DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
OFFICE OF PROCUREMENT
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JEANNE B. MULLGRAV
Commissioner

March 13, 2007

ADDENDUM #2

Re: Beacon Community Centers
Request for Proposals
PIN: 26007BCCRFP

Dear Prospective Proposer:

Pursuant to Sections 3-02(i) and 3-03(f)(2) of the Procurement Policy Board (PPB) Rules, the Department of Youth and Community Development (DYCD) is issuing Addendum #2 to the Beacon Community Centers Request for Proposals (RFP) PIN 26007BCCRFP.

ADDENDUM ITEMS

1. Table of Contents, Page 2, ATTACHMENT: This section is amended to revise the page numbers to read as follows:

PROPOSAL FORMAT AND CONTENT FORMS

Form 2	Program Design Form	A-16
Form 3	Linkage Agreement Form	A-34
Form 4	School Linkage Agreement	A-35
Form 5	Budget Forms (5a, 5b and 5c)	A-39
Form 6	Certification Regarding Substantiated Cases of Client Abuse or Neglect	A-55
Form 7	Corporate Governance Certification	A-57
Form 8	Acknowledgement of Addenda	A-60

2.

Section II - E. Cash Match, Page 7: This section of the RFP is amended to read as follows:

Each proposer must show proof of the cash match at the time of proposal submission and, if awarded a contract, in each subsequent year's budget. Proposals that do not provide such proof will be deemed non-responsive and will not be further considered (see Page 8: I. Minimum Qualification Requirements). DYCD may terminate contracts that do not meet the cash match requirement in each subsequent year's budget.

Cash match from government sources other than DYCD
Proof of the cash match will be satisfied by a copy of the existing contract or award letter, together with a Letter of Intent from the proposer's Executive Director or Chairperson of the Board indicating how the funds will be used to enhance the proposed Beacon program.

Cash match from existing non-government sources
Proof of the cash match should be a Letter of Intent submitted with the proposal, signed by the proposer's Executive Director or Chairperson of the Board, indicating the amount of the match, the source of the match funds, the purpose for which the funds will be used and the time period in which the funds must be spent.

Cash match from committed non-government sources
Proof of the cash match should be a Letter of Intent from the funding source signed by an authorized representative indicating the amount of the committed funds, the expected date the funds will be delivered, the time period within which the funds must be spent, and the purpose for which the funds are to be used.

3. Section II - I. Minimum Qualification Requirements, Page 8: The third bullet is amended to read as follows:

- Show proof of the required cash match as indicated in "E" above.

4. Section II - Summary of the Request for Proposals, Page 10, Snacks and Meals: The first sentence of this section is amended as follows:

Contractors shall provide snacks and meals in accordance with the New York State School-Age Child Care regulations. For details, see 18 New York Code of Rules and Regulations § 414.12 (2007).

5. Section III - Scope of Services, Page 12, Program Facility: Security, Maintenance and Communication: The second bullet is amended to read as follows:

- The contractor would issue photo identification cards for all Beacon participants and staff (paid or volunteer) **and require all staff engaged with participants to be clearly identifiable as staff through use of distinctive clothing (such as T-shirts) or other means of identification.**

6. Section III - Scope of Services, Page 13, Beacon Program Design: The first bullet is amended to add a new sentence after the second sentence as follows:

- Hours of operation. During the school year, Beacons would operate a minimum of 42 hours a week over 6 days in the afternoons and evenings, on weekends, school holidays, and during school recess. **During the school year, the Beacons would operate from 3 pm or earlier, if the official school dismissal time is earlier.** During the summer, **defined as a period of at least eight (8) weeks following the end of the school year,** Beacons would operate for a minimum of 50 hours per week, Monday through Friday. However, within the total hours of operation, contractors would set aside a minimum of fifteen (15) days for staff training and professional development purposes.

7. Section III - Scope of Services: Page 14, Middle school youth: This paragraph amended as follows:

For the purpose of this RFP, middle school youth are defined as students in public school grades five to eight, including students with special needs. Structured activities for middle school youth in each of the core service areas described below would reflect youth development principles and include intergenerational activities. Where appropriate, the Beacon would seek to involve parents. **Seventy percent (70%) of the hours of structured programming for middle school youth would be provided at the Beacon host-school site.**

8. Section III – Scope of Services, RFP Page 19: The language in the first bullet under Advisory Council/Youth Council is amended to read as follows:

"The contractor would establish an Advisory Council that would **include the Beacon director, at least one other key staff member of the Beacon, and other community representatives such as** Community Board members, the Youth and/or Community Affairs officer for the local police precinct, youth, parents, school personnel, healthcare professionals, local merchants, staff from local substance abuse prevention and/or treatment programs, local elected officials, and representatives of other community-based organizations. *The purpose of the Advisory Council would be to advise, support, and strengthen the Beacon*."

