



NEW YORK CITY
DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT
SERVING NEW YORK CITY YOUTH, FAMILIES, AND COMMUNITIES

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JEANNE B. MULLGRAV
Commissioner

January 19, 2006

ADDENDUM #2

Re: Runaway and Homeless
Youth Services
Request for Proposals
PIN: 26007RHFRFP

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 Runaway and Homeless Youth Services Request for Proposals (RFP) PIN #26007RHFRFP.

I. ADDENDUM ITEMS

1. **Section II – Summary of Request for Proposals – page 5, B, Service Options:** The following paragraph is added to the RFP under the sub-section “Service Option I,”

The Staten Island Drop-In Center would serve a minimum of 1,125 unduplicated youth annually, and provide at least 12 workshops/presentations annually. Each Community connections coordinator would provide case management to at least 150 unduplicated youth annually.

2. **Section II – Summary of Request for Proposals - Page 7, G. Minimum Qualification Requirements:** The following paragraph is added to the RFP under the sub-section “Applicable to Proposers for Option II and III ONLY,” to further clarify State certification procedures and requirements:

The proposer shall demonstrate that the proposed residential site is guaranteed to be available as of July 1, 2006. The New York State Office of Children and Family Services (OCFS) will accept an application for certification without a lease or ownership document. However, to complete the certification review process and *issue* an operating

certificate, OCFS must conduct a site visit to a furnished facility. DYCD will work with OCFS to expedite certification review for proposed residential programs that are not currently certified to begin on July, 1, 2006. Proposers must append to Attachment 1 of their proposal either a lease or ownership document; OR evidence in the form of a notarized letter from the landlord which outlines the terms of the lease agreement for the proposed site.

3. **Section III – Scope of Services - Page 15, #3, 4th bullet - Written Consent:** The language in this bullet is amended to read as follows:

Written Consent – The contractor would obtain written consent from youth **and/or** families before disclosing any information to or discussing recommendations for services with other agencies.

4. **Section IV, Format and Content of the Proposal - Page 23, C, 2 – Organizational Capability:** The last item is amended to read 12, not 10.

5. **Section IV Format and Content of the Proposal - Page 23, C, 3 - Program Approach:** The first sentence is amended to read as follows:

Describe **the** proposer’s approach to providing the applicable program described in Section III – Scope of Services, and demonstrate that the proposer’s approach will successfully fulfill the agency’s goals and objectives. Specifically address the following:

6. **Section IV – Format and Content of the Proposal – Page 26, D, 3 regarding in-kind and cash contributions:** The paragraph is amended to read as follows:

3. Document the source of all in-kind and cash contributions.

- Cash contributions already received by the proposer

Document cash contributions already received by the proposer by attaching a letter from the proposer’s Board Chairperson or Executive Director indicating the source and amount of funding.

- Cash contributions not yet received by the proposer

Document cash contributions not yet received by the proposer by attaching a Letter of Intent from the Board Chairperson or Executive Director of **each** applicable funding source.

Proposer should note that the cash and in-kind contributions category cited on the budget forms (Attachment 3 Revised) is for year one only.

7. **Section IV- Format and Content of the Proposal - Page 26:** This section is further amended to include the following paragraph regarding cash or in-kind contributions from other funding sources:

4. Proposers may utilize funding from other sources, including other

government agencies, to supplement the proposed program to enhance services for participants. However, no expense that is covered by another funding source may be included in the DYCD funding request.

8. Attachment 1 – Proposal Summary (Revised) – Proposer Certification of Compliance with Minimum Qualification Requirements: The RFP is amended to include **Attachment 1 – Proposal Summary (Revised)** which totally replaces the Attachment 1 issued with the RFP. This section has been amended, as follows:

Applicable to All Proposers (Proposers must comply with “a” OR “b”, below)

- a. Proposer is classified as a tax-exempt organization under IRC Section 501(c)(3). Copy of certification is appended to Attachment 1.
- b. Proposer has applied for tax-exempt status under IRC Section 501(c)(3). Copy of application is appended to Attachment 1.

Applicable to Option II and Option III Proposers ONLY (Proposers must comply with “a” or “b” AND “c”, below.)

- a. Proposer organization is certified to operate a residential facility in New York State. Copy of certification is appended to Attachment 1.
- b. Proposer has filed for certification to operate a residential facility in New York State. Copy of filing is appended to Attachment 1.
- c. Copy of the proposer’s lease or ownership document for the proposed site or a notarized letter from the landlord of the proposed site outlining the terms of the lease agreement is appended to Attachment 1.

