

**MEMORANDUM**

Steven Banks  
Commissioner

Martha A. Calhoun  
General Counsel

Vincent Pullo  
Agency Chief  
Contracting Officer

150 Greenwich Street  
New York, NY 10007

929 221 6347

**DATE:** June 17, 2016  
**TO:** Deborah Bander, Assistant General Counsel  
Mayor's Office  
**FROM:** Cynthia Holland, Director   
Contract Management Division  
**SUBJECT:** **Registered Contract Package - Renewal**  
**PIN:** 14OHEOC04001R01 **EPIN:** 14OHEOC04001R01  
**Contract Number:** CT1 069 20161427196

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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 timelessness 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



Office of Contracts

June 17, 2016

Steven Banks  
Commissioner

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

Martha A. Calhoun  
General Counsel

Vincent Pullo  
Agency Chief  
Contracting Officer

**Notice of Renewal**  
**Re: Provision of Housing Recovery Program case Management Services**  
**Contract Number: CT1 069 20161427196**  
**PIN: 14OHEOC04001R01      EPIN: 14OHEOC04001R01**

150 Greenwich Street  
New York, NY 10007

929 221 6347

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 1/1/2016 to 12/31/2016 and the maximum contract amount shall not exceed \$738,252.00.

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  
250 Broadway, 24th Floor  
New York, NY 10007  
Attn: Deborah Bander  
Phone: (212) 615-8098  
default@default.com

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



**COMPTROLLER'S OFFICE  
CONTRACT REGISTRATION COVER SHEET**

DATE 06/4/2016

SUBMITTING AGENCY CODE: 069

CONTRACT NUMBER: 20161427196 MOD NUMBER EXT (5 digits), 1

OCA NUMBER: 1005370698 VENDOR No. (digits) 0002755701

AGENCY CONTACT PERSON: **Cynthia Holland**

ADDRESS: 150 GREENWICH STREET, 37<sup>TH</sup> FLOOR, NY, NY 10007

TELEPHONE: 929-221-6355 FAX: 929-221-0757

Please indicate your reason for submitting the attached documents by filling out the form below:

**A. NEW SUBMISSION: (check off only one Box each for FMS Contract Code and Contract Class)**

FMS/3 CONTRACT CODE		FMS/3 CONTRACT CLASS	
<input checked="" type="checkbox"/>	CTI	GENERAL CONTRACT	<input checked="" type="checkbox"/> G EXPENSE
<input type="checkbox"/>	RCTI	REVENUE CONTRACT	<input type="checkbox"/> C CAPITAL
<input type="checkbox"/>	CTR	CONTRACT REVISION (INCREASES/DECREASES/ENCUMBRANCES AND DATA CHANGES)	<input type="checkbox"/> X MIXED/SPLIT FUNDING
<input type="checkbox"/>	MAI	MASTER AGREEMENT	<input type="checkbox"/> V REVENUE
<input type="checkbox"/>	MAR	MASTER AGREEMENT REVISION (INCREASES/DECREASE AND DATA CHANGES)	<input type="checkbox"/> RN MASTER AGREEMENTS
<input type="checkbox"/>	MMAI	MULTIPLE AWARD MASTER AGREEMENT	<input type="checkbox"/> RG REQUIREMENTS EXPENSE
<input type="checkbox"/>	CTAI	MULTIPLE AWARD CONTRACT	<input type="checkbox"/> RC REQUIREMENTS CAPITAL
<input type="checkbox"/>			<input type="checkbox"/> RB REQUIREMENTS MIXED FUNDS

**B. IS THIS A SUBMISSION OF A CONTRACT PACKAGE WHICH HAS BEEN PREVIOUSLY REJECTED OR WITHDRAWN? YES NO x**

OR:

**C. ADDITIONAL ITEM FOR A CONTRACT PACKAGE STILL UNDER REVIEW BY THE COMPTROLLER (CIF fax# (212) 815-8780).**

Was item requested by Comptroller staff? YES NO           

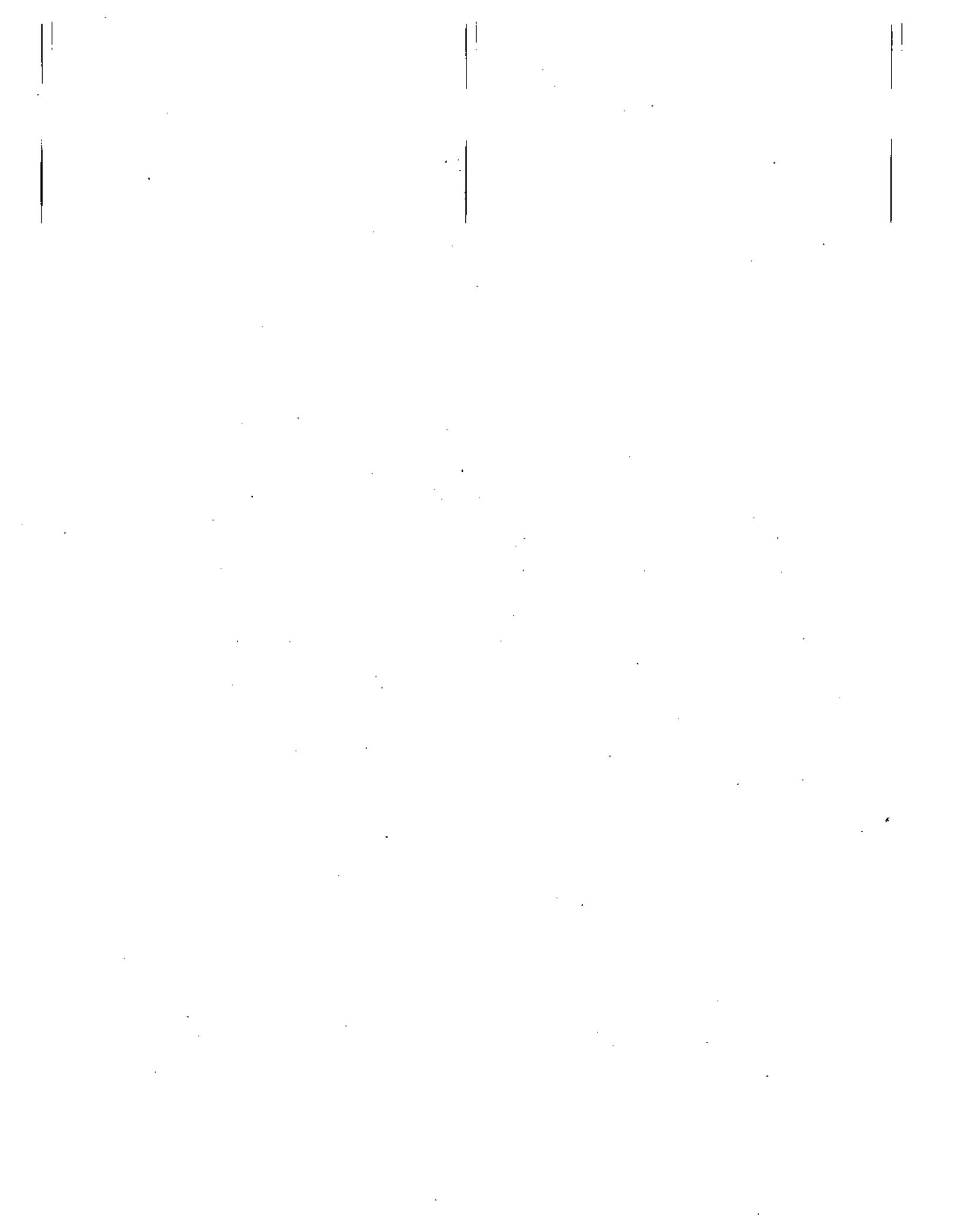
If yes, indicate requestor's name:-----

OR:

**D.            ADDITIONAL DOCUMENT(S) TO A REGISTERED CONTRACT FOR FILING PURPOSES ONLY. REGISTRATION IS NOT NECESSARY.**

OR:

**E. DOCUMENT(S) SUPPORTING THE REGISTRATION OF MULTIPLE CONTRACTS.**





**Human Resources  
Administration**

Department of  
Social Services

Office of Contracts

W-2-196  
Rev. 03/15

**MEMORANDUM**

**Steven Banks**  
Commissioner

**Martha A. Calhoun**  
General Counsel

**Vincent Pullo**  
Agency Chief  
Contracting Officer

150 Greenwich Street  
New York, NY 10007

929 221 6347

**DATE:** June 4, 2016  
**TO:** Sonia Feliciano, Deputy Division Chief  
Office of the Comptroller  
**FROM:** Cynthia Holland, Director *CH*  
Contract Management Division  
**SUBJECT:** Retroactive Registration of  
Solix, Inc.  
**Contract Number:** CT1 069 20161427196  
**PIN:** 14OHEOC04001R01 **EPIN:** 14OHEOC04001R01  
**Contract Term:** 1/1/2016 - 12/31/2016

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The above referenced contract is being registered retroactively due to delays with receiving needed documentation to complete the procurement process. Please be advised that payment has not been made to the vendor and is contingent upon registration of the contract.

