐ Other: _____

[Instructions: Briefly describe/explain each circumstance checked above] ☒ Additional sheet attached

PART II – REASON FOR CHANGE

[Check all that apply]

☐ Authorized add'l or omitted work ☐ Cost of living adjustment ☐ Inflationary adjustment
☐ Rec'pt of Council &/or Boro. Pres. discretionary funds ☐ Rec'pt of federal &/or state funds
☐ Add'l time req'd for new procurement to replace subject contract (new proc. to be completed by __/__/__)
☐ Add'l time req'd to ensure continuity of services
☒ Other: Reallocation of Line items_____

[Instructions: Briefly describe/explain each circumstance checked above] ☒ Additional sheet attached

The purpose of this amendment is to reallocate capacity within the existing budget. The capacity of certain deliverables will be increased, while other deliverables will be obsolete and others reduced (See attached Justification Memo).

PART III – PRICE IS FAIR AND REASONABLE/COMPLIANCE WITH LIVING WAGE LAW

The Agency has determined that the price for the subject change is fair and reasonable based on the following:

☐ All rates, terms and conditions of this change are the same as in the underlying contract.
☒ Other: See attached._____

☐ Additional sheet attached

The Contractor complies with the Living Wage Law ☒ N/A ☐ YES ☐ NO

AGENCY CHIEF CONTRACTING OFFICER

This is to certify that the information presented is accurate, that, if applicable, the Agency Fiscal Officer certified that sufficient funds are available/anticipated to be available when the contract amendment is executed and that I approve of this change to the subject contract.

Signature _____ Date 4/12/16

CITY CHIEF PROCUREMENT OFFICER (IF required)

This is to certify that I approve of this change to the subject contract.

Signature _____ Date 4/12/16

NYC Housing Recovery

TO: Vincent Pullo
NYC Human Resources Administration

FROM: Saba Jote
NYC Mayor's Office of Housing Recovery Operations

DATE: February 2, 2016

RE: Cost Reasonableness Analysis
NYC Housing Recovery Program Case Management Services
Vendor: Solix, Inc. ("Solix")

Purpose:

The NYC Mayor's Office of Housing Recovery Operations ("HRO") is amending the contract of Solix ("the Agreement") for the Hurricane Sandy Relief Program ("the Program"). As explained below, this amendment reallocates capacity within the existing budget.

Background:

On June 3, 2013, Public Financial Management, Inc. ("PFM") entered into a two year contract with the Department of Social Services/Human Resources Administration ("HRA") for the provision of case management services for New York City residents affected by Hurricane Sandy. By way of subcontract with PFM, Solix assumed responsibility for Task II as well as related Task IV services which included Eligibility Review and related Project Management services. Due to unanticipated programmatic changes and delays, PFM's team encountered significant difficulty in administering the services. With the consent and approval of Solix, HRA, on behalf of HRO, assigned Task II and related Task IV Project Management to Solix. In assigning the work, on June 26, 2015, HRO modified the scope and budget of the Agreement to enhance services, modify the terms of payment, and increase the not-to-exceed for the services by $19,709,611.05 from $3,802,222 to $23,511,833.05. HRO also extended the term of the performance through December 31, 2015. Additionally, on November 19, 2015, the Agreement was modified to add capacity for increase of capacity to line items for "Grant Agreement Support", "Additional pages – paper, printing", and "Outgoing letter postage at cost (Post-February 1, 2014)". The modification increased the contract value by $614,900 from $23,511,833.05 to $24,126,733.05.

Unit Adjustment

The capacity of certain deliverables will be increased, while other deliverables will be obsolete and others reduced. HRO, in conjunction with the City's Department of Housing, Preservation & Development ("HPD"), intend on reallocating capacity based on the below determinations.

Single Family Deliverables

HRO has determined that, the Program will not require current contract capacity for "Certified Eligibility Review Units," "Certified Verification of Benefits Units," and "Private Insurance Verification." The Program has completed all possible work under this task for

deliverables assigned for completion prior to July and March 2014. A portion of units to be completed post July and March 2014 will remain in the contract based on projections. HRO projects that the Program will require an increase of the deliverable for "Coordination of Benefits/Final Award Amount/Determination."

Multi-Family Housing Deliverables

HRO and HPD have determined that there will be a decrease in volumes for line items which provide for "Eligibility Review – through certification (+50 units)" and "Eligibility Review – through certification (5-49 units)." No change to the remaining Multi-Family Housing Deliverable is necessary.

Reimbursement

In order to compensate Solix for work currently being completed, HRO will require additional units for "Reimbursement Review Stage 2" and "Reimbursement Calculation." The Program has completed all possible work under the remaining deliverable.

