

# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner

[nyc.gov/health](http://nyc.gov/health)

## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

**PIN: 08PO 0763**

**ADDENDUM # 7**

To: Potential Proposers

From: Patricia Thomas *Patricia Thomas*  
Agency Chief Contracting Officer

Date: November 30, 2009

PLEASE READ THIS ADDENDUM CAREFULLY AS THERE HAVE BEEN CHANGES AND CLARIFICATIONS TO THE NEW YORK/NEW YORK III CONGREGATE RFP:

### **I. CHANGE TO THE RFP**

The following language is added to Section II (C), Population Options: "Proposals for programs that are licensed or certified by any State government agency will not be considered."

### **II. CHANGE TO POPULATION V**

Population V (also known as Population G) is chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS. Proposers who win an award under this category must accept referrals for eligible families in which the head of household has any of the three disabilities. Proposers may not serve only one of the three disability areas.

### **III. UPDATE ON AVAILABLE UNITS**

The percentages of remaining, unawarded units by Population Option are as follows:

	<b>Available:</b>
<b>Population I</b> – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (1750 units total)	<b>40%</b>

<b>Population II</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 units total)	<b>55%</b>
<b>Population III</b> – Homeless single adults who have a substance abuse disorder that is a primary barrier to independent living (250 units total)	<b>55%</b>
<b>Population V</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 units total)	<b>7%</b>

Questions may be addressed to Huguette Beauport in the Office of the Agency Chief Contracting Officer (ACCO), Room 803 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [hbeaupor@health.nyc.gov](mailto:hbeaupor@health.nyc.gov).



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## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

PIN: 08PO 0763

ADDENDUM # 5

To: Potential Proposers

From: Patricia A. Thomas *PA Thomas*  
Agency Chief Contracting Officer

Date: October 9, 2008

### I. UPDATE ON UNAWARDED UNITS

The percentages of remaining, unawarded units by Population Option are as follows:

Available:

<b>Population I</b> – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (1750 units total)	80%
<b>Population II</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 units total)	75%
<b>Population III</b> – Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently) (250 units total)	80%
<b>Population V</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 units total)	30%

### II. TIMING OF PROPOSAL SUBMISSIONS

In order to properly coordinate DOHMH program funding with site development and ensure sufficient time for contract negotiation, review and registration, DOHMH strongly recommends that proposers submit congregate housing proposals well in advance of building completion, and no later than six months before

construction begins. Later submissions are likely to delay the proposed contract start date as well as contract registration – which must occur before the provider can draw down contract funds – and may put contractors' start-up funding at risk. DOHMH housing contracts may not be backdated.

Questions may be addressed to Huguette Beauport in the Office of the Agency Chief Contracting Officer (ACCO), Room 806 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [hbeapor@health.nyc.gov](mailto:hbeapor@health.nyc.gov).



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## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

**PIN: 08PO 0763**

**ADDENDUM # 4**

To: Potential Proposers

From: Patricia Thomas  
Agency Chief Contracting Officer

Date: January 31, 2008

### **I. TIMING OF PROPOSAL SUBMISSIONS**

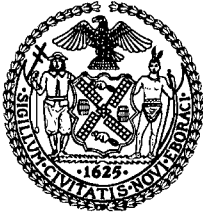
In order to properly coordinate DOHMH program funding with site development and ensure sufficient time for contract negotiation, review and registration, DOHMH strongly recommends that proposers submit congregate housing proposals no later than six months before construction begins. Later submissions are likely to delay the proposed contract start date as well as contract registration – which must occur before the provider can draw down contract funds – and may put contractors' start-up funding at risk.

### **II. POPULATION OPTION IV – HOMELESS SINGLE ADULTS WHO HAVE COMPLETED A COURSE OF TREATMENT FOR A SUBSTANCE ABUSE DISORDER**

#### **THE REQUEST FOR PROPOSALS (RFP) FOR OPTION IV IS NOW CLOSED**

DOHMH has now awarded contracts for all of the units to be funded under the RFP in **Population Option IV**: Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need supportive housing to sustain sobriety and achieve independent living.

Therefore, DOHMH is no longer accepting proposals for units within Population Option IV. DOHMH will continue to accept proposals for the remaining four RFP Population Options on a rolling basis until contracts for all units in each Population Option have been awarded.



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## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

**PIN: 08PO 0763**

**ADDENDUM # 6**

To: Potential Proposers

From: Patricia Thomas   
Agency Chief Contracting Officer

Date: April 14, 2009

### **I. UPDATED ELIGIBILITY CRITERIA FOR POPULATION III, ACTIVE SUBSTANCE ABUSE POPULATION**

Effective April 13, 2009, the eligibility criteria for Population III (E) -- individuals with an active substance abuse disorder -- have been modified. In addition to chronically homeless individuals (those homeless for one out of the past two years or two out of the past four years), single adults who have been homeless for at least 6 months of the last year will be eligible for this category of NY/NY III housing. Also, the eligibility criteria will no longer contain the requirement that the applicant have a disabling clinical condition. The application must still contain documentation from a qualified health professional that the client has an active substance abuse disorder.

The eligibility criteria for the other NY/NY III substance abuse population, Population IV (F), remain unchanged. Population IV (F) eligibility criteria requires that an individual be a homeless single adult who has either successfully completed or is successfully participating in a course of treatment and is at risk of homelessness and who requires supportive housing to sustain sobriety and achieve independent living. The RFP for Population IV closed in January 2008, and consequently DOHMH is no longer accepting proposals for units within Population IV.

An individual cannot be eligible for both Populations III and IV housing simultaneously due to the significantly different eligibility criteria. Therefore, only one of these two categories of housing may be applied for on one HRA 2010e supportive housing application.

(continued on next page)

**II. UPDATE ON UNAWARDED UNITS**

The percentages of remaining, unawarded units by Population Option are as follows:

	<b>Available:</b>
<b>Population I</b> – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (1750 units total)	<b>70%</b>
<b>Population II</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 units total)	<b>65%</b>
<b>Population III</b> – Homeless single adults who have a substance abuse disorder that is a primary barrier to independent living (250 units total)	<b>70%</b>
<b>Population V</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 units total)	<b>15%</b>

**III. TIMING OF PROPOSAL SUBMISSIONS**

In order to properly coordinate DOHMH program funding with site development and ensure sufficient time for contract negotiation, review and registration, DOHMH strongly recommends that proposers submit congregate housing proposals well in advance of building completion, and no later than six months before construction begins. Later submissions are likely to delay the proposed contract start date as well as contract registration – which must occur before the provider can draw down contract funds – and may put contractors’ start-up funding at risk. DOHMH housing contracts may not be backdated.

Questions may be addressed to Huguette Beauport in the Office of the Agency Chief Contracting Officer (ACCO), Room 803 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [hbeaupor@health.nyc.gov](mailto:hbeaupor@health.nyc.gov).

The approximate amounts of remaining, unawarded units by Population Option are as follows:

<p><b>Population I</b> – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (1750 units total)</p>	<p><b>88%</b></p>
<p><b>Population II</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 units total)</p>	<p><b>80%</b></p>
<p><b>Population III</b> – Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently) (250 units total)</p>	<p><b>88%</b></p>
<p><b>Population V</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 units total)</p>	<p><b>47%</b></p>

Questions may be addressed to Huguette Beauport, Room 803 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [hbeauport@health.nyc.gov](mailto:hbeauport@health.nyc.gov).





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## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

**PIN: 08PO 0763**

**ADDENDUM # 3**

To: Potential Proposers

From: Patricia Thomas  
Agency Chief Contracting Officer

Date: August 8, 2007

### **ANNOUNCEMENT RE: POPULATION OPTION VI - YOUNG ADULTS LEAVING FOSTER CARE**

#### **THE REQUEST FOR PROPOSALS (RFP) FOR OPTION VI ONLY IS CLOSED**

DOHMH has now awarded contracts for all of the units to be funded under the RFP in **Population Option VI: Young Adults Leaving Foster Care**. Therefore, DOHMH is no longer accepting proposals for units within Population Option VI. DOHMH will continue to accept proposals for the remaining five RFP Population Options on a rolling basis until contracts for all units in each Population Option have been awarded.

Questions may be addressed to Karen Mankin, Room 812 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [kmankin@health.nyc.gov](mailto:kmankin@health.nyc.gov).