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

cc: File

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**Human Resources  
Administration**

Department of  
Social Services

Office of Contracts

Steven Banks  
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150 Greenwich Street  
New York, NY 10007

929 221 6347

W-2-196

Rev. 03/15

**MEMORANDUM**

**DATE:** June 4, 2016  
**TO:** Sonia Feliciano, Deputy Division Chief  
Office of the Comptroller  
**FROM:** Cynthia Holland, Director *CH*  
Contract Management Division  
**SUBJECT:** New Contract Submission  
**Solix, Inc.**  
**Contract Number:** CT1 069 20161427196  
**PIN:** 14OHEOC04001R01 **EPIN:** 14OHEOC04001R01

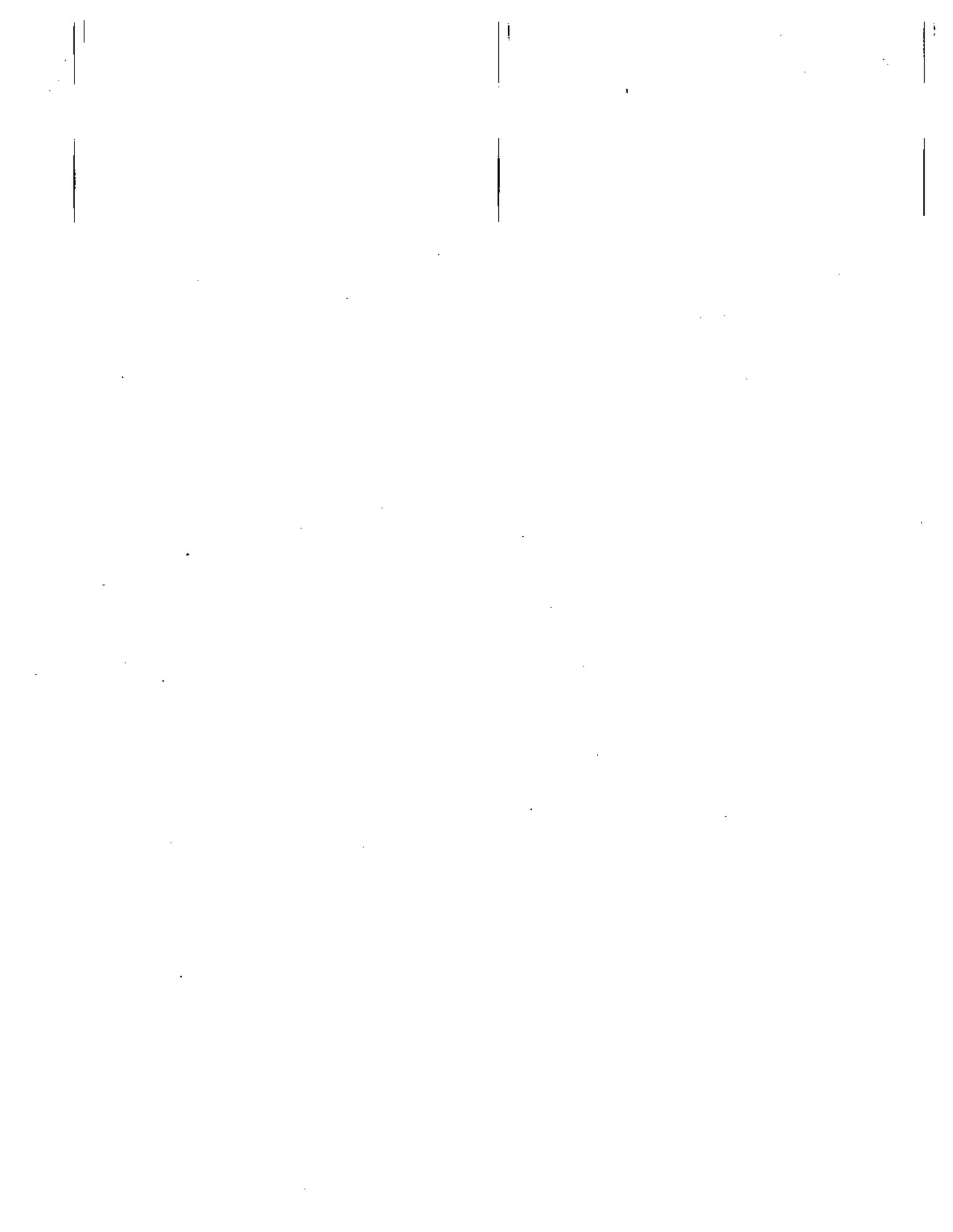
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The Human Resources Administration ("Agency") is submitting a contract for the provision of Provision of Housing Recovery Program case Management Services for registration. The contract term for this action is 1/1/2016 - 12/31/2016 and the maximum contract amount shall not exceed \$738,252.00. The documents supporting this award are as follows:

- Advice of Award
- Fully Executed Contract
- Renewal Classification Checklist
- Responsibility Determination Form
- Retroactivity Memo
- RFR Cover Sheet and Narrative
- Tax Affirmation Form
- Updated Certificate of Liability Insurance
- Updated Certificate of Workers' Compensation Insurance

**Partial Encumbrance Amount:** \$0.00

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

cc: Cynthia Holland; B. Martinez



THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD

PAGE: 1

EXPENSE/GENERAL CONTRACT

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM: VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

CONTACT: ERIC D. SEGUIN

PHONE: 973-581-5007

ADDRESS: 30 LANIDEX PLAZA WEST

PARSIPPANY

NJ

07054

CONTRACT TITLE: Solix, Inc

PIN: 14OHEOC04001R01

DESCRIPTION: Provision of Housing Recovery Program case Management

ORIGINAL AMT: \$ 738,252.00

ORIGINAL START: 01/01/2016

END: 12/31/2016

REVISED AMT: \$ 738,252.00

REVISED START: 01/01/2016

END: 12/31/2016

RESP AGENCY: 069

SUBMITTING AGCY: 069

CONTRACT OFFICER:

PHONE:

COMMENTS:

Provision of Housing Recovery Program Case Management Services

CONTRACT TYPE: 70 CLASS: G AWARD METHOD: 10 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  
OFFICE OF CONTRACTS-ACCO  
150 GREENWICH STREET (4WTC)  
NEW YORK NY 10007

INVOICE TO: DEPARTMENT OF SOCIAL SERVICES  
VENDOR PAYMENT UNIT  
150 GREENWICH STREET (4WTC),  
33RD FLOOR  
NEW YORK NY 10007

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 2

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

DEPT: 069

SHIP CODE: 069771

DEPT: 069

BILL CODE: 069927

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 3

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM: VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

CONTRACT INFORMATION

REFERENCE INFORMATION

REFERENCE CODE: NEW

REFERENCE CONTRACT:

INTERNAL AWARD NUMBER:

SOLICITATION NUMBER:

REPLACES CONTRACT: CT1

NUMBER OF RESPONSES: 1

069

20151411372

OUT OF NUM OF SOLICITATION: 1

COMPLIANCE INFORMATION

COMPLIANCE CRITERIA	1.	OLIVINGWAG	N	2.	MCBRIDE	N	3.	N
	4.		N	5.				

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

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 4

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

RENEWAL INFORMATION

RENEWAL CODE: R4

RENEWAL OPTIONS	RENEWAL	PERIOD	EFFECTIVE FROM	EFFECTIVE TO
1	1	YEARS	01/01/2017	12/31/2017

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 5

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

COMMODITY INFORMATION

LINE #	COMMODITY	QTY	UNIT	UNIT COST	TOTAL COST
1	95211000000	738252.00000	EACH	\$1.00	\$738,252.00

DESCRIPTION:

Case Management

FOB DESTINATION DELIVERY:

DELIVER TO:

OFFICE OF CONTRACTS-ACCO  
150 GREENWICH STREET (4WTC)  
NEW YORK  
NY 10007

INVOICE TO:

VENDOR PAYMENT UNIT  
150 GREENWICH STREET (4WTC), 33RD FLOOR  
NEW YORK  
NY 10007

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 6

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

SUBCONTRACTOR INFORMATION

CONTRACT ADDRESS:

CODE:

VENDOR:

ALIAS/DBA:

TAXPAYER ID:

CONTACT:

PHONE:

ADDRESS:

ESTIMATED AMOUNT:

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVISE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 7

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

ACCOUNTING INFORMATION

COMM LINE	ACTG LINE	FUND	DEPT	APPR UNIT	BUDGET CD	DTL OBJ/SUB	REPT CAT/ QUICK	CAP PROJ	UNIT/ SUNIT	TASK	LINE AMT
1	1	001	069	103	A110	6400	HRON			2016	\$738,252.00

THE CITY OF NEW YORK  
FINANCIAL MANAGEMENT SYSTEM

DATE: 06/04/2016

ADVICE OF AWARD  
EXPENSE/GENERAL CONTRACT

PAGE: 8

FINAL BATCH ID: CT1 069

CONTRACT NUMBER: CT1 069 20161427196

TAXPAYER ID: 223741663

AMENDMENT NUM:

VERSION NUM: 1

VENDOR: 0002755701

VENDOR ADDR IND: 001

OCA NUMBER: 1005370698

SOLIX INC.