Additional Support

HRO has determined that it will require an increase to capacity for the "Post ORM Coordination of Benefits," "Grant Agreement Support," and "End to End Review and Audit File" deliverables. These three deliverables are vital to the Program's ability to get all homeowners through the eligibility process. While capacity has been reduced for Temporary Housing Eligibility deliverables, HRO anticipates that some Homeowners will still require initial review and additional review of "Temporary Housing Eligibility" status. HRO has retained an amount proportionate with the projected need in the contract for these deliverables. The Program has completed all possible work under the remaining deliverables.

Mailing Support

HRO has determined that it will require an increase to capacity for "1-page outbound letter – paper, printing & envelope," "Additional pages-paper, printing," "Outgoing letter postage at cost (Post-February 1, 2014)," and "Outgoing letter Certified Mail" deliverables. The Program will need additional capacity for these deliverables because of a decision to mail letters to all applicants with outstanding transfer amounts. In addition, where these applicants fail to meet the established payment deadline for their transfer amounts, HRO will need to send withdrawal notices to them. In order to compensate Solix for work currently being completed, HRO will require additional units for "Additional letters as needed" and "UPS Store PO Box Annual Fee" deliverables. The deliverable for "Outgoing letter postage at cost (Pre-February 1, 2014)" is obsolete.

Call Center Staff (Pre-July 1st, 2014)(Time and Material)

The Program has completed all possible work under these deliverables and no capacity is necessary for the moving forward.

Project Management (Pre-July 1st, 2014)(Time and Material)

The Program has completed all possible work under these deliverables. However, line items for two employees exceeded the quantity under the current agreement. These individuals engaged in critical project management tasks such as coordination of process development, communication, and providing daily production and management updates, subject to HRO oversight and management. Although HRO provided oversight of Solix's time and materials

work during the pre-July 2014 period, unanticipated programmatic changes led to additional hours being expended in order to complete work. HRO could not accurately project the scope of work necessary to reach early programmatic goals because process development and daily productions were subject to the Program's evolving initiatives. HRO will continue to monitor Solix's project management work. In addition, the Program has made more accurate projections to prevent exceeding contract rates and, as explained below, changed the rate structure in which project management fees are billed. As seen in the post-July 2014 project management deliverable, the structure is now a unit price based on application review. In addition, Solix submits invoices on a regular basis so that the Program can monitor costs incurred in real-time.

Project Management (Post-July 1st, 2014)

In order to compensate Solix for work currently being completed and based on future projections, HRO has determined that it will require an increase to capacity for the Project Management per Application deliverable. HRO needs an increase in this deliverable to compensate for the additional reviews of applications anticipated.

The final dollar value of Solix's original contract term will remain $24,126,733. This amendment, supports current realities and programmatic projections. Accordingly, HRO will require the above line item reallocations to support case management service operations.

Appendix 1

TAX AFFIRMATION

The undersigned proposes or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not be declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending, relating to the responsibility or qualification of the proposer or bidder to receive public contracts except N/A.

Full name of Proposer or Bidder: SOLIX, INC.

Address: 30 LANIDEX PLAZA WEST, PO BOX 685

City: PARSIPPANY State: NJ Zip Code: 07054

CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER

☐ A: Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER: ☐☐☐☐☐☐☐☐☐

☐ B: Partnership, Joint Venture or other incorporated Organization
EMPLOYER IDENTIFICATION NUMBER: ☐☐☐☐☐☐☐☐☐

☑ C: Corporation
EMPLOYER IDENTIFICATION NUMBER: 2 2 3 7 4 1 6 6 3

[ ] CERTIFIED WOMEN BASED ENTERPRISE

[ ] CERTIFIED MINORITY VENDOR

[ ] CERTIFIED NON-PROFIT ENTERPRISE

[ ] CERTIFIED LOCALLY BASE ENTERPRISE

BY: _____
SIGNATURE

SVP, CFO & TREASURER
TITLE

Must be signed by an officer or duly authorized representative.

- **Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on city contracts is voluntary. Failure to Provide a Social Security Number will not result in a bidder's disqualification. Social Security Number will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying of businesses which seek city contracts.**

SOLIINC-02 BROWNCM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis of New Jersey, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 37230-5191

CONTACT NAME: Willis Certificate Center
PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378
E-MAIL ADDRESS: Certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Fire Insurance Company of Hartford	20478
INSURER B : Transportation Insurance Company	20494
INSURER C : Continental Insurance Company	35289
INSURER D : ACE American Insurance Company	22667
INSURER E :	
INSURER F :	

INSURED
Solix, Inc.
30 Lanidex Plaza West
Parsippany, NJ 07054

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			4026634696	11/04/2015	11/04/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	50,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$	2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO			4026634679	11/04/2015	11/04/2016	BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A			4026634682	11/04/2015	11/04/2016	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	Professional Liabili			EON G24569408 007	11/04/2015	11/04/2016	Ret: 75,000 / Agg		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of New York, including its officials and employees are included as Additional Insureds as required by written contract agreement.