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## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

**PIN: 08PO 0763**

**ADDENDUM # 2**

To: Potential Proposers

From: Patricia Thomas  
Agency Chief Contracting Officer

Date: April 30, 2007

**PLEASE NOTE THAT PROPOSALS WILL BE ACCEPTED AS OF THE DATE OF THIS ADDENDUM.**

**PLEASE READ THIS ADDENDUM CAREFULLY AS THERE HAVE BEEN CHANGES AND CLARIFICATIONS TO THE RFP.**

### **I. Changes to the RFP:**

(a) The following text at Section II(G) “Minimum Qualification Requirement”: “Pursuant to section 41.03(3) and 41.03(12) of the New York State Mental Hygiene Law, proposers for Population Options I and II shall be not-for-profit corporations” **has been changed to:** “Pursuant to section 41.03(3) and 41.03(12) of the New York State Mental Hygiene Law, proposers for Population Options I through V shall be not-for-profit corporations.”

(b) The following text in Section III(B)(2) “Target Populations,” “Population VI”:

“Proposers are advised that clients must be no younger than 18 years of age in order to enter this program. In addition, as the expectation is for young adults to move on, services funding from DOHMH will terminate when a client reaches the age of 26 while the rental subsidy will continue. Extended services funding may be requested from DOHMH for clients who reach age 26 and who are diagnosed with a mental illness and/or substance abuse disorder. Such requests would be handled on a case-by-case basis. Approved extensions would be for a limited amount of time while the client transitions into an adult supportive housing program or into another appropriate setting”

**has been changed to:**

“Proposers are advised that clients must be no younger than 18 years of age in order to enter this program. DOHMH funding will terminate when a client reaches the age of 26. Extended funding may be requested from DOHMH for clients who reach age 26 and who are unable to transition to living independently at that time. Such requests would be handled on a case-by-case basis. Approved extensions would be for a limited amount of time.”

- (c) The following text at Section III(C)(5)(b)(v): “Have 24 hour, 7 day a week staff on site and provide front desk security with continuous staff coverage” **has been changed to:** “Have 24 hour, 7 day a week staff on site and provide front desk security with continuous staff coverage, except with respect to Population Options II and V (families) and small buildings, for which such services are strongly recommended.”
- (d) The following text at Section III(C)(5)(b)(vi): “Have apartments that are furnished with new and durable furniture as well as household items” **has been changed to:** “Have apartments with furnishings and household items that are new, good quality and durable. Furniture (except for mattresses) may be second-hand if it is in excellent condition and durable.”
- (e) The following text at Section IV(A)(2)(a), first bullet point: “Attach a listing of at least two relevant references (other than employees of DOHMH or the New York State Office of Mental Health (NYS OMH)) for the proposer ....” **has been changed to:** “If the proposer has a current contract with DOHMH, no references are needed. If not, attach a listing of at least two relevant references (other than employees of DOHMH) for the proposer ....”

**II. The responses to the following issues raised at the Pre-Proposal Conference held on March 6, 2007 are now a part of the RFP:**

**A. Timing of Project Development and Awards**

1. Explain the ten year NY/NY III development timeline. What happens if a proposer wants to serve a mix of Population Options that are not all scheduled to come online in the same year?

**Response:** The ten year development schedule included in the NY/NY III Agreement and the RFP reflects the City’s best forecast for the development of the various congregate housing programs. As such, it should be viewed as a planning tool rather than an absolute timeline. However, the schedule will generally guide City and State yearly funding appropriations for these programs. The City will approach the schedule flexibly recognizing the various contingencies involved in siting and completing congregate housing, but also mindful of the goal of making this housing available as quickly as possible. Accordingly, the City encourages

proposers to submit proposals as soon as they are in a position to do so, regardless of the proposed mix (if any) of Population Options or out-year position in the development schedule.

2. Can the Department of Health and Mental Hygiene (the “Department”) provide periodic updates to proposers of the number of remaining units as awards are made?

**Response:** Yes, as stated in the Section V(C) of RFP, “at such time as approximately 75% of the units for each Population Option have been permanently assigned, DOHMH will notify those proposers who have not yet secured a site and/or contract of that circumstance.” In addition, the Department will periodically notify all proposers who submitted proposals as well as those who downloaded or picked up a copy of the RFP of the number of units that have been awarded for each Population Option. Interested parties may also inquire with the Department for updated information.

3. Explain the timing with respect to proposers obtaining capital funding and the Department’s tentative set-aside and award.

**Response:** As stated in Section V(C) of the RFP, proposers may submit proposals whether or not they have already secured capital funding and/or a site (with the exception of proposals for Population Option VI which must have site control at the time of proposal submission). The Department will award tentative set-asides of units for winning proposers who do not have site control (as defined in the RFP section cited above). The Department will make the permanent award when the proposer obtains site control. During the period after the tentative set-aside while the proposer is seeking site control, the proposer should periodically update the Department on the progress of the building development. The proposer should notify the Department at least nine months in advance of the expected building opening to allow sufficient time to negotiate the operating and services contract.

4. What happens if circumstances change for a proposer who received a tentative set-aside and the proposer needs to revise its proposed program?

**Response:** The proposer should immediately contact the Department. Depending on the nature of the modification, the proposer may have to submit a revised proposal. The proposer should also bear in mind that funding may not be available for its proposed modifications.

5. Approximately how long after proposal submission will the Department respond with award or rejection?

**Response:** The Department will respond in approximately four to six weeks.

6. The RFP at Section III(D) provides that the Department will assess liquidated damages if a building is not filled to 95% occupancy within 6 months of contract registration. What happens if issuance of a temporary Certificate of Occupancy (TCO) is delayed well past completion of construction and possibly the contract registration?

**Response:** The six month liquidated damages period will commence running upon registration of the contract or issuance of the TCO, whichever comes later. In general, the Department will not register the contract without the TCO.

7. Is the Department of Housing Preservation and Development (HPD) considering eliminating its community board approval requirement?

**Response:** No.

**B. Proposal and Program Requirements**

1. Are there any community districts in which the Department prefers proposers to site buildings?

**Response:** No, the preference for certain community districts only applies to NY/NY III scattered-site housing. Proposers of congregate programs may site their housing in any community district within the five boroughs of New York City.

2. Can providers mix populations in a single building?

**Response:** Yes. Proposers are referred to RFP Section II (C) which sets forth the relevant guidelines and information on mixing Population Options and housing non-program, low-income populations.

3. Is there a minimum number of units for these housing programs?

**Response:** HPD will evaluate proposals on a case by case basis, but typically the minimum size for a Supportive Housing Loan Program (SHLP) project is 45-50 units because that scale provides some economies in the operations of the building. SHLP funds proposals which contain a minimum of 60% of the units reserved for homeless clients. As stated at RFP Section II(C), the Department will consider small buildings serving 100% NY/NY III clients. Proposers should also confirm building size requirements with their capital funding sources.

4. May the living arrangements be in suites, with shared bathrooms and common living space but individual bedrooms?

**Response:** HPD does not encourage that configuration and prefers single adults to be housed in studios or one bedroom apartments. However, it is permitted under the RFP (at Section III (C)(5)(b)(iii)), and the Department will consider proposals of alternative living configurations on a case-by-case basis.

5. Please provide guidance for proposers who want to sub-contract

**Response:** If the proposer is proposing Populations I through V, the sub-contractor must be a not-for-profit organization. In all cases, the proposer must demonstrate why the subcontracting arrangement is a good idea and the ability of the sub-contractor to perform the proposed

services. If the sub-contractor's role is substantial, then the proposer should submit resumes, background information and audits for the sub-contractor.

6. Can a proposer serve the HIV/AIDS population under this RFP?

**Response:** The only HIV/AIDS related population that may be served under this RFP is Population Option V – Chronically homeless families, or families at risk of becoming chronically homeless, in which the head of the household suffers a substance abuse disorder, a disabling medical condition, or HIV/AIDS. If the provider wants to serve other HIV/AIDS related populations, it must apply under the HIV/AIDS Services Administration (HASA) RFP which will be released the upcoming months.

7. Elaborate on RFP Section IV(A)(3), “Price Proposal,” regarding financial incentives and disincentives, including rates of hospitalization, incarceration, etc.

**Response:** Notwithstanding the language of the section, the Department has decided that the only performance indicator that will be included in the contracts is the 95% average annual rate occupancy rate. There will be no additional payment if the provider exceeds the rate, just a penalty for falling below. However, as stated in that RFP Section, the Department will consider other proposed payment structures.

8. Will there be any additional funding to cover the aftercare requirements for young adult clients who move on?

**Response:** No. Providers are expected to link clients who move on to appropriate services and resources in the community.