9. Attachment 3 – Budget Forms (Revised): The RFP is amended to include Attachment 3 – Budget Forms (Revised) which totally replaces the Attachment 3 issued with the RFP.

Attachment 3 – Budget Forms (Revised) is attached. The revised budget forms are also posted on DYCD’s website at www.nyc.gov/dycd.

10. Attachment 5 Revised - Certification Regarding Substantiated Cases of Client Abuse or Neglect: The RFP is amended to include Attachment 5 - Certification Regarding Substantiated Cases of Client Abuse or Neglect (Revised) which totally replaces the Attachment 5 issued with the RFP. **Attachment 5 - Certification Regarding Substantiated Cases of Client Abuse or Neglect (Revised)** is attached.

11. Section III – Regulatory Framework – Page 8. The paragraph is amended to read:

State RHY Regulations: All residential programs shall comply with applicable State regulations (9NYCRR§182-1 et seq. and 9NYCRR§182-2 et seq.). These regulations pertain to program aspect including, but not limited to: program content, facilitates, staff qualifications and training. **The current State RHY Regulations (9NYCRR§182-1 et seq. and 9NYCRR§182-2 et seq.) are available for pick up at DYCD, Office of Contract Procurement between the hours of 9:30 AM and 5:00 PM, Monday through Friday, except holidays, at 156 William Street, 2nd Floor ,**

New York, New York 10038 and is available on DYCD's website at www.nyc.gov/dycd.

Proposers should note that the following paragraph in the State RHY Regulations contains a pending proposed revision to Crisis Shelter (182-1) and Transitional Independent Living (TIL) program (182-2) fire safety regulations for residential programs. The proposed revision is the underlined text; the words being stricken are in italics:

Each floor of a residence occupied by youth shall have at least two alternate means of egress which are remote from each other. Both means of egress above the first floor shall be stairways, with no locked intervening rooms or obstructions, which lead to the exterior at ground level. One stairway may be exterior to the building and lead directly to the ground. No vertical ladders, chain ladders or slide chutes may be used as a means of egress.

A reflective emergency exit sign shall be posted above each *primary* means of egress.

12. How to Access Office of Children & Family Services (OCFS) Certification

Documents: Section I – Summary of the RFP, Page 4-5, A of the RFP is further revised to add the following paragraph:

A list of web addresses for relevant certification documents for OCFS is likewise available on DYCD's website at www.nyc.gov/dycd.

II. CLARIFICATIONS

1. Section III – Scope of Services, Pages 14, second paragraph and Page 18, third paragraph regarding Age Limits:

CRISIS SHELTER

“Runaway and homeless youth shelter” shall mean a residential facility operated for a maximum of twenty (20) youth, **all of whom are EITHER under the age of 18 years OR between the ages of 16 and 21 years.**

TIL

"Approved transitional independent living support program" shall mean any non-residential program approved by the division for youth after submission by the county youth bureau, as part of its comprehensive plan, or any residential facility approved by the division for youth after submission by the county youth bureau as part of its comprehensive plan, operated to provide support services, for a period of up to twelve months in accordance with the regulations of the division for youth, **to enable homeless youth from sixteen up to twenty-one years of age to progress from crisis care and transitional care to independent living.**

2. **Section III – Scope of Services, Pages 14, second paragraph and Page 18, third paragraph, regarding the Maximum Capacity for Residential Facilities:** It is anticipated that each crisis shelter and TIL program would have a maximum capacity of 20 youth, unless a waiver is obtained from OCFS to allow for additional beds. If a waiver is granted from OCFS to exceed 20 beds, DYCD would consider funding requests for more than 20 beds in a proposed facility.

Furthermore, residential facilities that serve parenting youth must provide **separate** beds certified by OCFS for mother and child.

3. **Section III – Scope of Services, Page 18, #1, regarding Maximum length of stay for TIL programs:** TIL programs will provide transitional housing for up to 18 months. The New York State PINS (persons in need of supervision) REFORM LEGISLATION, effective April 1, 2005, enacted the following changes to DYCD's TIL program design:

Increases from 12 to 18 months the maximum period that a youth may stay in a Transitional Independent Living Support Program (TILSP) [ExL 532-a (6)]

Permits a TILSP to continue to provide services to homeless youth not yet 18 but who has reached the 18 month maximum until he/she is 18 or for up to an additional 6 months if the youth is still less than 18. [ExL 532-d (f)]

4. **Attachment 3 – Budget Forms (Revised), Instructions for the Completion of the Budget Forms, Section II B – Page 2 regarding insurance:** All programs must have general liability insurance for \$1 million, naming DYCD and the City of New York as additional insured. Proposers are not required to submit insurance indicating the City of New York and the Department of Youth and Community Development as additional insured with their proposals. However, if a proposer does not have insurance and wishes to buy into the City of New York's Central Insurance Program (CIP), this must be listed in the budget form (Attachment 3 Revised) at the rate of 4.5% of the proposed total budget amount.