CERTIFICATE HOLDER

New York City Human Resources Administration
Office of Contracts
150 Greenwich Street, 37th Floor
New York, NY 10007

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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☐ RFA ☐ RFR ☒ RCAM **RESPONSIBILITY DETERMINATION**

(Revised 5/08)

AGENCY	CONTRACTOR	PIN #
HRA	Solix, Inc.	14OHEOC04001A02

This is to certify that I have determined that the subject contractor has the capability in all respects to perform fully the contract requirements and the business integrity to justify the award of public tax dollars, and is therefore a responsible contractor.

Signature _____ **Date** 4/14/16

AGENCY CHIEF CONTRACTING OFFICER

SOURCES OF INFORMATION

On-line VENDEX vendor inquiry (cautions, liens, warrants) conducted 04/13/2016

VENDEX filings dated __/__/__ ☒ **N/A** ***[Award/Renewal <$100 K; Amendment≤$2M]***
Cert. of No Change/Changed Questionnaire dated __/__/__

DSBS/DLS approval/waiver for period ending __/__/__ ☒ **N/A** ***[Goods/Services ≤ $100 K; Construction≤$1M; <50 Employees Certificate; Amendment]***

DOI report dated __/__/__ ☒ **N/A** ***[Award/Renewal ≤$100 K; Amendment≤$2M]***

Doing Business Data Form dated 03/11/2016 ☐ **N/A** ***[CSB without prequalification]***

Performance Evaluations

Latest performance evaluation on current contract for the period **(12/16/2014-12/15/2015)** ☐ **N/A** [***Subject contractor not current contractor]***

Performance evaluations for all/other City contracts in last 3 years. ☒ **Yes** ☐ **None** *

Not-for-Profit/Human Services Compliance ☒ **N/A** ***[Subject contract falls in neither category]***

☐ Subject contractor is registered with NYS Att'y Gen. Charities Bureau and is current in required filings as of __/__/__ **OR**

☐ Subject contractor is exempt from charities registration. ***Explain:*** _____

☐ Subject contractor is current contractor: Latest financial audit on the current contract for the period (__/__/__ - __/__/__) **OR**

☐ Subject contractor is new contractor: Latest financial audit for the period (__/__/__ - __/__/__)

Audit conducted by _____, which expressed opinion on adequacy of books/records.

Contractor provided information on (__/__/__) re: substantiated cases of client abuse/neglect in last 12 mos. ☐ **N/A** ***[Amendment]***

Other Sources of Information (e.g, relevant references, media reports, public records data bases, etc.):*

_____

_____

*** *NOTE:* *Where the recommended contractor has had no City contracts in past three (3) years (or no performance evaluations for that period are available on the VENDEX System), the agency must indicate other source(s) of information on which agency relied to determine vendor's capability to perform contract obligations (e.g., references. evaluation reports from other government entities, etc.).***

DISPOSITION:

ADVERSE INFORMATION IDENTIFIED ☒ **NONE** ☐ **YES, described & addressed on next page**

ADVERSE INFORMATION

***Instructions*: Check all applicable box(es) indicating types of adverse information found. Provide the information requested and explain basis for the award notwithstanding adverse information. Attach explanatory sheets, as necessary.**

☐ **ADVERSE INFORMATION INDICATED IN VENDEX VENDOR INQUIRY &/OR ON MOST RECENT VENDEX QUESTIONNAIRES**– *Describe each item by type, date & current status (include outcome, if disposed of). For OSHA report of serious injury/fatality, describe circumstances of incident and certify that agency has approved vendor's Health and Safety Plan and that subject contract includes clause terminating contractor if approved plan is not implemented.*

☐ **ADVERSE INFORMATION IN DOI REPORT** – *Attach DOI report (include all attachments to report); describe each adverse item therein by date of occurrence and current status(include outcome, if disposed of).*

☐ **PERFORMANCE EVALUATION RATING(S) LESS THAN "S"**

- ☐ **Overall rating on current contract (RFA) or subject contract (RCAM or RFR)**
- ☐ **Underlying rating for certain category(ies) on current/subject contract**
- ☐ **Overall rating on all/other City contracts within past 3 years**

Describe problem(s) by type, date & current status; if problem(s) pertains to your agency's contract, provide statement that agency has approved vendor's Corrective Action Plan, and/or that problem category has been corrected, as applicable; if rating pertains to contract(s) with another agency, identify contracting agency, describe contract, indicate the rating and period covered and describe resolution of problem.