9. What should a provider do in the event a client is incarcerated or hospitalized for a long term and the apartment needs to be made available to new clients?

**Response:** In general, the provider should strive to preserve the client's housing for as long as possible if by all indications the client may return within a few months. The Department expects providers to use contingency funds (which should be budgeted at about \$400-\$600 per client, per year) to cover the client's rent contribution for a minimum of three months. In difficult situations the provider should approach the Department for guidance on legal or other steps necessary to clear the apartment for a new referral.

10. What is expected of providers if/when a client wants a partner or family members to move in, or has a child?

**Response:** Within building occupancy limits based on room or unit size, clients may live with children, other family members or friends, provided that the rent paid shall be 30% of the entire household's income. Providers are expected to work with the client to transition the client to family supportive housing or other community-based housing as appropriate.

11. Can the Department make the budget forms available in Excel?

**Response:** Yes, the budget forms will be transmitted with this Addendum via email. The budget forms are also available at <http://www.nyc.gov/html/doh/downloads/excel/acco/2007/acco-rfp-nynyscattersite-20070117-2.xls>

**C. Funding**

1. Will there be a Cost of Living Adjustment (COLA) on any of the unit rates?

**Response:** None are currently authorized.

2. Provide guidance on the operating/services funding of buildings with mixed populations. In addition, can any of the supportive units be funded by non-NY/NY III sources?

**Response:** As stated in the RFP at Section III(C)(5)(a)(iv), if the building has HPD capital financing approximately 40% of the units must be low-income. Operating funding for these non-special needs units can come from tenant rents alone or in combination with any available low-income rental subsidies such as Section 8. The supportive housing units in the building will be funded by NY/NY III or other service/operating funds, and may be supplemented by other rental subsidies, as described in Section II(E) of the RFP. For non-HPD financed buildings, the Department will consider a combination of NY/NY III and other supportive housing program funding.

3. Are proposers allowed to allocate funding as they wish between rent and services, so long as the rents do not exceed the tax credit rent?

**Response:** Yes.

4. If a provider has additional funding from a non-NY/NY III source that it would like to use in connection with its proposed NY/NY III program because its clients' service needs will be higher than what is anticipated under NY/NY III, would the Department consider keeping the full amount of NY/NY III funding in place rather than reducing it as provided in RFP Section II(E)?

**Response:** All outside funding should be disclosed in the budget and the Department will work with providers to determine an appropriate funding amount.

5. Can existing programs apply for NY/NY III funding?

**Response:** Yes, but the proposal needs to explain very clearly the existing funding sources and justify why the proposer is seeking additional funds from the Department at this time.

6. How much funding will go to start-up?

**Response:** Providers should propose a start-up funding amount of no more than three months of the annual budget.

**D. Referral/Placement Process**

1. What HRA form will applicants for housing have to complete?

**Response:** The HRA 2010e, which is on-line only. Go to the Center for Urban and Community Services' website at [www.cucs.org](http://www.cucs.org) for assistance accessing the form.

2. Please explain in detail how the referral process will work for the various populations.

**Response:** The referral process will be as follows and will not remain the same as the current process: first, in connection with the Human Resources Administration's eligibility determination, all applicants are screened to ensure that they are capable of living independently in supportive housing with on-site support services. As stated in the RFP at Section III(C)(3), referrals of eligible applicants to housing providers will only be made through the Department of Homeless Services (DHS) and ACS, the sole agencies responsible for placement – DHS for Populations I through V, and ACS for Population VI. In general, the placement agencies will forward the provider a panel of three prospective clients from which the provider is expected to pick one. In cases where a provider has many units to fill, the placement agencies may forward a larger group of prospective clients or match the provider with a shelter or other program that has a large number of eligible individuals. However, the provider will still be expected to accept applicants at the one to three ratio.

3. Will there be any procedures for housing providers to appeal or request reconsideration if none of the three referred applicants is deemed appropriate?

**Response:** Yes. The provider would need to make a convincing case based on clear clinical criteria. In addition, DHS will schedule a kick-off meeting with each provider, during which the provider's eligibility criteria, services provided and particular area of expertise with a specific population will be discussed to best target the appropriate clients for the residence. If a provider believes all three clients referred for a particular placement do not meet the provider's eligibility criteria, it will have the opportunity to present their case to DHS.

4. What happens if clients have service needs beyond the scope of the RFP?

**Response:** The NY/NY III rates were set with the expectation that incoming clients would have higher service needs than those in NY/NY I and II housing. In the rare instance where a referred client has service needs that exceed the levels of service funded under the NY/NY III program, DHS will advocate strongly for the provider to obtain additional services such as Intensive Case Management.

5. Are there any special procedures for the ACS referral process for youth aging out of foster care?



**Response:** Foster care agencies and other sources can identify young adults leaving or having recently left foster care who may be appropriate for this housing and refer them to ACS. ACS will process these referrals centrally. ACS will rely on the HRA 2010-e for initial referrals except for youth who want NY/NY III Housing who have no co-occurring mental health, medical or substance abuse need. These youth will complete an application through ACS, and ACS will prioritize and track waitlists and vacancies.

6. Can clients living in more restrictive, licensed mental health housing be moved into NY/NY III congregate housing?

**Response:** Clients in licensed mental health community residences may be eligible for the units for people with serious and persistent mental illness (SPMI) in City-procured congregate NY/NY III housing or State-procured NY/NY III housing, both scattered-site and congregate. Providers may step clients down from licensed community residences or other more restrictive housing into such NY/NY III housing on the condition that the vacated unit is filled by a chronically homeless client who meets the NY/NY III eligibility criteria.

**E. Eligibility**

1. Clarify how HRA will treat time spent in an institution (like a hospitalization) for purposes of the chronically homeless eligibility determination?

**Response:** As stated in the RFP at Section III(B)(1), for an applicant whose period of homelessness has included time spent in an institution, such as a nursing home, a psychiatric hospital or a correctional facility, the relevant period for determining chronic homelessness (i.e., 365 days out of the past two years for someone with a disability or 730 days out of the past four years for someone without a disability), will be extended by the number of days spent in the institution, up to a maximum of three years or 1,095 days.

Thus, for example, if a disabled client was homeless for one year just prior to being incarcerated, was discharged from jail or prison after 3 years, and then spent the subsequent six months after discharge homeless, the City would consider the client to be chronically homeless because s/he was homeless for more than 365 days out of the past two years. (The window of eligibility was extended by the three years the person was incarcerated). However, if this same client had spent five years incarcerated, the City would not consider him/her chronically homeless because s/he had spent a total of only six months out of the last two years homeless. (The window of eligibility can only be extended by a maximum of three years. Neither the days spent homeless nor the days spent in institutions need to be consecutive.)

2. Under what circumstances will clients currently residing in supportive housing (whether transitional or permanent) be eligible to move into NY/NY III congregate housing?

**Response:** Clients currently living in permanent supportive housing generally would not be eligible for NY/NY III housing because they are permanently housed and not chronically homeless. Clients living in transitional housing may be eligible for NY/NY III housing if

they entered transitional housing from the streets or emergency shelters. Like all other eligible clients, clients coming from transitional housing will undergo prioritization by DHS for placement based on need and severity of chronic homelessness.

Clients staying in Safe Havens or “stabilization beds” could potentially be eligible for NY/NY III housing since the City does not consider Safe Havens and stabilization beds to be permanent housing. In addition, clients completing residential drug treatment programs (including such programs in prison or in shelter) may be eligible for the Population Option IV housing. The next Section of this Addendum contains more information on Population Option IV.

Finally, as discussed in D.6. above, the Department will also allow clients from State Office of Mental Health licensed community residences who are ready for a step-down in services to move into NY/NY III housing so long as a NY/NY III eligible client is moved into the unit vacated by that client. In this manner, a NY/NY III eligible client gains housing.

In all instances the provider needs to work with DHS on placement of clients into NY/NY III housing and on any backfill.

3. Is it possible for anyone who has been in shelter for less than 365 days for the last two years to be eligible for NY/NY III housing? If they are not, could they be eligible for NY/NY I or II?

**Response:** As stated in the RFP at Section III(B)(1), “chronically homeless” means “anyone who has a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively.” Except with respect to Population IV (see next Section) and Population Option VI (young adults leaving foster care), clients must meet the chronically homeless requirement in order to be eligible for NY/NY III congregate housing. In addition, the City currently requires that all City-contracted NY/NY I and II vacancies be filled with chronically homeless clients. Clients who are mentally ill but not chronically homeless may still be eligible for State-contracted NY/NY I and II units.