ALIAS/DBA:

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. Martins

PREPARED BY (SIGNATURE) [Signature]

AUTHORIZED OFFICIAL'S NAME & TITLE Vincent Pullo / ACCO

TELEPHONE # 929-221-6347

AUTHORIZED AGENCY OFFICIAL (SIGNATURE) [Signature]

**RECOMMENDATION FOR RENEWAL COVER SHEET**

*(Attach, in the following order, RFR Narrative and "Recommendation for Renewal Responsibility Determination Form")*

<b>AGENCY</b> HRA	<b>RECOMMENDED CONTRACTOR</b> Solix, Inc. <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN 22-3741663	<b>PIN #</b> 140HEOC04001R01
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**Contract Description/Program Title** Provision of Housing Recovery Program Case Management Services

**HUMAN/CLIENT SERVICES ONLY:**

**Service Location(s)**  Citywide

<input type="checkbox"/> Bronx	<input type="checkbox"/> Borowide	<input type="checkbox"/> CD(s) _____	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Borowide	<input type="checkbox"/> CD(s) _____
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Borowide	<input type="checkbox"/> CD(s) _____	<input type="checkbox"/> Queens	<input type="checkbox"/> Borowide	<input type="checkbox"/> CD(s) _____
			<input type="checkbox"/> Staten Island	<input type="checkbox"/> Borowide	<input type="checkbox"/> CD(s) _____

**Services are Center-Based: Program Name** HRO \_\_\_\_\_  
**Address where Services Provided:** \_\_\_\_\_ **OR** \_\_\_\_\_

Additional list attached

**Services are not Center-Based: Address where Services Administered:**  
 1380 Rockaway Parkway, Brooklyn 11236  
 600-602 Midland Ave, Staten Island 10306  
 10-01 Beach 20 Street, Queens 11691  
 158-29 Cross Bay Blvd, Queens 11414

**EXISTING CONTRACT**

**Contract Amount** \$24,126,733.05

*[Instructions: Provide the requisite information for Contract Term or Contract Duration, as applicable]*

<input checked="" type="checkbox"/> <b>Contract Term</b>	From 12/16/13 To 12/31/15	<input type="checkbox"/> <b>Contract Duration</b>	_____
<b>Renewal Option(s) Term</b>	From 1/01/16 To 12/31/17	<b>Renewal Option(s) Duration</b>	_____
	From ___/___/___ To ___/___/___		_____
	From ___/___/___ To ___/___/___		_____

**PROPOSED CONTRACT**

**Contract Amount** \$738,252.00

*[Instructions: Provide the requisite information for Contract Term or Contract Duration, as applicable]*

<input checked="" type="checkbox"/> <b>Contract Term</b>	From 1/01/16 To 12/31/16	<input type="checkbox"/> <b>Contract Duration</b>	_____
<b>Renewal Option(s) Term</b>	From 1/01/17 To 12/31/17	<b>Renewal Option(s) Duration</b>	_____
	From ___/___/___ To ___/___/___		_____
	From ___/___/___ To ___/___/___		_____

**Funding Source**

Expense: City % State % Federal 100%  Capital: %  Other \_\_\_\_\_ %

**Recommended Contractor Complies with the Living Wage Law**  N/A  YES  NO

**Recommended Contractor Complies with the MacBride Principles Law**  N/A  YES  NO

**AGENCY CHIEF CONTRACTING OFFICER**

- The subject renewal contract is for human /client services. This is to certify that the contract file includes the Pre-Renewal Review determinations required pursuant to Section 4-04(c) of the PPB Rules.
- The subject renewal contract is for other than human/client services.

This is to certify that the information presented herein is accurate and that I approve of the award to the subject contract.

**Signature** \_\_\_\_\_

**Date** 4/13/16

**OFFICE OF MANAGEMENT AND BUDGET**

This is to certify that funds are available for the award of the subject renewal contract.

**Signature** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_

**CITY CHIEF PROCUREMENT OFFICER**

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

**Signature** \_\_\_\_\_

**Date** 4/15/16



# RECOMMENDATION FOR RENEWAL

## A. DESCRIPTION/JUSTIFICATION FOR RENEWAL

The terms and conditions of the renewal contract will be substantially unchanged from the existing contract.

YES       NO

**Instructions:** Describe continued need for procurement in light of agency's programmatic responsibilities. Describe contracted for and actual services levels/minimum outcome requirements during prior term and identify any changed service levels/minimum outcome requirements or other terms and conditions in this contract. Attach additional sheets as necessary.

The ACCO determined that an award is in the best interests of the City, because:

The original contract was awarded to PFM as the contractor and five subcontractors. However, due to unanticipated programmatic changes and delays in administering the services, this contract will be awarded to Solix, Inc., one of the subcontractors of PFM.

Renewing this contract is in the best interest of the City and the participants in HRO's disaster recovery program because this will avoid disruption of services still critically needed for the Build it Back program. Solix has provided consistent and reliable case management services during the original 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.

Renewal is for human/client services and the ACCO determined that an award is also in the best interests of individual clients, client populations served and community, because:

Contract renewal will avoid disruption of ongoing services and a need for HRO to find an alternative contract to fulfill the critical functions served through this contract.

## CONTRACTING OUT FOR TECHNICAL/CONSULTING/PERSONAL SERVICES

**Instructions:** Check all applicable box(es) below.

N/A (Contract ≤ \$100,000 and/or not for such services)

### 1. Basis for contracting out:

- Develop/maintain/strengthen relationship between non-profits/charities & communities served
- Obtain cost effective services
- Obtain special expertise
- Obtain personnel or expertise not available in the agency
- Provide services not needed on a long-term basis
- Accomplish work within a limited amount of time
- Avoid a conflict of interest

### 2. Displacement of City employees:

- The ACCO certifies that the contract will not result in the direct displacement of City employees, pursuant to Charter Section 312(a).
- The ACCO determined that contract will result in direct displacement of City employees, has

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completed required pre-solicitation cost benefit analysis, and certifies that Agency will comply with requirements of Charter § 312(a), and if applicable, § 11 of Municipal Coalition Agreement.

OMB approval: \_\_\_\_\_ [insert date] OLR approval: \_\_\_\_\_ [insert date]

**C. FISCAL INFORMATION/CONSIDERATION OF PRICE**

- Agency Fiscal Officer certified that sufficient funds (RFR cover sheet total estimated contract amount) are available or will be available at time renewal contract(s) is/are executed. [Copy of letter attached]
- ACCO determined that price(s) for renewal contract services continue to be fair and reasonable, because:

The price of the proposed renewal contract services continue to be fair and reasonable, because the hourly rates remains the same as the current contract.

**D. PUBLIC NOTICE**

- N/A (Not a human/client services contract)
- N/A (Human/client services contract valued at =/<\$25,000)

**Instructions:** Check applicable box(es) below.

- The ACCO certifies that Agency complied with public notice requirements of PPB Rule § 4-04(e), and Notices of Intent to Renew Contract were published in the City Record on 4/19/16, and in HRA's website [insert name(s) of local newspaper(s)] on 4/08/16.
- Renewal option being exercised is for period of less than three years and,
- Value of renewal contract is greater than \$100,000, but public hearing is not required.
- Value of renewal contract is greater than \$25,000 but not more than \$100,000, but public notice and CCPO approval for original contract (or exercise of renewal option) occurred within the last two years and were provided concerning both original contract term and all renewal options.