☐ **ADVERSE INFORMATION INDICATED BY OTHER SOURCES** - *Identify and describe each item of adverse information by source, date & current status (include outcome, if disposed of).*

For Human Services Only:

☐ **SUBSTANTIATED CASE(S) OF CLIENT ABUSE OR NEGLECT IN THE LAST 12 MONTHS**
Describe each substantiated case by date of occurrence, level of severity and disposition; describe whether contractor properly engaged, supervised and (if applicable) took action against offender.

☐ **LATEST FINANCIAL AUDIT CITED MATERIAL AND/OR NON-MATERIAL FINDINGS**
Describe each such audit finding and current status; provide statement that agency has approved vendor's Corrective Action Plan.

Mayor's Office of Contract Services
Contract Performance Evaluation

PROFESSIONAL SERVICES

Vendor Name:	SOLIX INC.
Vendor TIN/EIN:	223741663
Vendor Address:	30 LANIDEX PLAZA WEST PARSIPPANY, NJ 07054 US
Vendor E-Mail Address:	david.gorbunoff@solixinc.com
Vendor Updated Mailing Address:	
Contract Number:	CT1 069 20151411372
Procurement Identification Number:	14OHEOC04001A01
Contract Term:	12/16/2013 - 12/31/2015
Contract Description:	HOUSING RECOVERY OPERATIONS(HRO)
Award Amount:	$24,126,733.05
Evaluating Agency:	DEPARTMENT OF SOCIAL SERVICES
Evaluation Period:	12/16/2014 - 12/15/2015
Evaluator First Name:	Saba
Evaluator Last Name:	Jote
Evaluator Phone Number:	(212) 615-8340
Evaluator E-Mail Address:	sjote@recovery.nyc.gov

1. TIMELINESS OF PERFORMANCE (Evaluators are to consider the following criteria when rating timeliness; discuss specifics in the Comments section.)

1. Was the contract work completed on time, and if ongoing, is the vendor appropriately adhering to schedules and milestones and/or producing deliverables including, but not limited to, reports, audits, schedules, designs or studies;
2. If the vendor was given any extensions of time, were any such extensions reasonable;
3. Were any unreasonable delays in the contract work caused by the vendor or any of its subcontractor(s); and
4. If applicable, was the vendor timely in obtaining approvals from regulatory agencies?

Comments:

Solix has been timely in performing tasks and deliverable. Solix has gained experience so as to complete timely

determinations as to whether a homeowner is eligible for the Program by collecting data on an applicant's primary residence, ownership, and storm damage. Solix has also timely reviewed grant agreements by evaluating whether the application information matches the backup provided by the homeowner. Solix has been efficient about cross-referencing an applicant's financial and work history against the information in grant agreement applications and conducting end-to-end reviews of specific applications. Solix's timeliness in the completion of deliverable has been fundamental to the Program's success.

Subcategory Rating ☐ Unsatisfactory ☐ Poor ☐ Fair ☐ Good ☒ Excellent

II. FISCAL ADMINISTRATION AND ACCOUNTABILITY (Evaluators are to consider the following criteria when rating Fiscal Administration and Accountability; discuss specifics in the Comments section.)

1. Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing, if applicable;
2. Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable;
3. Did vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable);
4. Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors; and
5. Did the vendor pay its suppliers and subcontractors, if any, promptly?

Comments:

Solix has provided consistent and reliably detailed invoices during the term of the Original contract. Solix has maintained adequate records of work performed and responded timely to request by our invoice review team for clarification, or specific information. To the best of HRO's knowledge, Solix has paid subcontractors promptly.

Subcategory Rating ☐ Unsatisfactory ☐ Poor ☐ Fair ☐ Good ☒ Excellent

III. PERFORMANCE AND OVERALL QUALITY OF SERVICE (Evaluators are to consider the following criteria when rating Performance Quality; discuss specifics in the Comments section.)

1. Did vendor/its subcontractors/subconsultants perform the contract with requisite technical skill/expertise;
2. Did vendor adequately supervise the contract, its personnel, and did its supervisors demonstrate the requisite technical skill/expertise to advance the work;
3. Did vendor adequately staff the project;
4. Did vendor produce adequate deliverables including, but not limited to, reports, audits, schedules, designs or studies;
5. Did vendor analyze program information and communicate ideas/consequences with the requisite technical skill/ expertise;
6. Did vendor coordinate/cooperate with other consultants/contractors, if required, including, but not limited to, by conducting any necessary site visits to observe the progress/quality of such contractors' work;
7. Did vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assist in addressing complaints;
8. Did vendor identify and promptly notify the agency of any issues or conditions that could impact the quality of work or result in delays, and did it adequately/promptly assist the agency in resolving problems;
9. Did agency terminate the contract, decide not to renew or take any other action against the vendor due to the vendor's non-performance or poor performance?