**F. Population Option IV (completed course of substance abuse treatment)**

1. Does the client need to have been homeless prior to treatment or at risk of homelessness?

**Response:** The client needs to have been homeless upon commencing treatment. The client also needs to be at risk of homelessness upon exit from treatment. See the definition of “at risk of homelessness” at RFP Section III(B)(2)(d). If the client has returned to shelter upon completion of treatment, the client could also be eligible for this Population Option.

2. Explain why chronic homelessness is not a requirement for this Population Option.

**Response:** There is no chronic homeless requirement for this model because the target is people who need residential treatment and are not currently accessing such treatment. The model incentivizes clients to go to treatment with the reward of post-treatment housing.

3. Clarify where the clients will be drawn from – shelters, street outreach or treatment programs?

**Response:** All of the above.

4. Will referrals work any differently for this population, in terms of linking graduates from specific treatment programs to specific housing?

**Response:** No.

5. Does “course of treatment” include treatment in prison or jail facilities as a possible referral source for this population

**Response:** Yes.

6. Explain the meaning of “transitional” supportive housing as used in the definition of Population Option IV.

**Response:** Although the clients will have leases and there are no specified length of stay restrictions, the expectation for these clients is that they will be able to move on to an independent setting. As stated in the RFP: “The programming goals for these clients are to ensure housing stability in a non-judgmental, safe and supported environment; to enable them to sustain sobriety and transition to independent living outside of a supportive housing setting; and to enable clients to achieve the maximum possible recovery and integration into the workforce and the community.”



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

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nyc.gov/health

## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS FOR HOMELESS INDIVIDUALS AND FAMILIES

**PIN: 08PO 0763**

### **ADDENDUM # 1**

To: Potential Proposers

From: Patricia A. Thomas  
Agency Chief Contracting Officer

Date: March 21, 2007

**THIS ADDENDUM IS TO CHANGE THE DATE FOR THE ACCEPTANCE OF PROPOSALS. THIS IS DUE TO THE NEED TO DEVELOP A COMPREHENSIVE ADDENDUM IN RESPONSE TO QUESTIONS RAISED AT THE PRE-PROPOSAL CONFERENCE HELD ON MARCH 6, 2007.**

**PROPOSALS WILL BE ACCEPTED STARTING ON APRIL 16, 2007 AT THE SAME PLACE IDENTIFIED IN THE RFP.**

ADDENDUM # 2 IS BEING DEVELOPED AND WILL BE SENT TO YOU SOON.

**Date of Issue**  
**February 16, 2007**

**THE CITY OF NEW YORK**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Thomas R. Frieden, M.D., M.P.H.**  
**Commissioner**

**David Rosin, M.D.**  
**Executive Deputy Commissioner**  
**Division of Mental Hygiene**

**REQUEST FOR PROPOSALS**

**NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE  
HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES**

**PIN: 08PO 0763**  
**Patricia A. Thomas**  
**Associate Commissioner**  
**Agency Chief Contracting Officer**

**THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**REQUEST FOR PROPOSALS**

**NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING FOR HOMELESS  
INDIVIDUALS AND FAMILIES  
PIN 08PO 0763**

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**AUTHORIZED DEPARTMENT CONTACT PERSON**

**Proposers are advised that the Authorized DEPARTMENT Contact Person for all matters concerning this Request for Proposals is:**

<b>Name:</b>	<b>Huguette Beauport</b>
<b>Title:</b>	<b>Contracting Officer</b>
<b>Address:</b>	<b>Office of the Agency Chief Contracting Officer New York City Department of Health and Mental Hygiene 93 Worth Street, Room 812 New York, NY 10013</b>
<b>Telephone #:</b>	<b>(212) 219-5883</b>
<b>Fax #:</b>	<b>(212) 219-5890</b>
<b>Email:</b>	<b>hbeupor@health.nyc.gov</b>

**SECTION I - TIMETABLE**

**A. Release Date of the Request for Proposals: February 16, 2007**

All questions and requests for additional information concerning this RFP should be directed to Huguette Beauport, the Authorized Department Contact Person using the contact information shown on the Table of Contents page.

**B. Pre-Proposal Conference:**

**Date:** March 6, 2007  
**Time:** 2:00 PM  
**Location:** 125 Worth Street, 2nd Floor, New York, NY 10013

**Attendance by proposers is optional but strongly recommended by DOHMH.** DOHMH encourages vendors to submit questions by email prior to the scheduled pre-proposal conference (and to any future pre-proposal conferences) to facilitate further discussions at the conference. All responses to questions will be summarized in an Addendum to be released shortly after the conference. Please e-mail questions to Huguette Beauport at the e-mail address [hbeauport@health.nyc.gov](mailto:hbeauport@health.nyc.gov). You may also call Ms. Beauport at (212) 219-5883.

**C. Proposal Due Date and Location:**

**This is an “open-ended” RFP. Therefore, proposals will be accepted and reviewed on an ongoing basis until all units covered by this RFP are sited.**

**Proposals will be accepted beginning on March 20, 2007.**

**Location: Proposals shall be hand delivered to:**

**Huguette Beauport, Contracting Officer  
Office of the Agency Chief Contracting Officer  
New York City Department of Health and Mental Hygiene  
93 Worth Street, Room 812, New York, NY 10013**

E-mailed or faxed proposals will **not** be accepted by DOHMH.

**D. Anticipated Contract Start Dates:**

The start date of each contract with DOHMH will be based on the completion date of the contractor’s building. Please refer to the *New York/New York III* proposed ten-year development schedule attached as Appendix A specifying the number of units for each applicable Population Option and the fiscal years in which they are scheduled to open.

## **SECTION II - SUMMARY OF THE REQUEST FOR PROPOSALS**

### **A. Purpose of RFP**

DOHMH is seeking appropriately qualified organizations to develop and provide high quality congregate supportive housing citywide to enable the homeless populations set forth below to live as independently as possible.

### **B. NY/NY III Supportive Housing Agreement Overview**

In November 2005, Mayor Michael R. Bloomberg and Governor George E. Pataki announced the *New York/New York III Supportive Housing* agreement, a pact between the City and State to jointly develop and fund 9,000 new units of supportive housing in New York City over the next ten years. Pursuant to two prior *New York/New York* agreements, the City and State produced over 5,000 units of supportive housing. However, those housing units were solely for single adults with serious and persistent mental illness who had some history of homelessness. *New York/New York III*, on the other hand, targets a much broader range of eligible clients that more accurately reflects the people living on the streets and in shelters today.

The Department of Health and Mental Hygiene (DOHMH) is the lead agency contracting for the ongoing operation and support services for the City's share of *New York/New York III* housing, with the exception of the units designated for individuals with HIV/AIDS for which the NYC Human Resources Administration (HRA) is responsible. DOHMH is also contracting for the ongoing operation and support services with respect to a portion of the State's share of *New York/New York III* supportive housing, as discussed further in sub-section C below. The State is pursuing a separate procurement process for the remainder of its share of *New York/New York III* supportive housing.

The *New York/New York III* agreement provides for the development and funding of both congregate (single-site) and scattered-site models of supportive housing. This Request for Proposals (RFP) is solely for the congregate models for which DOHMH will be contracting. DOHMH is releasing a separate RFP for the scattered-site models.

### **C. Population Options**

The six Population Options targeted by this RFP are as follows:

1. *Population Option I* – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (MICA) (1,750 total units)
2. *Population Option II* – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 total units)
3. *Population Option III* – Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently) (250 total units)\*
4. *Population Option IV* – Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need supportive housing to sustain sobriety and achieve independent living (125 total units)\*



5. *Population Option V* – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 total units)\*
6. *Population Option VI* – Young adults (aged 18-25 years) leaving or having recently left foster care or who had been in foster care for more than a year after their 16<sup>th</sup> birthdays, who are at risk of street homelessness or sheltered homelessness and who need supportive housing to achieve independent living (100 total units).

\*Up to 50 units in Population Options III and IV and up to 100 units in Population Option V will be targeted to young adults (aged 18-25 years). These units will be in addition to the 100 young adult units in Population Option VI. In order to be placed in these three housing programs, the young adults must meet the applicable eligibility requirements for these Population Options as described in Section III, except that young adults aged 18-25 who are homeless but do **not** meet the “chronic” requirement may be accepted into these units, although chronically homeless young adults will be given priority.