9. Section III - Scope of Services, Page 20, Host School**:** The sentence in this section is amended to read as follows:

The contractor would execute and comply with the School Linkage Agreement **(see Form 4).**

10. Section III - Scope of Services, Page 20, Co-locators: The fifth bullet under this section is amended to read as follows:

- Linkage Agreements. The contractor would enter into a Linkage Agreement with co-locator(s) to provide space at the Beacon during its hours of operation at no cost to the co-locator organization(s). The Linkage Agreement **(Form 3)** would include details of the activities it is anticipated the co-locator will provide, the target population that will benefit from these activities, and the contribution of the co-locator to the Beacon's minimum service requirements.

11. Section III - Scope of Services, Page 21, Other Community-Based Service Providers: The second bullet is amended to read as follows:

- Establish a **relationship** with the local police precinct(s) to ensure that issues of safety are properly addressed on an ongoing basis**.**

12. Section IV - Format and Content, Page 22, Alternative 1: The first sentence of the paragraph is amended to **delete** the words:

…and, if applicable, the Service Learning Program.

13. Section IV - Format and Content, Page 23, Proposal Package Contents (Checklist), Subsection II C: The Checklist is amended to **delete** the following words**:**

…and School Agreement Form (Form 4)

14. Section IV - Format and Content, Page 23, Proposal Package Contents (Checklist), Subsection IV C: The Checklist is amended to read as follows**:**

Letter(s) of Intent for the cash match requirement and any additional cash contributions to the proposed program, **and, if applicable, a copy of non-DYCD governmental contract(s) or award letter(s).**

15. Attachment Pages 5 and 6, PROPOSAL NARRATIVE**: Under "organizational experience," t**he instructions for completing items 1 and 3, and the headings of the fourth columns on Page 5 and Page 6, are amended as follows:

Most recent annual total dollar value

Revised Attachment Pages 5 and 6 are attached.

16. Attachment Page 38, Price Proposal: The wording of sub-section c of the Budget Justification is amended to read as follows:

Document the source(s) of **the required cash match and any additional** cash contributions by **attaching, for each contribution,** a **Letter of Intent as indicated in Item 2 of Addendum #2 and, if applicable, a copy of non-DYCD governmental contract(s) or award(s).**

A revised Attachment Page 38 is attached.

17. Attachments Pages 39 and 46, Form 5a and Form 5b: The heading of column B on Forms 5a and 5b is amended to delete the words **"in-kind"**

Revised Attachment Pages 39 and 46 are attached.

18. Attachment Page 50, RFP BUDGET INSTRUCTIONS - Form 5c: Attachment Page 50 is amended to **delete** all references to In-Kind Contributions.

A revised Attachment Page 50 is attached.

Patricia Chabla
Agency Chief Contracting Officer

PROPOSAL NARRATIVE

A. Organizational Experience

1. As evidence of the proposer's relevant experience in providing services to youth and/or families (and the experience of any proposed subcontractor(s), list up to 5 programs and provide the information requested below. Indicate the year(s) in which the services were provided by the proposer (and subcontractor(s), if any) and the most recent annual total dollar value.

	Program Name	Dates of Operation	Target Population(s)	Most recent annual total dollar value
(1)		-		
(2)		-		
(3)		-		
(4)		-		
(5)		-		

2. Describe each of the listed programs above and indicate the staffing, range of activities, the use of sub-contractor(s) if any, and evidence of success. (Preferable page limit: 1½ pages)

3. As evidence of the proposer's experience in providing services to NYC public school students, list up to 5 programs and provide the information requested below. Indicate the year(s) in which the services were provided by the proposer (and subcontractor(s), if any) and the most recent annual total dollar value.

	Program Name	Dates of Operation	Target Population(s)	Most recent annual total dollar value
(1)		-		
(2)		-		
(3)		-		
(4)		-		
(5)		-		

4. Describe each of the listed programs above and indicate the staffing, range of activities, the use of sub-contractors, if any, and evidence of success. (Preferable page limit: 1½ pages)

a. Document the source(s) of the required cash match and any additional cash contributions by attaching, for each contribution, a Letter of Intent as indicated in Item 2 of Addendum #2 and, if applicable, a copy of non-DYCD governmental contract(s) or award(s).