Comments:

Solix has provided consistent and reliable case management services during the original contract term. Solix has adapted and helped develop standard operating procedures to fit with the unique needs of the Program. Solix has also gained a high level of expertise in case management since coming onboard which has become critical to the Program's success. Solix worked with HRO to promptly resolve issues and respond quickly to necessary programmatic changes. Solix has showcased outstanding flexibility in its ability to adapt to HRO's needs.

Subcategory Rating ☐ Unsatisfactory ☐ Poor ☐ Fair ☐ Good ☒ Excellent

Overall Rating (Based on the above three subcategory ratings, evaluators are to give the vendor an overall rating.)

Overall Rating ☐ Unsatisfactory ☐ Poor ☐ Fair ☐ Good ☒ Excellent

The foregoing evaluation represents my best judgment concerning the performance of the contractor and is based on documentation on file at the City Agency.

Evaluated By: Saba Jote

Evaluation Date: 01/11/2016

For Evaluator Use Only

Upon completing the PE, use the Check Errors button to validate the document. After checking errors, you must forward your completed evaluation to ACCO/DACCO/Designated Contact. To do so, save the completed evaluation to your computer. It will automatically save as an Adobe PDF. Send an email through outlook, with the completed evaluation attached, to the ACCO/DACCO/ Designated Contact.

For ACCO Use Only

Once the completed evaluation is approved and ready to send to MOCS, complete the "approved by" section below. Then click the "Validate and Lock" button below. Once locked, the form cannot be modified--if modification is necessary, a new document must be created (from scratch). Save the Adobe PDF to your computer. Navigate to the "Performance Evaluation Upload" page in FMS/3 VENDEX to upload the locked evaluation and send to MOCS.

Approved By

Name: Darlene Molina-Summers

Title: DACCO

Date: 01/29/2016

This form was locked on Fri Jan 29 2016 14:58:04 GMT-0500 (Eastern Standard Time)

CITY OF NEW YORK

CERTIFICATION BY INSURANCE BROKER OR AGENT

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects.

Eric Munroe

[Name of broker or agent (typewritten)]

150 John F. Kennedy Parkway, Suite 520 Short Hills, NJ 07078

[Address of broker or agent (typewritten)]

eric.munroe@willistowerswatson.com

[Email address of broker or agent (typewritten)]

973-829-2940

[Phone number/Fax number of broker or agent (typewritten)]

[Signature of authorized official, broker, or agent]

Executive Vice President

[Name and title of authorized official, broker, or agent (typewritten)]

State of ...New Jersey.)
) ss.:
County of ..Bergen.....)

Sworn to before me this 13th day of April 2014

Geraldine Pizzuta
NOTARY PUBLIC FOR THE STATE OF New Jersey

GERALDINE PIZZUTA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES ON AUGUST 31, 2020

5/5/93

FAIR SHARE CRITERIA CHECKLIST
(Contract Amendment/Renewal/Amendment)

AGENCY HRA	HUMAN RESOURCES ADMINISTRATION Solix, Inc.	EPIN PIN 14OHEOC04001A02

SECTION A: AGENCY DETERMINATION OF THE APPLICABILITY OF THE FAIR SHARE CRITERIA

Check the box in Section A that indicates the Agency's determination Of the applicability of the Fair Share Criteria to the particular procurement action and attach this Checklist to the appropriate form listed below.

-Pre-Solicitation Review Report (PSR) [For Human/Client Services]
-Pre-Solicitation Review Report (PSR) [For Other than Human/Client Services]
-Pre-renewal Review Report (PRR) [For Human/Client Services]
-Recommendation for Renewal (RFR) - Exercise of an Option to Renew [For Other Than Human/Client Services]
-Request for Change, Amendment or Modification (RCAM)

(1) ☒ The Fair Share Criteria are NOT applicable because the contract **award**/renewal/**amendment** will NOT result in the establishment, relocation or significant expansion of a City Facility(ies).

(2) ☐ The Fair Share Criteria are applicable because the contract award/renewal/amendment will result in the establishment, relocation or significant expansion of a City Facility(ies).

(3) ☐ The Agency is UNABLE to determine the applicability of the Fair Share Criteria because a site will not be identified until after the award of the contract/renewal/amendment.

SECTION B: AGENCY COMPLIANCE WITH THE FAIR SHARE CRITERIA

Check the box in Section B that indicates the Agency's compliance with The Fair Share Criteria for the particular procurement action and attach this Checklist to the appropriate form listed below. In the case where Box #2 is checked, the DATE on which the Article 9 statement was submitted must be provided; in the case where Box #3 is checked, the ULURP number must be provided.