Proposers may propose to serve more than one target population in a single building. In such case, the proposer should submit a single proposal covering all applicable Population Options. Proposers who would like to combine populations are advised to take into consideration the timing of funding availability for each Population Option, as funding will only become available in the year that new units come online in accordance with the *NY/NY III* ten-year development schedule, and not all Population Options have units opening in each year. The *NY/NY III* proposed development schedule is attached as Appendix A. Proposers may also propose to provide multiple programs located in more than one building. However, in such case, the proposer must submit a separate and complete proposal for each proposed building site.

In the case that a proposer is eligible for award to serve more than one Population Option and/or to provide multiple programs located in more than one building, DOHMH reserves the right to determine, based on the proposer’s demonstrated organizational capability and the best interest of the City, respectively, how many and for which population(s)/site(s) the proposer will receive an award.

Greater consideration will be given to proposers who propose to serve young adults in Population Options III, IV and V. Greater consideration will also be given to proposals to serve adult families without any children under Population Options II and V.

Greater consideration will also be given to proposals for mixed-use buildings (i.e., include non-homeless, low-income individuals and/or families), although small buildings serving 100% of a sole Population Option will be considered.

#### **D. Anticipated Contract Term**

It is anticipated that the term of the contracts awarded from this RFP will be for up to an initial three-year period, and will include two (2) three-year options to renew. DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

#### **E. Anticipated Available Annual Funding**

DOHMH will fund the ongoing operations and support services for these contracts. In addition, proposers may apply for Shelter Plus Care funding from the U.S. Department of Housing and Urban Development or other rental/operating subsidies from any other available sources. In the case of programs that obtain additional operating funding, the maximum amount per unit from DOHMH will be reduced to fund only the support services provided to the clients. Clients must contribute 30% of their income towards rent and utilities combined, or in the case of a client who is eligible for public assistance through HRA, the applicable amount as required by State regulation. Funding for the capital development of these programs

is available through HPD, DHCR, and HHAP. Other sources will also be considered. Finally, an SRO Support Subsidy for services may be available through DHS. The receipt of the SRO Support Subsidy will not result in any per unit funding reduction as described above.

DOHMH funding to initiate contracts for these programs will become available in the years that new units are scheduled to come online as set forth in the *NY/NY III* proposed ten-year development schedule (covering City fiscal years 2007-2016), (see Appendix A). The total anticipated maximum available annual funding, exclusive of the client rent contribution, for each of the Population Options I – VI is set forth in the chart below. In formulating budgets, proposers should assume that the rent portion of the operating costs is equal to Low Income Housing Tax Credit rent, not including the client contribution.<sup>1</sup> In addition, proposers are advised that, to the extent that Cost of Living Adjustments (COLAs) for these programs are made available through future City and State budgets, annualized funding rates for each housing unit may be adjusted to reflect these increases. However, DOHMH makes no guarantee regarding the timing or availability of COLAs.

<u>Population Option</u>	<u>Total Anticipated Maximum Annual Per Unit Funding</u>	<u>Available Capital Funding</u>
I	\$14,888	HPD, DHCR or HHAP
II	\$25,000	HPD only
III	\$18,000	HPD, DHCR or HHAP
IV	\$16,000	HPD, DHCR or HHAP
V	\$25,000	HPD, DHCR or HHAP
VI	\$22,000	HPD, DHCR or HHAP

Greater consideration will be given to proposers that propose more competitive prices in combination with a high quality program.

**F. Anticipated Payment Structure**

It is anticipated that the payment structure of the contract(s) awarded from this RFP will be based on a line-item reimbursable budget with annual performance-based disincentives, as further described in Section III. DOHMH reserves the right to implement additional performance-based outcome measures and related financial incentives and/or disincentives in combination with or in lieu of a reimbursable budget payment structure. DOHMH will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City’s best interest.

**G. Minimum Qualification Requirement**

The following are the Minimum Qualification Requirements of this RFP. Proposals that fail to meet all applicable requirements will be rejected.

1. Pursuant to section 41.03(3) and 41.03(12) of the New York State Mental Hygiene Law, proposers for Population Options I and II shall be not-for-profit corporations.

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<sup>1</sup> Including utilities, these monthly rent levels are: 0-bedroom, \$744; 1-bedroom, \$797; 2-bedroom; \$1,106; 3-bedroom, \$1,233; 4-bedroom, \$1,361.

2. **Proposers for Population Option VI ONLY.** The proposer shall attach to the Proposal Cover Letter Form (Attachment A) documentation demonstrating site control and identifying the source of the capital funding being used to construct or renovate the building. Acceptable documents include a deed or other proof of ownership; an executed contract of sale; a site control letter for city-owned property; an executed long-term lease (i.e., minimum of thirty years); or an executed option to purchase. If partnering with a housing developer/manager who will own the site, additionally attach a written agreement between the proposer and the developer/manager stating that the service program funded by DOHMH has the right to remain in the building for a minimum of thirty years or so long as the property owner's mortgage obligation continues.

## SECTION III – SCOPE OF SERVICES

### A. Department Goals and Objectives

DOHMH's goals and objectives are: 1) to create stable housing opportunities combined with appropriate support services that meet the needs of homeless individuals and families and enable them to live as independently as possible and 2) in so doing, to reduce the rates of incarceration, hospitalization and use of emergency services by the clients of the supportive housing programs funded under this RFP.

### B. Target Populations and Programming Goals

#### **1. General Definitions for Target Populations**

**“Chronically homeless”** means anyone who has a disability and has been homeless for at least 365 days of the last two years, not necessarily consecutively.

Documentation of chronic homelessness is established in one of the following ways:

- a. A client is identified as meeting the above criteria based on his/her lodging history as contained in the Department of Homeless Services (DHS) SCIMS system. Other emergency lodging history (such as time spent in commercial SROs used by the HIV/AIDS Service Administration (HASA) as emergency housing, Human Resources Administration (HRA) domestic violence shelters or Housing Preservation and Development (HPD) emergency shelters) must be documented by a written attestation by an employee of the applicable agency included as part of the supportive housing application.
- b. An outreach team or drop-in program provides a written attestation that their staff has been working with a client for a period of time that satisfies the above criteria.
- c. A combination of shelter lodging history, street engagement and/or HASA documentation that satisfies the above criteria. For an applicant whose period of homelessness has included time spent in an institution (specifically, a nursing home, a psychiatric hospital or a correctional facility), the relevant period for determining chronic homelessness (i.e., 365 days out of the past two years for someone with a disability or 730 days out of the past four years for someone without a disability) will be extended by the number of days spent in the institution, up to a maximum of three years or 1,095 days. In other words, although time spent in one of the institutions identified above will not count as time spent homeless, that time will not count against an applicant when establishing eligibility for *NY/NY III* housing. It will be the responsibility of the referral source to provide verifiable documentation of time spent in an institution, and verifiable documentation of the homeless history prior and subsequent to the time spent in an institution, as part of the application.

**“Chronically homeless family”** means a family who has lived in a homeless shelter for at least 365 days of the last two years, not necessarily consecutively, or a head of household with SPMI or MICA who has spent at least 1 of the last 2 years in a shelter or living on the street and will reunify with his/her child(ren) through placement in *NY/NY III* housing.

**“Disabling condition”** means a condition that significantly impairs an individual's ability to function independently which results in a restriction of activities of daily living (ADL) and difficulties in self-care and maintaining social functioning.

**“Family”** means a household unit of more than one person, which may or may not consist of minor or adult children.

**“Families at serious risk of becoming homeless”** means families who have experienced frequent moves (more than 2 in the past year) and for whom the head of household meets three of the following five criteria:

- a. limited education – less than GED/HS diploma
- b. limited employment history – 6 months or less of employment over the last 24 months;
- c. is 25 or younger with children;
- d. has an episode of shelter stay of any duration within the past 24 months; or
- e. is currently or has been a victim of domestic violence within the past 24 months, as documented by a relevant service provider.

**“Homeless”** means anyone who is sleeping in an emergency shelter or drop-in center; in public or other places not meant for human habitation; living in transitional/supportive housing but having come from the streets or emergency shelters; at risk of imminent homelessness due to a pending eviction or discharge with no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.

**“Mentally ill and chemically addicted (MICA)”** means anyone meeting the criteria for “SPMI” above and having one or more disorders relating to the use of alcohol and/or other drugs.