**E. PUBLIC HEARING**

A contract Public Hearing was conducted:  YES  NO

**Instructions:** Check all applicable box(es) below.

1. (a) Hearing was conducted on \_\_\_/\_\_\_/\_\_\_
- (b)  No oral and/or written testimony was presented/submitted
- [insert number] of persons presented/submitted oral and/or written testimony, and the ACCO further certifies that the testimony was considered, but did / did not  affect agency's decision to renew and/or terms and conditions of contract, because:
2.  Original contract, any prior renewal option and original contract term, if applicable, were subject to public hearing, and all renewal options were subject to such public hearing.
- Neither original contract nor any prior renewal option was subject to a public hearing.
- ACCO determined and CCPO approved that exigent circumstances justified exemption from public hearing for proposed contract (value of which does not exceed \$10 million).
- ACCO determined not to conduct public hearing in regard to proposed contract (value of which does not exceed \$500,000), because public hearing notice included requisite provision and no individual submitted written request to speak within prescribed time, and ACCO certifies that agency did/will publish notice in City Record canceling hearing.

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Corporation Counsel determined that proposed contract was exempt from public hearing because hearing may disclose litigation strategy or otherwise impair City's conduct of litigation, and ACCO certifies that copy of such determination is included in contract file.

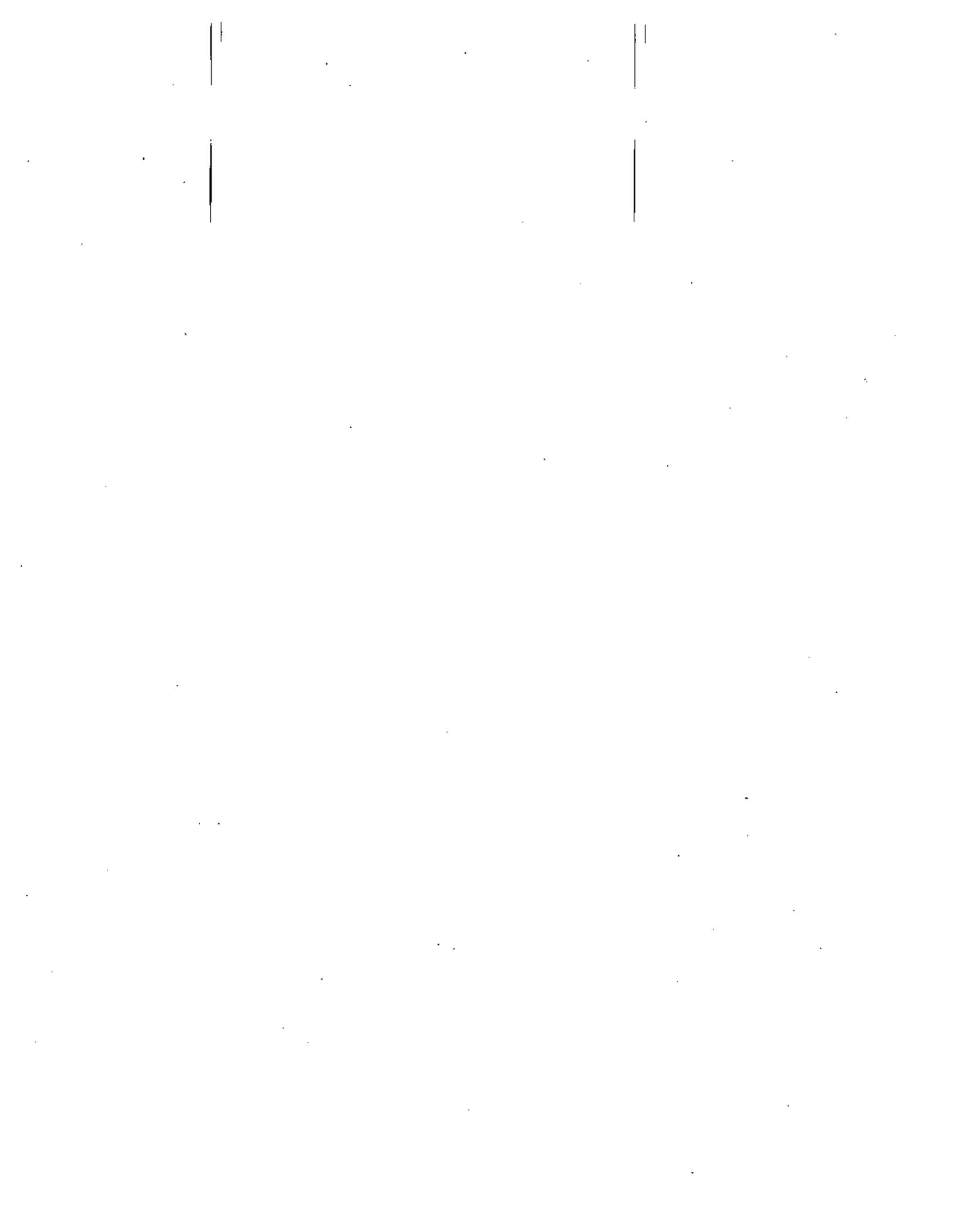
**F. ENVIRONMENTAL CONSIDERATIONS**

N/A (procurement is not for EPP Goods, Construction and/or Construction-Related Services)

*Instructions: If this procurement is for EPP Goods, Construction and/or Construction-Related Services, please answer below. Attach additional explanatory sheet(s) as necessary.*

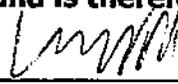
Was the contract solicited before the effective date of LL86 and or the Environmentally Preferable Purchasing Laws (LLs 118, 119, 120, 121)?  Yes  No

If yes, please describe how the renewal addresses compliance with the environmental laws.



RFA  RFR  RCAM **RESPONSIBILITY DETERMINATION**

(Revised 5/08)

AGENCY HRA	CONTRACTOR Solix, Inc.	PIN # 140HEOC04001R01
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 4/15/16
AGENCY CHIEF CONTRACTING OFFICER		

**SOURCES OF INFORMATION**

On-line VENDEX vendor inquiry (cautions, liens, warrants) conducted 04/14/2016

VENDEX filings dated 05/06/2014  N/A [Award/Renewal <\$100 K; Amendment ≤\$2M]  
 Cert. of No Change/Changed Questionnaire dated 03/13/2016

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

DOI report dated 04/13/2016  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.

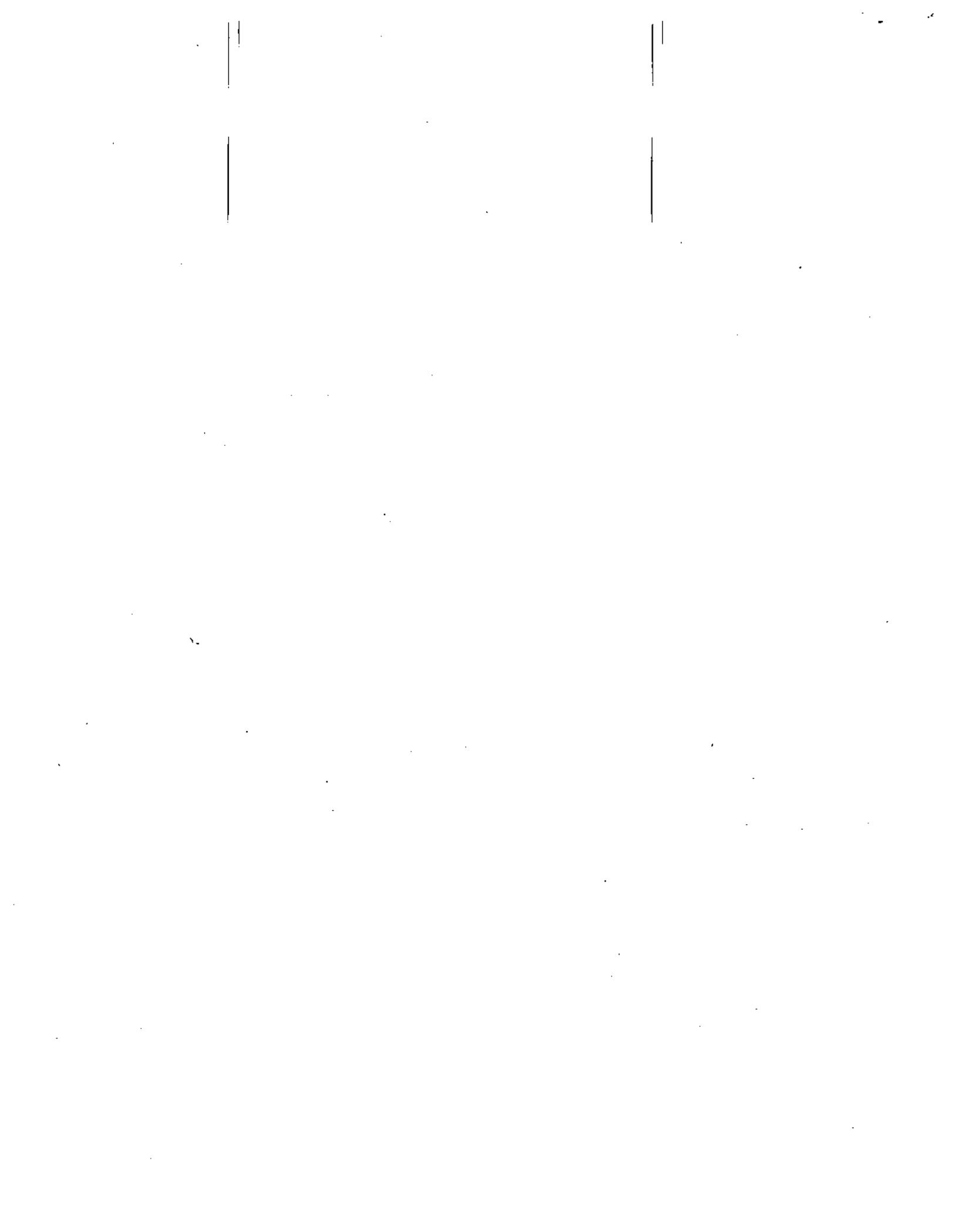
Contractor provided information on (\_\_\_\_) re:  N/A [Amendment]  
 substantiated cases of client abuse/neglect in last 12 mos.

