



**DEPARTMENT OF YOUTH AND COMMUNITY
DEVELOPMENT
OFFICE OF PROCUREMENT**
156 WILLIAM STREET
NEW YORK, NEW YORK 10038
TELEPHONE: (212) 442-5982 FAX: (212) 676-8129

**JEANNE B. MULLGRAV
Commissioner**

July 19, 2007

ADDENDUM #1
Re: Service Learning Programs
Request for Proposals
PIN: 26008CESLRFP

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 #1** to the Service Learning Programs Request for Proposals (RFP) PIN 26008 CESLRFP. Proposers should acknowledge receipt of Addendum # 1 by using Acknowledgement of Addenda (Form 9).

I. ADDENDUM ITEMS

1. Section II, Summary of the RFP, Page 6, Participation of Technical Assistance and Capacity Building (TACB) Vendors: The section has been amended to read as follows:

Any entity, including a subcontractor of such entity, awarded a contract to provide TACB services to the SL programs is **not eligible** to submit a proposal in response to this RFP, and may not participate as a subcontractor through this RFP.

2. Section III, C - Assumptions Regarding Contractor Approach. Contractor and Staff Qualifications/Experience, page 10: The section is amended to delete the second bullet.

- Contractors would have a history of involvement at the proposed program site through successful programs operated on their own or in collaboration with others.

3. Appendix A - List of Eligible Program Sites: Bronx CD 1, page 21: The section is amended to read as follows:

Academy of Applied Mathematics and Technology/IS 222	345 Brook Avenue, Bronx, NY 10454	Aspira (Beacon), Just Us (OST option 1), and NY Junior Tennis League (OST option 2)
--	-----------------------------------	---

4. Appendix A - List of Eligible Program Sites: Bronx CD 1, page 21: The section is amended to delete the following:

Bronx Community Center	414 East 145th Street, Bronx, NY 10454	Asociacion Tepeyac (OST option 1)
------------------------	--	-----------------------------------

5. Appendix A - List of Eligible Program Sites: Bronx CD 4, page 24: This site is on the list for Bronx CD1 on page 21. The section is amended to delete the following:

JHS 151	250 East 151st Street, Bronx, NY 10451	Sports and Arts in Schools Foundation (OST option 1)
---------	--	--

6. Appendix A - List of Eligible Program Sites: Manhattan CD 11, page 29: There is only one Children’s Aid Society site. The section is amended to delete the second reference.

Children’s Aid Society	130 East 101 st Street, New York, NY 10029	Children’s Aid Society (OST option 2)
------------------------	---	---------------------------------------

7. Appendix A - List of Eligible Program Sites: Manhattan CD 12, page 31: There is only one National Council for Negro Women of Greater New York site. The section is amended to delete the second reference:

National Council for negro Women of Greater New York	114-02 Guy r. Brewer Boulevard, Jamaica, NY 11434	National Council for Negro Women of Greater New York (OST option 1)
--	---	---

8. Appendix A - List of Eligible Program Sites: Staten Island CD1, page 33: There is only on Curtis High School H.S. 450 site. The section is amended to delete the second reference.

Curtis High School-H.S. 450	105 Hamilton Avenue, Staten Island, NY 10301	Northfield Community LDC (OST option 1)
-----------------------------	--	---

9. Appendix A - List of Eligible Program Sites: Staten Island CD1, page 33: The section is amended to read as follows:

Curtis High School-H.S. 450	105 Hamilton Avenue, Staten Island, NY 10301	New York Center for Interpersonal Development (OST option 1) Northfield Community LDC (OST option 1)
-----------------------------	--	---

9. Attachment – Proposal Summary (Form 1): This Form has been amended and is attached to this Addendum. The **Revised Form 1** is amended to add the following:

Linkage Agreements

Check boxes to indicate Linkage Agreements submitted with the proposal and provide the names of all Linked Organizations:

- Service Activity Linkage Agreement (Form 2)

Name of Linked Organization(s):

- Healthcare Provider Linkage Agreement (Form 3)

Name of Linked Organization(s):

- School Linkage Agreement (Form 4)

Name of Linked Organization(s):

If applicable:

- Site and Integration of Services Linkage Agreement (Form 5)

Name of Linked Organization(s):

10. Attachment–Proposal Narrative: A. Organizational Experience (Attachment Pages 7 and 8). The section is amended to revise Item 6 and add Item 7 to read as follows: The concluding item of Section A (Organizational Experience) on Attachment Page 8 is renumbered “8.”