5. **Attachment 3 – Budget Forms (Revised), Instructions for the Completion of the Budget Forms, Section II C – Page 3, regarding Repairs, maintenance, renovation and construction costs:** The space rental cost category includes all related charges associated with the use of the site, including repairs and maintenance costs. Repairs are limited to minor repairs only. No renovation or construction projects can be budgeted or paid for with these funds.


Patricia Chabla
Agency Chief Contracting Officer

ATTACHMENT 1

PROPOSAL SUMMARY (REVISED)

RFP TITLE: RHY SERVICES

PIN #: 26007RHYRFP

Organization Name: _____

Address: _____

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Tax Identification #: _____

Contact Name: _____ Title: _____

Telephone #: () _____ Fax No. () _____ E-Mail Address: _____

Authorized Representative: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

Proposer Certification of Compliance with Minimum Qualification Requirements (Check all that apply to indicate proposer is in compliance.)

Applicable to All Proposers (Proposers must comply with “a” OR “b”, below)

- a. Proposer is classified as a tax-exempt organization under IRC Section 501(c)(3) . Copy of certification is appended to Attachment 1.
- b. Proposer has applied for tax-exempt status under IRC Section 501(c)(3). Copy of application is appended to Attachment 1.

Applicable to Option II and Option III Proposers ONLY (Proposers must comply with “a” or “b” AND “c”, below.)

- a. Proposer organization is certified to operate a residential facility in New York State. Copy of certification is appended to Attachment 1.
- b. Proposer has filed for certification to operate a residential facility in New York State. Copy of filing is appended to Attachment 1.
- c. Copy of the proposer’s lease or ownership document for the proposed site or a notarized letter from the landlord of the proposed site outlining the terms of the lease agreement is appended to Attachment 1.

Proposed Service Option

Option I - Drop-In Center/Community Connections

Borough: Bronx Brooklyn Manhattan Queens Staten Island

Community District(s) to be targeted by community connections coordinator(s): _____

Option IIA - Crisis Shelter *only*

Option IIB - Crisis Shelter *plus* Street Outreach Services in Bronx, Queens and Manhattan above 59th

Option IIB - Crisis Shelter *plus* Street Outreach in Brooklyn, Staten Island and Manhattan 59th and below

Option III – Transitional Independent Living Program

Program Costs and Resources (Enter the requested information in the space provided.)

- a. Total annual DYCD funding request
\$ _____
- b. Annual cash contributions YES NO
(DYCD does not require cash contributions.) If YES, indicate
\$ _____
- c. In-kind contributions proposed YES NO
(DYCD does not require in-kind contributions.) If YES, indicate
\$ _____
- d. Total annual program cost (Sum of a+b+c)
\$ _____

Service Information [Check the applicable Option being proposed and provide the requested information]

Option I:

Annual number of unduplicated youth served by drop-in center: _____
(Minimum = 1,500 youth)

Annual number of cases managed by community coordinator(s): _____
(Minimum = 150 cases per community coordinator)

Annual number of workshops: _____
(Minimum = 12 workshops)

Options IIA OR IIB:

Number of crisis shelter beds: _____

Total (\$) annual DYCD funding request ÷ Number crisis shelter beds: _____ \$/bed

Annual number of unduplicated youth contacted through street outreach: _____
(Minimum = 4,000 youth)

Option III:

Number of TIL beds: _____

Total (\$) annual DYCD funding request ÷ Number of TIL beds: _____ \$/bed

Proposed Site Location

Name: _____

Address: _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

BUDGET FORMS (REVISED)

**BUDGET SUMMARY
RUNAWAY AND HOMELESS YOUTH SERVICES PROGRAMS**

I. Applicant Information

Organization Name: _____ EIN: _____
 Fiscal Contact - Name _____ SUI: _____
 Fiscal Contact - Address _____ Tel# : _____