**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).

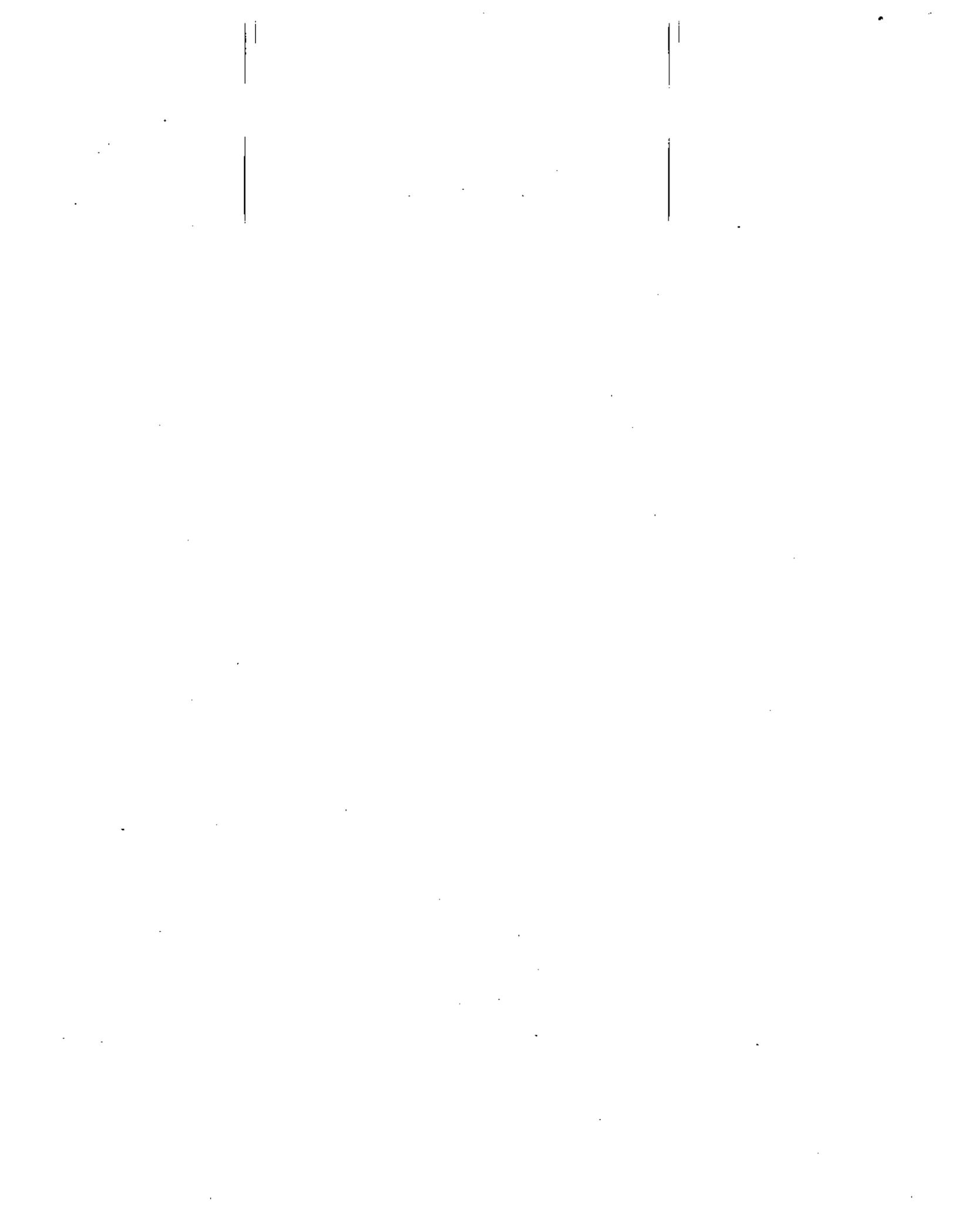
### **For Human Services Only:**

**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.



# Certificate of No Change Form



- Please fill in all the fields and DO NOT leave any field blank.
- Please submit two completed forms. Copies will not be accepted.
- Please send both copies to the agency that requested it, unless you are advised to send it directly to the Mayor's Office of Contract Services (MOCS).
- A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.
- A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges

I, David Goebwoff, being duly sworn, state that I have read  
*Enter Your Name*

and understand all the items contained in the vendor questionnaire and any submission of change as identified on page one of this form and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) and any submission of change identified on page two of this form have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that the City of New York will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

## Vendor Questionnaire *This section is required.*

*This refers to the vendor questionnaire(s) submitted for the vendor doing business with the City.*

Name of Submitting Entity: Solix, Inc.

Vendor's Address: 30 Lanside Plaza, Parsippany, NJ 07054

Vendor's EIN or TIN: 22-3741663 Requesting Agency: \_\_\_\_\_

Are you submitting this Certification as a parent? (Please circle one) Yes  No

Signature date on the last full vendor questionnaire signed by the submitting vendor: 3-16-15

Signature date on changed submission, if applicable, for the submitting vendor: \_\_\_\_\_

||

||

||

||

# Principal Questionnaire

This section refers to the most recent principal questionnaire submissions.



	Principal Name	Date of signature on last full Principal Questionnaire	Date(s) of signature on Changed Submission (if applicable)
1	Felicia Beach	3-16-15	
2			
3			
4			
5			
6			

Check if additional changes were submitted and attach a document with the date of additional submissions.

## Certification *This section is required.*

*This form must be signed and notarized. Please complete this twice. Copies will not be accepted.*

### Certified By:

David Goluboff

Name (Print)

VP - Service Delivery

Title

Solix, Inc.

Name of Submitting Entity

\*

Signature

Date

### Notarized By:

Notary Public

NY - Warren

County License Issued

2352309

License Number

Sworn to before me on: 3-11-16  
Date

||

||

||

||



The City of New York  
Department of Investigation

MARK G. PETERS  
COMMISSIONER

80 MAIDEN LANE  
NEW YORK, NY 10038  
212-825-5900

**VENDOR NAME CHECK RESPONSE**

**TO: Michael Boone  
Department of Social Services**

**FROM: George Davis, Deputy Director VENDEX Unit**

**DATE: April 13, 2016**

**SUBJECT: Vendor Name Check: SOLIX, INC.  
VNC#: 4664**

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In response to your request for a Vendor Name Check, the Department of Investigation has searched its indices of investigations closed within the past ten years to determine whether the entity listed above, together with all of its affiliates and principals, have been the subject of a completed investigation by this Department. See Procurement Policy Board Rules, Section 2-08 (f).

A search of the Department of Investigation records was conducted on the above named entity, including all affiliates and principals associated with the VNC request. The search uncovered no closing memorandum.

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## RENEWAL CONTRACT CLASSIFICATION CHECKLIST

<b>AGENCY</b>	<b>Human Resources Administration Solix, Inc.</b>	<b>PIN: 14OHEOC04001R01 E-PIN:</b>
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Indicate by checking the applicable box the classification of the proposed renewal contract. Such indication shall, in the case that the renewal contract meet the threshold (s) prescribed for class #1, #2, #3, or #4, serve as the ACCO's certification that the contract does not, therefore, require Law Department approval and certification.