Item 6

As a hard-copy attachment, provide a job description with the required qualifications for any additional key staff positions. For staff already identified, attach a resume.

Item 7

Describe the experience of the proposed program director and key staff in (a) working with youth 13 to 21 years, and (b) working in an SL program (preferred page limit: 2 pages)

Revised Attachment pages 7 and 8 are attached to this Addendum.

11. Attachment – Healthcare Provider Linkage Agreement (Form 3). This has been revised to provide additional space and signature lines. The **Revised Form 3** is attached to this Addendum.

II. CLARIFICATIONS

1. Section II, Summary of the RFP, Minimum Qualifications, page 8; Section III, C Assumptions Regarding Contractor Approach, Pages 10 and 14:

Please note that collaborative relationships described on page 14 are to be documented in the Linkage Agreements referenced on the same page as well as in Section IV Format and Content of the RFP. These assumptions are distinct from the Minimum Qualification Requirements specified in Section II, page 8. Only those proposals which do not meet the Minimum Qualification Requirements will be determined to be non-responsive.

2. Section IV Format and Content - Attachment Page 31: Note the following corrections: in the third and fourth bullets:

The School Linkage Agreement is **Form 4**.

The Site and Integration of Services Linkage Agreement is **Form 5**.

Please Note: This Addendum as well as the Revised Form 1, Revised Form 3, and Revised Attachment pages 7 and 8 will be posted on DYCD's website.

Patricia A. Chabla
Patricia A. Chabla
Agency Chief Contracting Officer

5. As a hard-copy attachment, provide the resume of the proposed **Director** of the SL program.
6. As a hard-copy attachment, provide a job description with the required qualifications for any additional key staff positions. For staff already identified, attach a resume.
7. Describe the experience of the proposed program director and key staff in (a) working with youth 13 to 21 years, and (b) working in an SL program. (preferred page limit: 2 pages)

8. As a hard-copy attachment, provide up to three letters of support for the proposer from key stakeholders in the community district in which the SL program site is located.

HEALTHCARE PROVIDER LINKAGE AGREEMENT

Proposer:	PIN #: 26007SLRFP
------------------	--------------------------

INSTRUCTIONS: The purpose of this Linkage Agreement is to ensure to the maximum extent possible that program participants receive comprehensive health services, including, but not limited to the following: primary care services, reproductive health services, and mental health care services/screenings; information on nutrition, substance abuse, pregnancy prevention, HIV/AIDS and other STIs, healthy relationships, parenting and violence prevention; and referrals for specialty care. **Proposers should use a separate Linkage Agreement Form for each proposed linked organization, duplicating the form as needed.**

Pursuant to the proposal submitted by _____ (**Proposer Organization**) in response to the Service Learning Programs Request for Proposals from the Department of Youth and Community Development, the proposer, if funded, will establish programmatic linkages with _____ (**Linked Organization**).