**“Serious and persistent mental illness (SPMI)”** means anyone who has a designated mental illness diagnosis (a DSM IV psychiatric diagnosis other than alcohol or drug disorders, developmental disabilities, organic brain syndromes, or social conditions (V codes)) and meets one of the following: is in receipt of (or eligible for) SSI/SSDI due to mental illness; or has extended impairment in functioning due to mental illness, as experienced by at least two or more of the following functional limitations over the past 12 months on a continuous or intermittent basis: marked difficulties in self care; marked restriction of activities of daily living (ADL); marked difficulties in maintaining social functioning; frequent deficiencies of concentration resulting in failure to complete work/ home/school tasks in a timely manner or reliance on psychiatric treatment, rehabilitation and supports.

**“Substance abuse disorder”** means a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period: recurrent substance abuse resulting in failure to fulfill major role obligations at work, school or home; recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use); recurrent substance related legal problems (e.g., arrests for substance related disorderly conduct); or continued substance abuse despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of use.

## **2. The contractor would serve one or more of the following target populations:**

a. **Population Option I** – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (MICA).

The programming goals for these clients are to ensure housing stability in a safe and supportive environment and to enable them to achieve the maximum possible recovery and integration into the community.

b. **Population Option II** – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder.

The programming goals for these families are to ensure housing stability in a safe and supportive environment; to improve family functioning and stability; and to enable families to achieve the maximum possible recovery and integration into the community.

c. **Population Option III** – Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently).

“Clinical condition” means a medical or mental health condition which is evidenced by a diagnosis of a (1) mental illness (non-SPMI), (2) a developmental disability or (3) a physical illness.

The programming goals for these clients are to ensure housing stability in a safe, non-judgmental and supportive environment; to avoid or reduce high risk and harmful behaviors related to active substance abuse; and to enable clients to achieve the maximum possible recovery and integration into the community.

Up to 50 units in this Program Option will be targeted to young adults (aged 18-25 years). Young adults who are homeless but do **not** meet the chronic requirement may be accepted into these units, but chronically homeless young adults will be given priority.

d. **Population Option IV** – Homeless single adults who have completed a course of treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need long-term transitional supportive housing to sustain sobriety and achieve independent living.

“Have completed a course of treatment” means successful completion/participation – as attested (in writing) by the provider – in one or more of the following substance abuse treatment programs: (1) residential treatment, or (2) outpatient treatment programs including Methadone Maintenance Treatment Programs (MMTP), Buprenorphine and other approved treatment programs.

“At risk of street homelessness or sheltered homelessness” means having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing (would require written attestation by the treatment provider.)

The programming goals for these clients are to ensure housing stability in a non-judgmental, safe and supportive environment; to enable them to sustain sobriety and transition to independent living outside of a supportive housing setting; and to enable clients to achieve the maximum possible recovery and integration into the workforce and the community.

Up to 50 units in this Program Option will be targeted to young adults (aged 18-25 years). Young adults who are homeless but do **not** meet the chronic requirement may be accepted into these units, but chronically homeless young adults will be given priority.

e. **Population Option V** – Chronically homeless families, or families at risk of becoming chronically homeless, in which the head of the household suffers a substance abuse disorder, a disabling medical condition, or HIV/AIDS.

“Medical condition” means a condition as evidenced by a diagnosis of

- i. developmental disability
- ii. physical illness

iii. mental illness (non-SPMI)

“HIV/AIDS” is evidenced by a diagnosis of HIV or AIDS, including non-symptomatic HIV.

The programming goals for these families are to ensure housing stability in a safe and supportive environment; to improve family functioning and stability; to promote family health and wellness; and to enable families to achieve the maximum possible recovery and integration into the community.

Proposers are advised that if the head of household originally qualifying the family for the supportive housing unit dies or moves out, the services funding for that unit will terminate while the operating subsidy will continue. Upon such a change in the family composition, the contractor will work with the remaining family members to transition them to more appropriate housing in terms of support services and/or unit size so that DOHMH service and operating dollars can be used to support a new eligible family in that building.

Up to 100 units in this Program Option will be targeted to families headed by young adults (aged 18-25 years). Young adults who are homeless but do **not** meet the chronic requirement may be accepted into these units, but chronically homeless young adults will be given priority.

f. **Population Option VI** – Young adults (aged 18-25 years) leaving or having recently left foster care or who had been in foster care for more than a year after their 16<sup>th</sup> birthdays, who are at risk of street homelessness or sheltered homelessness, and who need supportive housing to achieve independent living.

“Leaving” means preparing for discharge within the next 24 months.

“Having recently left” means having left foster care within the past 24 months.

“At risk of street homelessness or sheltered homelessness” means leaving or having recently left foster care and having no subsequent residence identified and lacking the resources and support networks needed to obtain housing.

The programming goals for these clients are to ensure housing stability in a supportive environment based on positive youth development principles that recognize and build on the clients’ strengths, and to maximize educational and employment opportunities to enable clients to achieve self-sufficiency and, upon attainment of age 26, transition out of the supportive housing program into independent living.

Proposers are advised that clients must be no younger than 18 years of age in order to enter this program. In addition, as the expectation is for young adults to move on, services funding from DOHMH will terminate when a client reaches the age of 26 while the operating subsidy will continue. Extended services funding may be requested for clients who reach age 26 and who are diagnosed with a mental illness and/or substance abuse disorder. Such requests would be handled on a case by case basis. Approved extensions would be for a limited amount of time while the client transitions into an adult supportive housing program or into another appropriate setting.

## **C. Department Assumptions Regarding Contractor Approach**

DOHMH's assumptions regarding which approach will most likely achieve the goals and objectives set forth above are:

### **1. Contractor Qualifications**

- a. The contractor would have successful experience providing housing and/or services to the target population(s).
- b. The contractor would have effective linkages with appropriate not-for profit agencies or service providers in the community in which the proposed program will be located or readily accessible through public transportation, who could serve as resources for and/or provide off-site services to program clients.

### **2. Staffing and Training**

- a. The contractor would ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training for the target population and salaries commensurate with these qualifications. The contractor would initially train staff and conduct ongoing training.
- b. Program Directors overseeing case managers would be required to have a graduate degree and experience with the target population or a Bachelor's degree with supervisory experience and experience serving the target population.
- c. The contractor would have the capacity to provide training to staff that would include, but not be limited to: health education and infectious disease prevention, nutrition, relationship skills, crisis intervention, counseling techniques and motivational interviewing, depression screening, street drugs and their effects, symptoms of overdose and withdrawal, best practices in employment services, harm reduction and housing first service approaches, including safe injection, safe sex practices, availability of naloxone to prevent death from opioid overdose, addiction treatment and recovery, the stages of change model, and trauma and relapse prevention.

### **3. Client Eligibility and Placement**

The eligibility of an individual or family seeking housing under *NY/NY III* will be determined by HRA upon electronic submission of the supportive housing application by the client or anyone acting on behalf of the client such as an outreach worker, case manager, shelter or drop-in center staff, etc. Except for Population Option VI, DHS will be responsible for placing approved applicants by sending *NY/NY III* housing providers a limited but reasonable number of eligible clients from which they will be required to select tenants. For Population VI, the Administration for Children's Services (ACS) will be responsible for placement in accordance with the same procedure.

### **4. Supportive Services**

- a. **To provide core services for all Population Options, the contractor would:**
  - i. In conjunction with each client, develop an individualized housing related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes for the individual or the head of the household and the family, as appropriate. The plan would adequately address client access to preventive, ongoing and emergency services, as well as the interval at which the plan will be reviewed.