- **Recommendation for Award (RFA) [For Human/Client Services]**
- Recommendation for Award (RFA) [For Other than Human/Client Services]
- Recommendation for Renewal (RFR) [For Human/Client Services]
- Recommendation for Renewal (RFR) - Exercise of an Option to Renew [For Other Than Human/Client Services]
X Request for Change, Amendment or Modification (RCAM)

(1) ☒ As previously determined by the Agency, the Fair Share Criteria were NOT applicable. Therefore, no further Agency action is required.

(2) ☐ As previously determined by the Agency, the Fair Share Criteria were applicable. Therefore, the Agency certifies that it has prepared and submitted the requisite Article 9 Statement to the required parties.
DATE Article 9 Statement Submitted:___/___/___

(3) ☐ As previously determined by the Agency, the Fair Share Criteria were applicable. However, since a Fair Share Analysis was conducted in conjunction with a ULURP application, no further Agency action is required.
ULURP #_____

(4) ☐ The Agency was previously UNABLE to determine the applicability of the Fair Share Criteria because a site(s) would not be identified until after the award of the contract/renewal/ amendment and the Agency therefore certifies that the Fair Share Criteria will be considered and that the Agency will prepare and submit the requisite Article 9 Statement to the required parties at the time the site(s) is identified and approved, in the case where upon identification of the site(s), it is determined by the Agency that the Fair Share Criteria are applicable.

AMENDMENT NO. 3 OF AGREEMENT BETWEEN THE NEW YORK CITY HUMAN RESOURCES ADMINISTRATION AND SOLIX, INC.

THIS MODIFICATION AGREEMENT NO. 3 ("Modification Agreement No. 3"), dated as of this 26 day of May, 2016, between the City of New York, acting through the Department of Social Services/Human Resources Administration ("HRA" or the "Department"), located at 4 World Trade Center, 150 Greenwich Street, New York, New York 10007; and Solix, Inc. ("Solix" or "Contractor"), a for-profit corporation having its principal office at 30 Lanidex Plaza, Parsippany, NJ 07054 (collectively "the Parties").

WITNESSETH

WHEREAS, the Mayor's Office of Housing Recovery Operations ("HRO") is providing necessary housing recovery programs in order to assist those New York City residents directly affected by Hurricane Sandy ("Residents"); and

WHEREAS, the City's housing recovery programs are designed to meet the housing assistance needs described in the NYC Community Development Block Grant – Disaster Response (CDBG-DR) Action Plan in order to assist Residents in achieving permanent housing, finding sustainable housing solutions that allow them to remain in New York City, and, where possible, returning to their neighborhoods; and

WHEREAS, HRA, as the local social services district, procured the case management services required in support of the New York City housing recovery programs on behalf of HRO pursuant to an MOU dated April 1, 2013; and

WHEREAS, HRA entered into an agreement ("Agreement") with PFM whereby PFM agreed to provide case management services for a two (2) year period from June 24, 2013, through June 23, 2015 for an amount not-to-exceed $50,219,564.00; and

WHEREAS, under Task II, as well as related Task IV services of the Scope of Work of the Agreement, PFM, by subcontract with Solix, assumed responsibility for providing Eligibility Review and related Project Management services (the "Services"); and

WHEREAS, due to unanticipated programmatic changes and delays in the Agreement, PFM's team encountered significant difficulties in administering the Services and with the consent and approval of Solix and the Department assigned Task II and related Task IV Project Management services to Solix, effective December 16, 2013;

WHEREAS, such unanticipated programmatic changes resulted in the need to modify the Scope of Work and Budget of the Agreement as assigned to Solix; and

WHEREAS, the Parties entered into a Modification Agreement on June 26, 2015 ("Modification Agreement") to enhance the Services, modify the terms of payment and the Agreement, increase

the amount not-to-exceed for the Services by $19,709,611.05 from $3,802,222.00 to $23,511,833.05, and extend the term of the performance through December 31, 2015; and

WHEREAS, additional programmatic changes resulted in the need to modify the Scope of Work and Budget of the Agreement, and the Parties entered into a second Modification Agreement on November 19, 2015 ("Modification Agreement No. 2") to increase the quantities of certain deliverables and increase the contract value from$23,511,833.05 to $24,126,733.05;

WHEREAS, additional changes have resulted in the need to reallocate deliverables within the existing Budget of the Agreement pursuant to § 4-02(b)(1)(i), § 4-02(b)(1)(vii), and § 4-02(b)(2) of the PPB rules;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties hereto have agreed and do hereby agree as follows:

1. Except as modified herein or modified previously, all of the covenants, terms and conditions of the Agreement as assigned to Solix shall remain unchanged, and are hereby ratified and confirmed as in full force and effect.