**CLASS #1**

[ Renewal contracts which incorporate no change from the original contract except contract term. ]

**CLASS #2**

[ Renewal contracts which, in addition to a change in contract term, ONLY incorporate one or more changes provided for in the original contract. ]

**CLASS #3**

[ Renewal contracts which, although they incorporate one or more changes NOT provided for in the original contract, such change (s) will be FULLY FUNDED by Borough President and / or City Council Discretionary Funds. ]

**XCLASS #4**

[ Renewal contracts for HUMAN / CLIENT SERVICES ONLY which, although they incorporate one or more changes NOT provided for in the original contract, such change (s) are permitted pursuant to Sections 4-04(b)(2) and 4-02(b)(1) of the Procurement Policy Board (PPB) Rules. ]

**CLASS #5**

[ ALL OTHER Renewal Contracts. ]

||

||

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||

**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)]



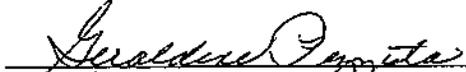
\_\_\_\_\_  
[Signature of authorized official, broker, or agent]

Executive Vice President

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

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

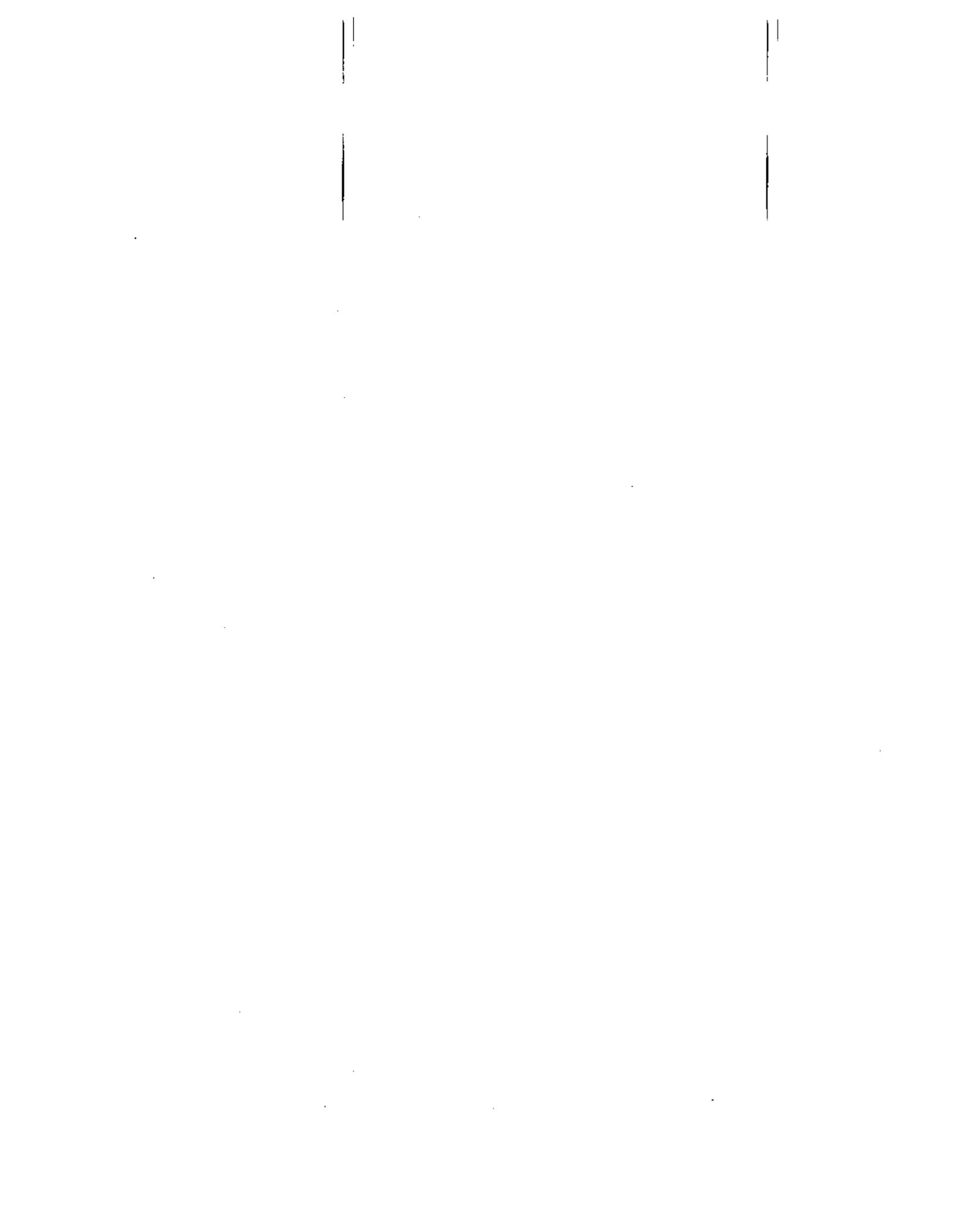
Sworn to before me this 13<sup>th</sup> day of April 2016

  
\_\_\_\_\_  
NOTARY PUBLIC FOR THE STATE OF New Jersey

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

MY COMPANY OR EMPLOYER ON AUGUST 31, 2020  
NOTIFY THE BOARD OF NEW JERSEY  
OF THE PIZZA HUT





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]

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.

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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: CTI 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

I. 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)



followed by "Sourcing Homepage" and then reference the applicable RFQ PIN/solicitation number.

Suppliers electing to obtain a non-electronic paper document will be subject to a \$25 non-refundable fee; payable to NYCHA by USPS-Money Order/Certified Check only for each set of RFQ documents requested. Remit payment to NYCHA Finance Department at 90 Church Street, 6th Floor; obtain receipt and present it to the Supply Management Procurement Group; RFQ package will be generated at time of request.

Use the following address unless otherwise specified in notice, to secure, examine or submit bid/proposal documents, vendor pre-qualification and other forms; specifications/blueprints; other information; and for opening and reading of bids at date and time specified above.

Housing Authority, 90 Church Street, 6th Floor, New York, NY 10007. Mimose Julien (212) 306-8141; Fax: (212) 306-5109; mimose.julien@nycha.nyc.gov

◀ a19

**EMERGENCY CONTRACT FOR TREE REMOVAL, STUMP REMOVAL AND TREE PRUNING-VARIOUS DEVELOPMENTS IN THE BOROUGH OF BRONX - Competitive Sealed Bids - PIN#63589 - Due 5-19-16 at 10:00 A.M.**

The Term of the contract is Two (2) Years. The Contractor shall remove the trees as designated by the Authority. The cutting of the tree to be removed shall be done in moderate stages to insure the fullest protection to pedestrians and property. All cuts, branches, limbs and trunks shall be lowered to the ground with stout ropes. Dropping branches, limbs and sections of trunk to the ground or felling of the entire tree in one operation will not be permitted. No live trees are to be removed unless authorized. The stump shall be ground to a depth of 8 to 10 inches below the existing grade by use of a stump grinding machine (See paragraph B. below for exceptions). Wood chips shall be removed. The resulting hole shall be backfilled with approved topsoil and compacted to the level of the finished grade.

Interested firms are invited to obtain a copy on NYCHA's website. To conduct a search for the RFQ number, vendors are instructed to open the link: <http://www1.nyc.gov/site/nycha/business/isupplier-vendor-registration.page>. Once on that page, please make a selection from the first three links highlighted in red: New suppliers for those who have never registered with iSupplier, current NYCHA suppliers and vendors for those who have supplied goods or services to NYCHA in the past but never requested a login ID for iSupplier, and Login for registered suppliers if you already have an iSupplier ID and password. Once you are logged into iSupplier, select "Sourcing Supplier," then "Sourcing" followed by "Sourcing Homepage" and then reference the applicable RFQ PIN/solicitation number.

Suppliers electing to obtain a non-electronic paper document will be subject to a \$25 non-refundable fee; payable to NYCHA by USPS-Money Order/Certified Check only for each set of RFQ documents requested. Remit payment to NYCHA Finance Department at 90 Church Street, 6th Floor; obtain receipt and present it to the Supply Management Procurement Group; RFQ package will be generated at time of request.

Use the following address unless otherwise specified in notice, to secure, examine or submit bid/proposal documents, vendor pre-qualification and other forms; specifications/blueprints; other information; and for opening and reading of bids at date and time specified above.

Housing Authority, 90 Church Street, 6th Floor, New York, NY 10007. Miriam Rodgers (212) 306-3469; Fax: (212) 306-5109; miriam.rodgers@nycha.nyc.gov

◀ a19

**HUMAN RESOURCES ADMINISTRATION**

**CONTRACTS**

**■ INTENT TO AWARD**

Human Services/Client Services

**HOUSING RECOVERY PROGRAM CASE MANAGEMENT SERVICES - Renewal - PIN# 14OHEOC04001R01 - Due 4-22-16 at 5:00 P.M.**

Solix, Inc.  
30 Landix Plaza West, Parsippany, NJ 07054  
Contract Amount \$738,252.00 14OHEOC04001R01

The Human Resources Administration through its Housing Recovery Operations (HRO) plans to renew one (1) contract with the contractor listed above for the Provision of Housing Recovery Program Case Management Services.