II. Budget Plan

| | DYCD Funding Request | CBO In-Kind/Cash Contribution | Total Program Cost |
|---|----------------------------|-------------------------------------|--------------------------|
| A PERSONNEL | | | |
| i. Full Time Salary & Wage (enter info. on detail page) | | | |
| Full Time Fringe Rate | | | |
| ii. Part Time Salary & Wage (enter info. on detail page) | | | |
| Part Time Fringe Rate | | | |
| Personnel Subtotal | | | |
| B Central Insurance Program (CIP) [If applicable] | | | |
| C OTPS | | | |
| i. Consultant/Contract Services | | | |
| ii. Subcontractor(s) Services | | | |
| iii. Stipends | | | |
| iv. Consumable Supplies | | | |
| v. Equipment Purchases | | | |
| vi. Equipment Other | | | |
| vii. Space Rental | | | |
| viii. Transportation/Travel | | | |
| ix. Utilities and Telephone | | | |
| x. Audit Costs | | | |
| xi. Other <i>(please specify in narrative)</i> | | | |
| OTPS Subtotal | | | |
| D INDIRECT COSTS | | | |
| <i>(not to exceed 10% of the personnel subtotal in section D.)</i> | | | |
| E TOTAL | | | |

**BUDGET DETAIL
 RUNAWAY AND HOMELESS YOUTH SERVICES PROGRAMS**

Organization Name: _____ EIN: _____
 Fiscal Contact - Name _____ SUI: _____
 Fiscal Contact - Address _____ Tel# : _____

PERSONNEL BUDGET DETAIL

| FULL TIME EMPLOYEES | | | | | DYCD Funding Request | CBO In-Kind/Cash Contribution | Total Program Cost |
|---------------------------------|------------------|-------------------|--------------------------------------|--|-------------------------------------|--|-----------------------------------|
| Position Title | annual salary | # of positions | % of salary applied to DYCD | | | | |
| Full Time Staff Subtotal | | | | | | | |

| PART TIME EMPLOYEES (Part Time = less than 35 hours per week) | | | | | DYCD Funding Request | CBO Cash Contribution | Total Program Cost |
|--|-------------|-------------------|--|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| Position Title | hourly rate | # of positions | # of annual hours on program (per position) | % of wages applied to DYCD | | | |
| Part Time Staff Subtotal | | | | | | | |

TOTAL (Full Time + Part Time)

INSTRUCTIONS FOR THE COMPLETION OF THE BUDGET FORMS

- **Allowable Program Costs:**

DYCD will provide funding for RHY Programs pursuant to page 6 of this RFP.

A column is included in the budget plan to list in-kind/cash contributions. This information will assist DYCD in evaluating the true cost of RHY programming.

- **Budget Forms – General Information**

1. **To assist with proper completion of the budget, DYCD has made the budget forms available for download (in Microsoft Excel) from www.nyc.gov/dycd.**
2. The applicant identification information on the budget summary page should be completed first. This includes organization's name, Employer Identification Number (EIN), State Unemployment Insurance Number (SUI), and Fiscal Contact Information (Name and Address).
3. Personnel salaries and wages should be completed next on the budget detail page. The totals for full-time plus part-time staff should be transferred to the budget summary page.
4. Fringe Costs, General Liability Insurance, Other Than Personnel Services (OTPS) costs, and Indirect Costs should be completed next on the budget summary page.

- **Budget Forms – Specific Information**

- I. **Applicant Information:** Please indicate the official name of your organization; the name, address, and telephone number of the program's fiscal contact, the organization's Employer Identification Number (EIN), and the organization's State Unemployment Insurance Number (SIU).

- II. **Budget Plan:** Should be prepared based on the proposed level of service.

- A. **Personnel:**

- i. All information should be entered on the budget detail page. Include all personnel, full-time (35 hours or more) and part-time (less than 35 hours), who will receive a salary from this program. For full-time employees, enter the title, salary, number of positions within the title and the percent of the salary that will be allocated to this contract. For part-time staff, enter the titles, hourly wage rate, number of positions, number of annual hours on the program per position, and the percent of the wages that will be allocated to this contract.

- ii. Fringe Benefits must include FICA. Charges to DYCD may also include unemployment insurance, workers' compensation, disability, pension, life insurance and medical coverage as per your policies. Enter the fringe benefit rate as indicated on the budget summary page. Fringe rates must not be less than 7.65% or exceed 30% of total salaries.

- B. **Central Insurance Program (CIP):** All programs must have general liability insurance for \$1 million, naming DYCD and the City of New York as additional insureds. Proposers without liability insurance at the time of selection have the option of purchasing insurance through CIP or other sources. CIP includes general liability, special accident, property insurance (equipment), workers' compensation and disability, at a cost of 4.5% of the total program cost. *CIP only covers DYCD-funded programs and activities.*

- C. **OTPS:**
 - i. **Consultant/Contract Services:** A consultant is an independent entity with professional or technical skills retained to perform specific tasks or complete projects that cannot be accomplished by regular staff. Contracts are agreements entered into with an entity to obtain *non-programmatic* services for a periodic or fixed length of time. Examples include data processing, cleaning services, and accounting services. This category cannot include anybody for whom you pay fringe benefits for.