- The plan would be designed to assist the client to remain in housing while the type and intensity of services vary to meet the changing needs of the individual.
- ii. Encourage direct client participation into ongoing program implementation and management, through regular community meetings, advisory boards, or other means.
  - iii. Directly provide<sup>2</sup>: case management, medication management, rehabilitation, personal assistance that emphasizes learning daily living skills, residential stability in housing, financial management, assistance in gaining access to appropriate public benefits and services, peer support, 24 hour/seven day a week on-call staffing, help in the establishment of the household including (if apartment mates are involved), facilitating cooperative agreements on bill payments, division of household responsibility and other matters.
  - iv. Through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address clients' physical and mental health needs in the areas of primary medical, mental health and dental care, substance abuse counseling and treatment, domestic violence counseling and HIV/STD prevention, treatment and support services (including access to condoms and rapid HIV/AIDS testing), as appropriate.
  - v. For individuals with substance abuse disorders, many of whom have been victimized or abused as children or later in life, ensure that all supportive services are trauma-informed in order to address the underlying issues of addiction.
  - vi. Focus on and promote each client's recovery to his or her fullest potential, emphasizing educational opportunities, job readiness skills, vocational training and employment placement and retention for adults and school retention for children. Where feasible, actively seek qualified clients to employ as housing support staff.
  - vii. Train staff in housing placement in order to assist clients who would like to move on to a more independent setting.
  - viii. Make programming and any building amenities such as laundry rooms, computer labs, etc. available during evenings and on weekends to accommodate the work, training and/or treatment requirements of clients.
  - ix. Provide services in a culturally and linguistically competent and sensitive manner.
  - x. Accommodate clients served through this RFP as well as other low income individuals and or families without special needs from the local community. For more detail regarding tenant composition, see "Site Considerations," below.
  - xi. Employ low-threshold, flexible intake criteria, and utilize a progressive demand approach that encourages clients to engage and participate in supportive services. With respect to Population III, proposers are especially advised that neither current sobriety nor a recent history of sobriety may be required as admission criteria.
  - xii. Give each client/family head of household a lease for his or her unit.
  - xiii. Require each client/family head of household to contribute 30% of income toward rent and utilities (electric and gas, at a minimum), or in the case of a client who is eligible for public assistance through HRA, the applicable amount as required by State regulation.
  - xiv. Allocate contingency funds in the budget to cover events that may lead to non-payment of rent, such as hospitalization. The contractor should make every effort to preserve the client's/family's housing in the event of hospitalization or relapse.
  - xv. Establish appropriate procedures for terminating the client's/family's lease if a tenant does not comply with the lease provisions and/or requires assistance beyond the scope of the program. In such circumstances, the contractor would identify alternate appropriate placement. Due process procedures and New York City's landlord/tenant

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<sup>2</sup> For SPMI clients, contractors may access the resources available through case management or Assertive Community Treatment (ACT), using the Single Point of Access (SPOA) system, for the delivery of some or all of these services.

law would be followed and the client's/family's failure to participate in program activities would not be a basis for eviction. With respect to Population Options III, IV and VI, programs are urged to develop a positive and effective means of transitioning clients to independent or other long-term permanent housing.

- xvi. Track clients who have moved on from the program to independent housing or other placements by maintaining contact with such clients for a period of one year following their departure from the program. At a minimum, contact with the client would be made at three months, six months and one year after departure.
- xvii. If/when required by DOHMH, conduct a consumer perception of care survey using a survey instrument to be provided by DOHMH. Failure to conduct the survey (if required by DOHMH) would result in liquidated damages under the contract.
- xviii. Track, record and report information to DOHMH as required in the contract, including, but not limited to, client demographics, income source, place discharged to, and outcome data, including occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration.
- xix. In addition to the reporting responsibility as may be required under its contract with DOHMH, participate in *NY/NY III Supportive Housing Evaluation*. In accordance with the provisions of the *NY/NY III Supportive Housing* agreement, the State and the City will develop data collection and reporting systems to evaluate the outcomes and determine the costs and benefits of the services provided under the agreement. These evaluations will include, but not be limited to, the clients' use of Medicaid and other publicly-funded services/systems such as behavioral health care, shelter, jail and prison, before and after placement into supportive housing. The contractor would participate in this effort by submitting data and reports required by the City to evaluate program and fiscal outcomes.

**b. For the Population Options cited below, the contractor would:**

Population Option II – Chronically Homeless Families with SPMI

- i. Provide to each family directly or through linkages the following supportive services including, but not limited to: family reunification services; nutritional counseling and services; respite or alternative caregiver services in cases where the head of household requires hospital or out-of-home residential treatment; conflict resolution; and any other skills and services that the families would require to remain stably housed.
- ii. Provide to each head of household directly or through linkages the following supportive services, including but not limited to: parenting skills training; mentoring; legal services; and family planning.
- iii. Provide to each child directly or through linkages with childcare, after-school programs, tutoring and summer camp services.

Population Option III – Chronically Homeless Adults with Substance Abuse Disorder/Disabling Clinical Condition

- i. Use a client-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported, but not enforced or presumed as a primary goal. Emphasis should be on relationship and trust building where clients are allowed to set the goals of services themselves.
- ii. Provide directly or through linkages the following support services for each client including, but not limited to: peer counseling and advocacy; crisis intervention; conflict resolution; Alcoholics Anonymous, Narcotics Anonymous and similar

- groups; nutrition counseling and services; community building activities; individual and group counseling; home visits; and recreation opportunities.
- iii. Also provide directly or through linkages harm reduction services focusing on the avoidance of high risk behaviors and disease prevention, including, but not limited to: safe injection, use of naloxone to prevent death from opioid overdose, safe sex practices, needle exchange, health education and infectious disease prevention.
  - iv. Ensure that all units dedicated to young adults (aged 18-25) remain filled with clients meeting that age criteria.

#### Population Option IV – Homeless Single Adults who have Completed a Course of Substance Abuse Treatment

- i. Focus on those skills and services that clients would require to achieve self sufficiency and the ability to eventually move into independent housing in the community, particularly educational, vocational training and employment placement services.
- ii. Address the substance abuse recovery related needs of the clients as well as those skills and services that the clients would require to sustain sobriety and avoid relapse.
- iii. Focus on recovery planning and relapse prevention using individual counseling and support provided by mental health and substance abuse professionals and peer counselors.
- iv. Assist each client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing placement. Although there would be no length of stay restrictions, the program should expect clients to move on.
- v. Provide directly or through linkages the following support services for each client, including, but not limited to: peer counseling and advocacy; relapse prevention; crisis intervention; Alcoholics Anonymous, Narcotics Anonymous and similar groups; social and community building activities; individual and group counseling; home visits; and recreation opportunities.
- vi. Ensure that all units dedicated to young adults (aged 18-25) remain filled with clients meeting that age criteria.

#### Population Option V – Chronically Homeless Families with Substance Abuse Disorder/Disabling Medical Condition

- i. Take a highly flexible approach and incorporate harm reduction and preventive health principles into programming.
- ii. Provide to each family directly or through linkages the following supportive services including, but not limited to: family reunification services; nutritional counseling and services; health education; respite or alternative caregiver services in cases where the head of household requires hospital or out-of- home residential treatment; aftercare planning in the event of death of the head of household; conflict resolution; as well as any other skills and services that the families would require to remain stably housed.
- iii. Provide to each head of household directly or through linkages the following supportive services, including but not limited to: medical case management; nursing assessments as necessary; parenting skills training; mentoring; legal services; domestic violence counseling; and family planning.
- iv. Provide each child directly or through linkages with childcare, after-school programs, on-site tutoring and summer camp services.

- v. If the head of household originally qualifying the family for the supportive housing unit dies or moves out, the contractor will work with the remaining family members to transition them to more appropriate housing in terms of support services and/or unit size so that DOHMH service and operating dollars can be used to support a new eligible family in that building.
- vi. Ensure that all units dedicated to young adults (aged 18-25) remain filled with clients meeting that age criteria.

Population VI – Young Adults Leaving Foster Care

- i. Creatively engage the clients in services, ensuring sufficient program flexibility to accommodate work and school schedules as well as the clients' changing needs over time.
- ii. Base services on positive youth development principles that recognize and build on the strengths of the participants rather than focusing on their deficits.
- iii. No later than one year before a client turns 26, assist the client in planning for and locating appropriate independent housing or, where appropriate, other supportive housing, so that the client's unit may become available for a new young adult aged 18-25.
- iv. Provide directly or through linkages comprehensive vocational, educational and employment services and resources, to each client including, but not limited to: "hard" job skills, resume writing, job search and job retention skills, employment placement services, GED/ABE/ESL classes, mentoring, and leadership development.
- v. Also provide directly or through linkages the following services, including, but not limited to: health and nutritional counseling; health education; sex education and sexually transmitted disease prevention; relationship skills; crisis intervention; and home visits.
- vi. Ensure that programming and staff are responsive, sensitive and reflective of the lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth who are likely to be part of this population.

**5. Site Considerations**

**a. The contractor would:**

- i. Have the option to construct/rehabilitate and manage a building directly or indirectly through a housing developer.
- ii. With the developer (if applicable), locate a suitable site, if one is not already secured, that meets the terms and conditions of (1) the capital funding source (see Section II(E), Anticipated Available Annual Funding for further explanation) in regard to feasibility, cost, siting and building design and (2) DOHMH, in regard to the distribution of programs across the City as well as meeting the proposer's approved program plan.
- iii. With the developer (if applicable), work with the capital funding source to ensure that the building design includes suitable space for the provision of on-site services as prescribed by this RFP.
- iv. Preferably set aside approximately 40% of the building for non-special needs populations if capital funding is obtained through HPD. However, only the units and services provided to the clients in the housing program that is the subject of this RFP will be eligible for funding under the contract with DOHMH.