The contract renewal term will be from 1/1/16 to 12/31/16. Anyone having comments on the contractor performance on the proposed renewal of the contract may contact Deborah Bander at (212) 615-8098.

This notice is for informational purposes only.

Use the following address unless otherwise specified in notice, to secure, examine or submit bid/proposal documents, vendor pre-qualification and other forms; specifications/blueprints; other information; and for opening and reading of bids at date and time specified above.

Human Resources Administration, Housing Recovery Operations, 250 Broadway, 24th Floor, New York, NY 10007. Deborah Bander (212) 615-8098; Fax: (212) 615-8328; dbander@recovery.nyc.gov

◀ a19

**DOMESTIC VIOLENCE SHELTER SERVICES - Negotiated Acquisition - Other - PIN#17NHMEI001 - Due 5-4-16 at 2:00 P.M.**

HRA intends to enter into Negotiated Acquisitions (NAs) with the following vendors:

1. Allen Women's Resource Center: Amount - \$3,934,855.00
2. Women's Survival Space: Amount - \$7,997,722.30
3. Women Second Start: Amount - \$13,452,979.45
4. Family Project (New Beginnings): Amount - \$12,543,606.05
5. Freedom House: Amount - \$16,196,215.00
6. Henry Street DV Shelter: Amount - \$11,752,768.30
7. Genesis: Amount - \$7,034,486.90
8. New York Asian Women (Rose House): Amount - \$3,913,385.20
9. Park Slope Safe Dwelling: Amount - \$3,914,903.60
10. Aegis/Palladia Inc.: Amount - \$7,002,679.25
11. Rosa Parks Place: Amount - \$3,544,559.80
12. Urban Women's Retreat: Amount - \$18,251,076.70
13. URI - New Beginning: Amount - \$14,407,902.80
14. URI - Safe Haven: Amount - \$19,287,263.60
15. Lotus House: Amount - \$9,081,549.30
16. Ivy House I (Parish I): Amount - \$7,642,287.55
17. Ivy House II (Parish II): Amount - \$7,825,120.90
18. S.I. Oasis Prelude: Amount - \$4,834,420.20
19. Dove House: Amount - \$6,178,657.85
20. Willow House: Amount - \$10,032,628.15
21. Liberty House: Amount - \$10,215,096.20
22. Peace House: Amount - \$4,098,044.80
23. Lang House: Amount - \$4,182,629.90
24. Transition Center Safe Dwelling: Amount - \$9,682,876.15
25. Project Kanfei N. Sharim: Amount - \$2,612,855.45
26. Safe Dwellings: Amount - \$3,437,971.15
27. Oasis Safe Dwelling, Sage I, Sage II: Amount - \$22,744,249.60
28. Morivivi: Amount - \$6,305,905.85
29. New Hope II, Network of Hope: Amount - \$8,084,975.10

PIN: 17NHMEI001  
EPIN: 09616N0003  
Term: 7/1/2016 - 6/30/2021

Emergency Domestic Violence Shelters provide temporary housing and supportive services in a safe environment to domestic violence survivors. Emergency Shelters programs are developed to help clients manage the crisis and trauma of domestic violence, strengthen their coping skills and enhance their self-sufficiency. In the best interest of the City these services, formally Purchase Orders, will be converted into Formal Contracts. In doing so, the City will be able to better review, monitor and evaluate the services being provided. Vendors interested in responding to this or other future solicitations for these types of services should contact the New York City Vendor Enrollment Center at (212) 857-1680 or at [www.nyc.gov/selltonyc](http://www.nyc.gov/selltonyc)

Use the following address unless otherwise specified in notice, to secure, examine or submit bid/proposal documents, vendor pre-qualification and other forms; specifications/blueprints; other information; and for opening and reading of bids at date and time specified above.

Human Resources Administration, 150 Greenwich Street, 37th Floor, New York, NY 10007. Barbara Beirne (929) 221-6348; beirneb@hra.nyc.gov

a14-20

**PARKS AND RECREATION**

**■ VENDOR LIST**

Construction/Construction Services

**PREQUALIFIED VENDOR LIST: GENERAL CONSTRUCTION - NON-COMPLEX GENERAL CONSTRUCTION SITE WORK ASSOCIATED WITH NEW YORK CITY DEPARTMENT OF**



April 23, 2015

Steven Banks  
Commissioner

Martha A. Calhoun  
General Counsel

Vincent Pullo  
Agency Chief  
Contracting Officer

150 Greenwich Street  
New York, NY 10007

929 221 6347

Eric D. Seguin  
Solix, Inc.  
30 Lanidex Plaza  
Parsippany, NJ 07054

RE: Addendum to Amendment of Build-it-Back Case Management Services Contract (the "Contract") between the Department of Social Services of the Human Resources Administration ("HRA") on behalf of the City of New York and Solix, Inc. ("Solix")

Dear Mr. Seguin:

HRA hereby amends the above-referenced Amendment between the Department of Social Services of the Human Resources Administration ("HRA") on behalf of the City of New York, and Solix, Inc. ("Solix"). This Addendum shall be annexed to the Amendment document and its terms incorporated therein.

The original Contract term was June 24, 2013 through June 23, 2015, with a two-year renewal option. The term of the Contract was extended through December 31, 2015 by the above referenced Amendment. By this Addendum, both parties hereby agree that the two-year renewal option in the Contract shall remain in full effect. Both parties understand that the Amendment may be extended by an additional six (6) months after the expiration of the renewal term.

Both parties understand that all other terms and conditions of the Amendment shall remain in full effect.

Please indicate your acceptance of this Addendum and its terms and conditions by having a duly authorized person sign this letter in the space provided below, before a notary public and have latter acknowledge the same.

Sincerely,



Vincent Pullo



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

<b>AGENCY</b> <b>HRA</b>	<b>HUMAN RESOURCES ADMINISTRATION</b> <b>Solix, Inc.</b>	<b>EPIN</b> <b>PIN 14OHEOC04001R01</b>
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**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]  
 xPre-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)

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(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]  
 X Recommendation for Renewal (RFR) [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)

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(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.





MEMORANDUM

TO: Vincent Pullo  
NYC Human Resources Administration

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

DATE: January 28, 2016

RE: Pre-Renewal Review Report  
NYC Housing Recovery Program Case Management Services  
Vendor: Solix (Solix, Inc.)  
PIN: 14OHEOC04001

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**A. Description of Services**

The contract provides the New York City Mayor's Office of Housing Recovery Operations ("HRO") with case management services for the City's Hurricane Sandy Relief Program ("the Program"). Solix's services are used by both the City's single family and multifamily programs.

Solix's services involve an initial review of applications for the Program. These services include the performance of critical deliverables such as eligibility determinations, grant agreement review, and end-to-end review. Solix determines whether a homeowner is eligible for the Program by collecting data on an applicant's primary residence, ownership, and storm damage. Solix also reviews grant agreements by evaluating whether the application information matches the backup provided by the homeowner. Solix cross-references an applicant's financial and work history against the information in the grant agreement application. To conduct an end-to-end review, Solix checks the dollar amounts and signatures in the grant agreement application packet. Solix must check Tri-Party agreement and construction amounts to ensure transfer amounts have been paid, and whether any new documents are required. Solix is also the only vendor to provide mass mailing services and other critical eligibility verification deliverables.

**B. Determination of Continued Need for Services**

The case management services provided under the terms of this contract are still critically needed. The Program continues to admit eligible applicants for reimbursement and rehabilitation. As such, eligibility and end-to-end review of applications are ongoing tasks. Additionally, the Program is actively engaged in contacting applicants about grant agreement transfer amounts to avoid a duplication of benefits. Solix's role in providing grant agreement support is critical to the Program's success in closing out transfer amounts and has helped the Program recapture nearly \$2 million in duplicated benefits thus-far. Under the contract, Solix also provides the City with mass mailing services to communicate with applicants about programmatic changes, and specific items like outstanding transfer amounts. In early 2016, where applicants fail to meet the established payment deadline for their transfer amounts, the Program will



need to send out withdrawal notices. Solix's assistance in communicating with applicants and processing paperwork regarding grant agreements and transfer amounts are functions critical to the Program's ability to wrap up applicant processing by June 30, 2016.