 - ii. **Subcontractor Services:** Subcontractors are independent entities who provide specific *program* services for a periodic or fixed length of time. This category cannot include anyone for whom you pay fringe benefits.

 - iii. **Stipends** are an incentive allowance ONLY for the benefit of a participant(s).

 - iv. **Consumable Supplies** are not lasting or permanent and include office, program and maintenance supplies.

 - v. **Equipment Purchases** are of equipment that is durable or permanent, e.g., furniture, telephones, computers. All equipment and furniture purchased with DYCD funds is the property of the City of New York. If and when the program is terminated, all such items will be returned to DYCD.

- vi. **Equipment Other** includes equipment maintenance service contracts and computer software.
- vii. **Space Rental** is rent paid by a program for the sites utilized by this program. It includes all related charges associated with the use of the site, including repairs and maintenance costs. Repairs are limited to minor repairs only. No renovation or construction project can be budgeted or paid for with these funds. After receiving an award letter, a copy of your lease and/or month-to-month rental agreement will be required. All programs receiving funds from sources other than this proposal, should submit a cost allocation plan reflecting how DYCD's portion of rent payment is determined.
- viii. **Transportation/travel** relates to local transit fares for employees of the program to and from sites other than the employee's regular worksite. This category can include any travel by employees using their personal automobile for business. The maximum reimbursable amount is \$0.35 per mile plus tolls. This category will also include the costs associated with transporting program participants to an approved activity (i.e., bus rental or transit fares).
- ix. **Utilities/Telephone** includes telephone and utilities costs.
- x. **Audit Costs** relate to those mandatory annual audits of the program to be conducted by an independent auditor who is a certified public accountant.
- xi. **Other** includes all other operating costs such as printing, postage, admissions, publications, subscription costs, internet fees and costs associated with or for the benefit of program participants such as athletic equipment and uniforms.

D. **Indirect Costs** may not exceed 10% of the personnel subtotal. Designate your rate and enter the percentage. Values will calculate.

E. **Total** this is the total budget for this proposal.

- **Budget Justification** (Preferable page limit: 2 pages, excluding requested attachments)

Please attach a separate, typed document describing and justifying the proposed program price per participant and the price per participant for each occupation targeted by training (see Attachment 1). In addition, describe and justify how

requested funds will be used to achieve the milestones and target outcomes. Proposers should ensure that the budget and justification are consistent with the proposed program.

1. Personnel: Describe each position and its function in the proposed program. Indicate the time that employees will work in the program (e.g., year round, every day) and the qualifications that the employees will possess.

2. OTPS: Provide a description of the items that are included in each line of this section. If applicable, describe the nature of any consultant, contract and subcontractor services and explain how they will assist the proposer to implement the proposed program. Submit a statement indicating the scope of the consultant, contractual, and subcontractual agreement and signed by authorized representatives of both the applicant and consultant/contractor/subcontractor. If you budgeted an “other” line, please provide relevant detail and explain how it relates to the program model.

3. Indirect costs: Indicate the title and the percentage of the salary that will be charged to this line.

4. Proposer’s in-kind/cash contributions: Identify the source of any in-kind/cash contributions. Indicate the amount and state how the contributions will be used to enhance the proposed program.

**CERTIFICATION REGARDING SUBSTANTIATED CASES
OF CLIENT ABUSE OR NEGLECT**

RFP TITLE: RHY SERVICES

PIN #: 26007RHYRFP

Applicant Organization: _____

The City requires each organization with which it contracts for the provision of human client services to: 1) certify that no substantiated case of client abuse or neglect by any employee of the organization (including a foster parent, if applicable) occurred during the latest 12 month period; OR 2) disclose each such substantiated case and provide a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization. Complete the form below to certify or disclose, as applicable.

- This is to certify that no substantiated case of client abuse or neglect by any employee (including foster parents) of the organization named below has occurred during the latest 12 month period.

- This is to disclose that ___ case(s) of client abuse or neglect by an employee(s) of the organization named below was/were substantiated as having occurred during the latest 12 month period. An attachment to this form provides for each such substantiated case: a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization.

Name of Organization (Print) _____

Name of Authorized Representative (Print) _____

Title of Authorized Representative (Print) _____

Signature of Authorized Representative _____

Date ___/___/___