2. MODIFICATION OF BUDGET AND PAYMENT STRUCTURE

A. The units within the current budget schedule are hereby reallocated in accordance with the new Budget attached hereto as Appendix C-1, in order to support existing need for the period from December 16, 2013 through December 31, 2015. The amount not-to-exceed for the Services shall remain $24,126,733.05. Payment for all Services provided pursuant to this Agreement shall be made in accordance with the Budget attached hereto and incorporated by reference as Appendix C-1 and in accordance with HRA's Contracts Fiscal Manual.

B. Payments may vary based on date of performance, and actual units and activities performed during a billing period as detailed in the Budget. Notwithstanding any other provisions in this Modification, the total number of payments for any one deliverable shall not exceed the total number of units specified in the Budget for that Deliverable regardless of the date of performance. Under no circumstances will the total payments for the entire contract exceed $24,126,733.05. In the event that HRA discovers that it has paid the Contractor a higher rate for a Deliverable than required pursuant to the Budget, Contractor shall remit any excess payments immediately upon demand.

C. The prices and/or hourly rates in the annexed budget shall be deemed inclusive of any and all expenses incurred by the Contractor in performing the Services, except for expenses separately listed in the Budget, but including any appropriate overhead or auxiliary costs (including but not limited to printing, copying, secretarial, invoicing,

etc.), travel, lodging or meals. The Contractor may not impose any other charges or be reimbursed by the City for any expenses incurred by the Contractor in providing such Services in accordance with the Scope of Work.

D. All payments made by HRA for work performed under the Agreement, as assigned to Solix and amended by this Modification Agreement, shall be subject to audit by HRA and any other City, State, or Federal entity having authority to do so. The parties understand that multiple invoices may be submitted for work performed during the same period of services. The Contractor is solely responsible for ensuring that invoices are submitted only for work performed pursuant to the Agreement. In the event that multiple payments have been made to the Contractor for the same work, Contractor shall remit any and all duplicate payments to HRA immediately upon demand.

E. All invoices submitted by Contractor, and payments made by HRA for work performed pursuant to the Scope of Work, as amended, shall clearly identify the deliverable(s) for which the Contractor is billing HRA, or for which HRA is paying.

3. PROCUREMENT POLICY BOARD RULES

This Modification Agreement is subject to the Rules of the Procurement Policy Board of the City of New York ("PPB Rules"). In the event of a conflict between the said Rules and a provision of the Modification Agreement, the Rules shall take precedence.

4. APPROVALS

THE CITY OF NEW YORK

This Modification Agreement shall not become effective or binding unless:

A. authorized by the Mayor; approved pursuant to the New York City Charter and Procurement Policy Board Rules for contracts not subject to public letting; and the Comptroller shall have endorsed his certificate that there remains unexpended and unapplied a balance of the appropriation of funds applicable hereto sufficient to pay the estimated expense of executing this Modification Agreement; and

B. approved by the Mayor pursuant to the provisions of Executive Order No. 42, dated October 9, 1975, in the event the Executive Order requires such approval; and

C. certified by the Mayor (Mayor's Fiscal Committee created pursuant to Executive Order No. 43, dated October 14, 1975) that performance thereof will be in accordance with the City's financial plan.

IN WITNESS THEREOF, the parties have duly executed this Renewal Agreement on the date first above written.

CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
HUMAN RESOURCES ADMINISTRATION

By: _____
Name: _____
Title: _____

CONTRACTOR

By: Eric D Segrin
Name: Eric D Segrin
Title: Senior V.P.

22-3741663

Fed. Employer I.D. No. or Soc. Sec. No.

STATE OF NEW YORK)

: ss:

COUNTY OF NEW YORK)

On this 26 day of May 2016, before me personally came Vincent Rutto, to me known and known to me to be Acco of the HUMAN RESOURCES ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein mentioned.

Sharon James Leonce

NOTARY PUBLIC

SHARON JAMES-LEONCE
Commissioner of Deeds
City of New York No. 2-13026
Certificate Filed in New York County
Commission Expires May 01, 2018

STATE OF New Jersey

:ss:

COUNTY OF Morris)

On this 23rd day of May 2016, before me personally came Eric D. Seguin, to me known, who, being by me duly sworn, did depose and say that she/he resides at 230 Prospect Ave, Morris Plains, NJ 07950, that she/he is the SVP Customer Relationship Mgmt of Solix, Inc., the corporation described in and which executed the above instrument; and that she/he signed her/his name thereto by order of the board of directors of said corporation.