### **C. Determination of Need to Renew the Contract**

The exercise of the option to renew the contract with the current provider is in the best interest of the City. As of October 29, 2015, HRO is responding to an aggressive new deadline to finish all construction for the Single Family Program by December 31, 2016. In order to meet this deadline, it is critical that all homeowners complete eligibility review by June 30, 2016. If the City fails to renew this contract, HRO projects that the City will require an additional 13 employees through March 2016, or an additional 11 employees through June 2016 to complete all eligibility reviews, end to end reviews, and quality reviews for final record verification.

Contract renewal will avoid disruption of ongoing services and a need for HRO to hire and train City staff to perform ongoing work. A renewal of Solix's contract will also ensure that the Program's progress will not be disrupted. The Program is complicated due to the federal funding requirements and the institutional knowledge that Solix has gained since coming onboard is critical to the Program's closeout. At this stage, a high level of experience and familiarity with the Program's unique requirements, tasks, and expectations is necessary for the Program to continue ongoing work without a significant loss of momentum. Moreover, a limited time extension is more cost effective than transitioning to City lines as new City staff must be trained for weeks in order to work at Solix's current pace. While HRO is making plans to transition any remaining work to the City, the Program will require the full use of Solix's services until that time. Accordingly, it is necessary to renew this contract to support case management service operations.

### **D. Contract Description**

1. Contract Term: The original contract term was 12/16/2013 to 12/31/2015 with one option to renew for a period of two (2) additional years. The renewal option is being exercised for the period of 1/1/2016 to 12/31/2016.
2. Contract Value: Solix's contract value of \$738,252.00 was found to be fair and reasonable by the City's Office of Management and Budget. Solix's unit rates for all deliverables remain unchanged in the renewal term.

### **E. Contractor Performance**

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.

### **F. Public Hearing**

Pursuant to Section 4-04(d)(1) of the New York City Procurement Policy Board Rules, a Public Hearing is not required for the award of the proposed renewal contract.



**RENEWAL OF AGREEMENT BETWEEN THE NEW YORK CITY HUMAN  
RESOURCES ADMINISTRATION AND SOLIX, INC.**

THIS RENEWAL AGREEMENT ("Renewal Agreement"), dated as of this 19 day of May, 2015, 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**, the Department hereby seeks to exercise its right and option to renew the Agreement for a one year term, pursuant to Section 2.02 of the Agreement, from January 1, 2016 to December 31, 2016, in order to ensure the effective delivery of critical Services to Residents; and

**WHEREAS**, Solix, which has performed satisfactorily, is willing and able to provide the Services required in accordance with the terms and conditions of this Renewal Agreement;

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

1. RENEWAL TERM

- A. The Department hereby exercises its right and option, pursuant to Section 2.02 of the Agreement, to renew the Agreement, solely for the Task II and related Task IV services as assigned to Solix, for one additional year (the "Renewal") for the period of January 1, 2016 through December 31, 2016, subject to earlier termination provided by the relevant terms of the Agreement. The cost for the services during the Renewal shall not exceed seven hundred thirty-eight, two hundred fifty-two dollars, and zero cents (\$738,252.00), and shall be paid in accordance with the Budget attached hereto as Appendix C-1.
- B. 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. PROCUREMENT POLICY BOARD RULES

This Renewal 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 Renewal Agreement, the Rules shall take precedence.

3. APPROVALS

THE CITY OF NEW YORK

This Modification Agreement shall not become effective or binding unless:



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PLANNED CONTRACTS FOR CONTRACTUAL SERVICES  
HUMAN RESOURCES ADMINISTRATION  
DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR A NEW CONTRACT

AGENCY: DSS

DEPT.NO.: 069

Fiscal Year 2016

PIN / REGISTRATION #: 14OHEOC04001R01

CONTRACT # / MANIFEST #:

VENDOR: *Solix, Inc.*

REQUESTING RC: ACCO

PROGRAM AREA: *Office of Contracts*

SCOPE OF WORK: *Provision of Housing Recovery Program Case Management Services*

LOCATION: *Various*

PERIOD OF SERVICE: *1/1/2016-12/31/2016*

TOTAL CONTRACT AMOUNT: \$738,252.00

(For OBA use only)

ORIGINAL CONTRACT AMOUNT

FUNDING SOURCE AOTPS

<u>FY</u>	<u>BUDGET</u>	<u>OBJECT</u>	<u>SUB-OBJ</u>	<u>REP-CAT</u>	<u>C.F</u>	<u>AMOUNT</u>	<u>CITY %</u>	<u>STATE %</u>	<u>FED %</u>
2016	A110	640		HRON		\$369,126.00	100.00	0.00	0.00
2017	A110	640		HRON		\$369,126.00	100.00	0.00	0.00



SIGNATURE OF AGENCY HEAD

Date: 4/19/2016

Submitter's Name: Lorna Hinds

Submitter's Phone: 212-331-4833

5/16/2016

DATE



- 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 Renewal 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: [Signature]  
Name: Virginia P. [Signature]  
Title: [Signature]

CONTRACTOR

By: [Signature]  
Name: ERIC D. SEGWIN  
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 19 day of May, 2016, before me personally came Vincent Pullo, 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 13 day of May, 2016, before me personally came ERIC D. SEGLIN, to me known, who, being by me duly sworn, did depose and say that she/he resides at 230 Prospective Morris Plains, NJ, that she/he is the SVP Customer Relationship Mgr of Salix, 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.

Jean Ann Beal  
NOTARY PUBLIC

Exp: 11-15-16







**Appendix C-1: Budget for Original Contract Term and Renewal Term  
(December 16, 2013 – December 31, 2016)**

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

Base Contract 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	3393	\$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	2088	\$181,656.00
Private Insurance Verification	\$ 125.00	11714	\$1,464,250.00
Coordination of Benefits/Final Award Amount/Determination	\$ 98.89	3492	\$345,323.88
			\$ 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
			\$ 567,500.00
Reimbursement			
Deliverables			
Reimbursement Review Stage 1	\$ 245.00	4183	\$1,024,835.00
Reimbursement Review Stage 2	\$ 125.00	4048	\$506,000.00
Reimbursement Calculation	\$ 75.00	1643	\$123,225.00
			\$ 1,654,060.00
			\$0.00
Additional Support			
Deliverables			
Post-ORM Coordination of Benefits (COB Revisions)	\$ 145.00	8313	\$1,205,385.00
Option Review Meeting Support (Pre-July 1st, 2014)	\$ 275.00	11666	\$3,208,150.00
Option Review Meeting Support (Post-July 1st, 2014)	\$ 125.75	7989	\$1,004,616.75
Grant Agreement Support	\$ 150.00	11818	\$1,772,700.00
End to End Review & Audit File	\$ 375.00	12716	\$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 applicant)	\$ 150.00	48	\$7,200.00
Temporary Housing Eligibility/Benefit Determination (Additional Review)	\$ 50.00	137	\$6,850.00
			\$12,022,601.75
			\$0.00
Mailing Support			
Deliverables	Rate		
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	20000	\$4,400.00
1-page outbound letter - paper, printing & envelope	\$ 0.70	55814	\$39,069.80
Additional pages - paper, printing	\$ 0.25	111420	\$27,855.00
Outgoing letter postage at cost (Pre-February 1, 2014)	\$ 0.46	3446	\$1,585.16
Outgoing letter postage at cost (Post-February 1, 2014)	\$ 0.49	48350	\$23,691.50
Outgoing letter Certified Mail	\$ 6.48	4572	\$29,625.56
Mail merge/ Doc prep/ PDF Creation Monthly Fee	\$ 5,000.00	27	\$135,000.00
			\$ 418,948.02
			\$0.00
Call Center Staff (Pre-July 1st, 2014) (Time and Material)			
Deliverables			
Acquaye-Baddoo, Nil Adotey	\$ 76.29	247.5	\$18,881.78
Clark, Kyle	\$ 76.29	479	\$36,542.91
Lescott, Zaklya	\$ 76.29	545.75	\$41,635.27
			\$ 97,059.95
			\$0.00
Project Management (Pre-July 1st, 2014) (Time and Material)			
Deliverables			
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, Nil Adotey	\$ 150.00	711.25	\$106,687.50
Cuffy, Kishna	\$ 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, Zaklya	\$ 150.00	147	\$22,050.00
			\$ 1,137,150.00
			\$0.00
Project Management (Post-July 1st, 2014)			
Deliverables			
Project Management per Application	\$250	21000	\$5,250,000.00
			\$ 5,250,000.00
			\$0.00
			\$23,901,792.79
			\$ 225,000.00
			\$ 24,126,793
			\$ 24,126,793

\*City shall only make bonus payments to Contractor if earned pursuant to Article 16 of the Scope of Work, Appendix A-1.