Department of Youth and Community Development
REQUEST FOR PROPOSAL
PIN: 26007BCCRFP
BEACON PROGRAM BUDGET SUMMARY

FORM 5a

Form Revised 12/06

Proposer's Name _____

Address: _____

_____

Tel #: _____ **Fax #:** _____ **E-mail:** _____

Ex. Director _____ **Tel #:** _____ **E-mail:** _____

Fiscal Officer: _____ **Tel #:** _____ **E-mail:** _____

EIN: _____ **SUI #:** _____

Operating Period: _____ **Through:** _____

Account Code		A TOTAL FUNDING REQUEST	B CASH CONTRIBUTION	(Column A+B=C) C TOTAL PROGRAM COST
	PERSONNEL SERVICES			
1100	Salaries and Wages			
1200	Fringe Benefits*			
1300	Central Insurance Program (CIP) **			
TOTAL PERSONNEL SERVICES				
	NON STAFF SERVICES			
2100	Consultants			
2200	Sub-Contractors			
2300	Stipends			
2400	Vendors			
TOTAL NON-STAFF SERVICES				
	OTHER THAN PERSONNEL SERVICES			
3100	Consumable Supplies			
3200	Equipment Purchases			
3300	Equipment Other			
3400	Space Rental			
3500	Travel			
3600	Utilities & Telephone			
3700	Other Operational Costs			
3900	Fiscal Agent Services			
TOTAL OTHER THAN PERSONNEL SERVICES				
TOTAL COST				

*** The maximum rate is 30%; and the minimum rate is 7.65% of the total salaries.**

**** CIP rate is 4.50% of total budget for insurance coverage**

Department of Youth and Community Development
REQUEST FOR PROPOSAL
PIN: 26007BCCRFP
ACS PROGRAM BUDGET SUMMARY

FORM 5b

Form Revised 12/06

Proposer's Name _____

Address: _____

_____

Tel #: _____ **Fax #:** _____ **E-mail:** _____

Ex. Director _____ **Tel #:** _____ **E-mail:** _____

Fiscal Officer: _____ **Tel #:** _____ **E-mail:** _____

EIN: _____ **SUI #:** _____

Operating Period: _____ **Through:** _____

Account Code		A TOTAL FUNDING REQUEST	B CASH CONTRIBUTION	(Column A+B=C) C TOTAL PROGRAM COST
	PERSONNEL SERVICES			
1100	Salaries and Wages			
1200	Fringe Benefits*			
1300	Central Insurance Program (CIP) **			
TOTAL PERSONNEL SERVICES				
	NON STAFF SERVICES			
2100	Consultants			
2200	Sub-Contractors			
2300	Stipends			
2400	Vendors			
TOTAL NON-STAFF SERVICES				
	OTHER THAN PERSONNEL SERVICES			
3100	Consumable Supplies			
3200	Equipment Purchases			
3300	Equipment Other			
3400	Space Rental			
3500	Travel			
3600	Utilities & Telephone			
3700	Other Operational Costs			
3900	Fiscal Agent Services			
TOTAL OTHER THAN PERSONNEL SERVICES				
TOTAL COST				

*** The maximum rate is 30%; and the minimum rate is 7.65% of the total salaries.**

**** CIP rate is 4.50% of total budget for insurance coverage**

FORM 5c

RFP BUDGET INSTRUCTIONS

BUDGET FACE SHEET IDENTIFYING INFORMATION – Page 1 of 4

To assist with proper completion of the budget, DYCD has made the budget forms available for download (in Microsoft Excel and the Instructions in Microsoft Word) on the DYCD Website: **www.nyc.gov/dycd**

- Indicate the official name of your organization, address, e-mail, telephone number and fax number.
- The **Executive Director** is the person responsible for this proposal, or in charge of the overall agency. Please include his/her e-mail and telephone numbers.
- The **Fiscal Officer** is the person responsible for preparing the financial documents for this contract, i.e., the Comptroller, Bookkeeper and/or Accountant. Please include his/her e-mail and telephone numbers.
- **Federal Employer Identification Number** (**EIN**): Indicate the proposer's EIN #. (A copy of any official IRS document reflecting the Federal Employer Identification Number will be required before entering into contract with your organization.)
- **State Unemployment Insurance Number** (**SUI**): A number appearing on all correspondence relating to State Unemployment Insurance. It is obtainable through the New York State Department of Labor (1-888-899-8810).
- **Operating Period**: The first 12 month period of your proposed contract should coincide with the dates that activities operate within the budget.

The budget is divided into three columns: A. Total Funding Request, B. Cash Contributions, and C. Total Program Cost.

A. Total Funding Request Budget Column is the funding requested from DYCD.
B. Cash Contribution Column is the dollar value of all resources (cash, services, space, and equipment) applied to the proposed program, but not included in the funding requested from DYCD.
C. Total Program Cost Column is the Grand Total of the proposed budget (Columns A + B).

BUDGET SUMMARY BY THE BUDGET CATEGORIES

To complete the remainder of Page 1 of the budget, first complete Pages 2, 3, and 4 as described below. For proposers completing the budget electronically, the appropriate totals for each budget category will automatically transfer into the corresponding box on Page 1.

The **Cash Contribution** column **must include** the required cash match amount and any additional contributions**.** Enter the amount contributed for each category on Page 1, where applicable.