NOTARY PUBLIC

Exp. 11-15-16

Appendix C-1: Budget for Contract Term

Contract Term (December 16, 2013 – December 31, 2015)

Amendment 3 Fee Schedule			
Single Family Housing Deliverables			
Deliverables	**Rate**	**Quantity**	**Total**
Certified Eligibility Review (Pre-July 1st, 2014)	$296.68	0	$0.00
Certified Eligibility Review (Post-July 1st, 2014)	$222.51	3,393	$754,976.43
Certified Verification of Benefits (Pre-March 1, 2014)	$98.89	84	$8,306.76
Certified Verification of Benefits (Post-March 1, 2014)	$87.00	2,088	$181,656.00
Private Insurance Verification	$125.00	11,714	$1,464,250.00
Coordination of Benefits/Final Award Amount/Determination	$98.89	3,492	$345,323.88
		Subtotal	$2,754,513.07
Multi Family Housing Deliverables			
Deliverables			
Eligibility Review - through certification (+50 units)	$1,500.00	75	$112,500.00
Eligibility Review - through certification (5-49 units)	$1,250.00	269	$336,250.00
Eligibility Review - 1-5 Units in Multi-Family Building	$475.00	250	$118,750.00
		Subtotal	$567,500.00
Reimbursement			
Deliverables			
Reimbursement Review Stage 1	$245.00	4,183	$1,024,835.00
Reimbursement Review Stage 2	$125.00	4,048	$506,000.00
Reimbursement Calculation	$75.00	1,643	$123,225.00
		Subtotal	$1,654,060.00
Additional Support			
Deliverables			
Post-ORM Coordination of Benefits (COB Revisions)	$145.00	8,313	$1,205,385.00
Option Review Meeting Support (Pre-July 1st, 2014)	$275.00	11,666	$3,208,150.00
Option Review Meeting Support (Post-July 1st, 2014)	$125.75	7,989	$1,004,616.75
Grant Agreement Support	$150.00	11,818	$1,772,700.00
End to End Review & Audit File	$375.00	12,716	$4,768,500.00
Pre-ORM Outreach Case Management (Pre July 1st, 2014)	$21.00	0	$0.00
Post-ORM Outreach Case Management (Post July 1st, 2014)	$15.75	0	$0.00
Title Searches	$75.00	656	$49,200.00
Temporary Housing Eligibility/Benefit Determination (Initial Review per application)	$150.00	48	$7,200.00
Temporary Housing Eligibility/Benefit Determination (Additional Review)	$50.00	137	$6,850.00
		Subtotal	$12,022,601.75
Mailing Support			
Additional letters as needed	$10,000.00	15	$150,000.00
UPS Store PO Box Annual Fee	$600.00	2.5	$1,500.00
Mail received from PO in NY	$34.00	180	$6,120.00
Document prep & scanning	$0.22	20,000	$4,400.00
1-page outbound letter - paper, printing & envelope	$0.70	55,814	$39,069.80
Additional pages-paper, printing	$0.25	111,420	$27,855.00
Outgoing letter postage at cost (Pre-February 1, 2014)	$0.46	3,446	$1,585.16
Outgoing letter postage at cost (Post-February 1, 2014)	$0.49	48,350	$23,691.50
Outgoing letter Certified Mail	$6.48	4,572	$29,626.56
Mail merge/ Doc prep/ PDF Creation Monthly Fee	$5,000.00	27	$135,000.00
		Subtotal	$418,848.02
Call Center Staff (Pre-July 1st, 2014) (Time and Material)			
Acquaye-Baddoo, Nii Adotey	$76.29	247.5	$18,881.78
Clark, Kyle	$76.29	479	$36,542.91
Lescott, Zakiya	$76.29	545.75	$41,635.27
		Subtotal	$97,059.95
Project Management (Pre-July 1st, 2014) (Time and Material)			
Shults, Margaret	$225.00	425.25	$95,681.25
Molloy, Janice	$225.00	1245.75	$280,293.75
Amendolara, Peter	$150.00	1669.5	$250,425.00
Acquaye-Baddoo, Nii Adotey	$150.00	711.25	$106,687.50
Cuffy, Kishma	$150.00	466	$69,900.00
Goldberg, Mirsolav	$150.00	590	$88,500.00
Heller, Michael	$150.00	741	$111,150.00
Ortiz, Christopher	$150.00	749.75	$112,462.50
Lescott, Zakiya	$150.00	147	$22,050.00
		Subtotal	$1,137,150.00
Project Management (Post-July 1st, 2014)			
Project Management per Application	$250.00	21,000	$5,250,000.00
		Subtotal	$5,250,000.00
		SUBTOTAL	$23,901,732.79
		TOTAL MAXIMUM BONUS PAYMENT*	$225,000.00
		TOTAL NOT TO EXCEED	$24,126,733