Under this Linkage Agreement, _____ (**Linked Organization**) will offer the following services/information to the service learning program participants. **Please check all boxes on the list below that apply.**

- Primary care services (including annual physical exams)
- Comprehensive reproductive health services, including birth control; HIV testing; STI testing and treatment; pregnancy testing plus options counseling. Please check if the following also apply:
 - The above services will be provided regardless of the teens’ ability to pay
 - The above services will be provided without parental consent as protected under NYS law.
 - At a minimum, emergency contraception (the morning-after pill), oral contraception, Depo-Provera, and condoms, are available regardless of a teens’ ability to pay and without parental consent, either through an on-site dispensary or another mechanism.
- Mental health services/screenings (e.g. for depression, suicide prevention)
- Referrals for specialty care such as dental care, vision care, hearing screenings
- Substance abuse treatment or referrals for treatment
- Information and workshops on:
 - HIV and other STIs
 - Pregnancy prevention
 - Substance abuse prevention
 - Healthy relationships, dating violence, and violence prevention
 - Parenting
 - Nutrition & physical activity

Describe below how the Healthcare Provider will encourage and facilitate use of its services by program participants and where the services will be provided. (Preferable page limit: 1 page)

Proposer Organization:

Authorized Representative: _____

Title: _____

Signature: _____ Date: / /

Linked Organization:

Authorized Representative: _____

Title: _____

Work Address: _____

Work Phone #: _____

Signature: _____ Date: / /

PROPOSAL SUMMARY**RFP TITLE: SERVICE LEARNING PROGRAMS****PIN: 26008CESLRFP**

Proposer Name:		
Address:		
City	State	Zip Code

Tax Identification #:

Contact Person:	Title:
Telephone #:	Fax #:
Authorized Representative:	Title:
Email Address:	

Signature: _____ **Date:** / /**Subcontracting**Proposer will retain a subcontractor: YES NO

If YES, state name of proposed subcontractor:

Certification of Compliance with Minimum Qualification Requirement (Check the box that applies to indicate proposer is in compliance.)**Not-for-Profit Status:**

- Proposer is a not-for-profit incorporated entity in NYS (Attach a copy of the certificate.)
Or
 has proof of filing with the Secretary of State for such status by the proposal submission due date indicated in this RFP. (Attach a copy of the application.)

Tax exempt Status:

- Proposer is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code (Attach a copy of the exemption certificate.)
Or
 has proof of applying for such status by the proposal submission due date indicated in this RFP. (Attach a copy of the application.)

Proposed Service Options/Competitions (Check one box to indicate the proposed borough competition and one box to indicate the community district in which the program will be located.)

- | | |
|---|--|
| Borough: | Community District: |
| <input type="checkbox"/> Bronx: | CDs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| <input type="checkbox"/> Brooklyn: | CDs <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| <input type="checkbox"/> Manhattan: | CDs <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| <input type="checkbox"/> Queens: | CDs <input type="checkbox"/> 12 <input type="checkbox"/> 14 |
| <input type="checkbox"/> Staten Island: | CD <input type="checkbox"/> 1 |

Program Costs and Price per Participant

- A. Total annual funding request for this proposal: \$
 B. Proposed number of participants to be served annually:
 C. Price per participant (= A ÷ B): \$

Number of proposals submitted in response to this RFP

Proposer has submitted more than one proposal: YES NO
 If Yes, how many?

Site Information (Please refer to Appendix A for details.)

Site Name:		
Address:		
City	State	Zip Code
Check all that apply to indicate DYCD-funded program(s) at the site:		
<input type="checkbox"/> Beacon <input type="checkbox"/> OST option 1 <input type="checkbox"/> OST option 2		

DYCD Contracts for Beacon and OST Services

Does the proposer have a contract for Beacon or DYCD-funded OST services at the site effective October 1, 2007? YES NO

If YES, check appropriate box: Beacon OST Beacon and OST

Linkage Agreements

Check boxes to indicate Linkage Agreements submitted with the proposal and provide the names of all Linked Organizations:

Service Activity Linkage Agreement (Form 2)
Name of Linked Organization(s):

Healthcare Provider Linkage Agreement (Form 3)
Name of Linked Organization(s):

School Linkage Agreement (Form 4)
Name of Linked Organization(s):

If applicable:

Site and Integration of Services Linkage Agreement (Form 5)
Name of Linked Organization(s):