- v. **If proposing to serve Population Option VI**, have site control at the time of submitting a proposal to DOHMH and indicate in their proposal the source of capital funding being used to construct or renovate the building.

**b. For all Population Options, except as noted, each site would:**

- i. Be a newly built or substantially rehabilitated building.
- ii. Be located in a neighborhood that is in close proximity to public transportation and accessible to other amenities such as shopping, health care and other necessary services.
- iii. Provide either apartments with a private bathroom (or bathrooms) and kitchen, or, except with respect to families (Population Options II and V), SRO units with access to shared bathrooms and kitchen facilities. SRO units shall not be shared. Closets or other adequate space to store clothes and other personal belongings shall also be provided.
- iv. Include appropriate space for staff for the provision of on-site services, as well as ample community space for clients.
- v. Have 24 hour, 7 day a week staff on site and provide front desk security with continuous staff coverage.
- vi. Have apartments that are furnished with new and durable furniture as well as household items.

**D. Department Assumptions Regarding Outcome Indicators**

DOHMH's assumptions regarding outcome indicators that will most likely assure that the selected proposer(s) will perform the work under the contract(s) awarded from this RFP in a manner that is cost-effective for the Department and most likely to achieve the Department's goals and objectives set forth above are:

- The contractor will be expected to achieve a 95% occupancy rate within six months or less of contract registration and maintain a 95% annual occupancy rate throughout the term of the contract. This six month period includes three months of start-up in order to purchase furniture, linens and other household items as well as hiring program staff and client recruitment. Failure to meet the 95% occupancy rate will result in liquidated damages.

## **SECTION IV -- FORMAT AND CONTENT OF THE PROPOSAL**

**Proposal Submission Instructions:** All proposals must meet the requirements listed below. The proposal should be typed double-spaced on both sides of 8 ½" X 11" paper. Pages should be paginated. The proposal would be evaluated on the basis of its content, not length. The City of New York requests that all proposals be submitted on paper with no less than 30% post-consumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard please consult: <http://www.epa.gov/cpg/products/printing.htm>). The proposer should state on Attachment A whether its response is printed on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in these instructions. Failure to comply with any of the instructions set forth in this paragraph will not be considered non-responsive.

### **A. Proposal Format**

#### **1. Proposal Cover Letter**

The Proposal Cover Letter form (Attachment A) transmits the proposer's Proposal Package to DOHMH. It should be completed, signed and dated by an authorized representative of the proposer.

#### **2. Program Proposal**

The Program Proposal is a clear, concise narrative that addresses the following:

##### **a. Experience**

Describe the successful relevant experience of the proposer, each proposed subcontractor, if any, and the proposed key staff, in providing the program described in Section III: the Scope of Services of this RFP. Specifically address the following:

##### **Program**

- i. Indicate each Population Option(s) the proposer intends to serve and how many units will be designated for each in the single building site. In a separate, clearly identified sub-section for each Population Option to be served, describe the proposer's successful experience providing services to the target population, including the specific nature of those services and when and where they are/were provided.
- ii. If the proposer has limited or no experience with the Population Option(s) to be served, describe the proposer's successful experience providing services to other populations and demonstrate the relevance of that experience to serving the proposed Population Option(s). Include the specific nature of those populations and the services provided and when and where they are/were provided.
- iii. Describe the proposer's successful experience providing services in or related to housing settings (either transitional or permanent). Include the specific nature of those services and when and where they are/were provided.

##### **Housing Development and Management**

- iv. State whether the proposer will construct/rehabilitate and/or manage the building site directly or through a separate developer and/or housing management agency.

In the latter case, identify the developer and/or housing management agency, if known.

- v. Describe the successful experience of the proposer and/or developer and/or housing management agency, whichever is applicable, as follows:
  - (1) Describe the successful experience of each applicable entity with regard to constructing or rehabilitating a supportive housing project and/or any other multi-unit residential building. Provide specific examples, where possible. In the case that any applicable entity does not have any such experience, describe its other successful experience relevant to: (1) supportive housing for homeless people with special needs and/or (2) constructing or rehabilitating residential property.
  - (2) Describe the successful experience of each applicable entity in managing the ongoing operations of a supportive housing project and/or other residential setting.

**In addition:**

- Attach a listing of at least two relevant references (other than employees of DOHMH or the New York State Office of Mental Health (NYS OMH)) for the proposer, each other applicable entity cited above, including the name of the reference entity, a brief statement describing the relationship between the proposer/entity and the reference entity, and the name, title and telephone number of a contact person at the reference entity.
- Attach for each key staff position a resume and/or description of the qualifications and experience that will be required. In addition, state extent of staff expertise in relevant cultures and languages.

**b. Organizational Capability**

Demonstrate the proposer's organizational (i.e., programmatic, managerial and financial) capability to provide an appropriate site and successfully perform the services described in Section III – Scope of Services of this RFP. Specifically address the following:

- i. State whether or not this proposal is for more than one Population Option to be served in a single site. If so, demonstrate the proposer's capability to successfully serve the multiple proposed target populations concurrently.
- ii. State whether or not the proposer has submitted or plans to submit multiple proposals to operate programs in more than one building site. If either is so, indicate the total number of separate programs for which the proposer has submitted and/or intends to submit a proposal and demonstrate the proposer's capability to successfully operate the total number multiple proposed programs concurrently.
- iii. Demonstrate that the proposer has an appropriate staffing plan with sufficient numbers of staff for the number of clients to be served and with salaries commensurate with these qualifications.
- iv. Demonstrate that the proposer has an appropriate staff training program.
- v. Demonstrate that the proposer has an appropriate client record keeping and data management system, in view of both efficient internal management as well as meeting the *NY/NY III Supportive Housing* evaluation and the other client tracking

and data reporting responsibilities set forth under the subsection C(4) in Section III – Scope of Services of this RFP.

- vi. Demonstrate that the proposer has established effective linkages with other appropriate not-for-profit agencies and/or service-providers or others in the community in which the proposed program will be located or readily accessible through public transportation, who could serve as resources for and/or provide off-site services to clients. Be as specific as possible and attach copies of all relevant linkage agreements.

**In addition:**

- If proposal is for Population Options I and/or II, attach documentation demonstrating not-for-profit status.
- Attach a chart showing where, or an explanation of how, the proposed services would fit into the proposer’s organization.
- Attach a copy of the proposer’s financial audit or certified financial statement, or a statement as to why no report or statement is available.

**c. Proposed Approach**

**i. Site Considerations**

Except with respect to Population VI, proposers do not need to have identified a site or obtained site control prior to submission of their proposals:

**(1) If the proposer has already identified an appropriate site:**

- (a) Indicate the site’s address.
- (b) Indicate whether the proposer has submitted or plans to submit a proposal to the NYS OMH, the New York State Office of Children and Family Services or the New York State Office of Alcoholism and Substance Abuse Services seeking an award of *NY/NY III* units for the same site. If so, state which Population Options that proposal is for.
- (c) State whether or not the proposer has already secured capital funding. If so, identify the capital funding source, e.g.: HPD, DHCR, HHAP, and attach documentation demonstrating the funding commitment.
- (d) State whether or not the proposer (and/or developer, if partnering) has already acquired site control.
  - (i) If site control has not been acquired, state whether or not the site has already been determined to be appropriate by HPD, DHCR and/or HHAP pursuant to a preliminary review conducted by the applicable agency. If so, attach documentation demonstrating that determination.
  - (ii) If site control has been acquired, and the proposal is for **other than Population Option VI**, attach documentation demonstrating the proposer's/developer’s site control. Acceptable documents include a deed or other proof of ownership; an executed contract of sale; a site control letter for city-owned property; an executed long-term lease (i.e., minimum of 30 years); or an executed option to purchase.
  - (iii) If site control has been acquired and the proposal **is for Population Option VI**, state the following: "Requisite documentation appended to Attachment A in fulfillment of the applicable Minimum Qualification Requirements cited in Section II(G)() of the RFP."



- (iv) If partnering with a housing developer/manager who will own the site, additionally attach a written agreement between the proposer and the developer/manager stating that the service program funded by DOHMH has the right to remain in the building for a minimum of thirty years or so long as the property owner's mortgage obligation continues.
- (e) Describe the site and demonstrate that it meets each of the requirements set forth under the heading "Site Considerations" in Section III – Scope of Services.
- (f) Indicate the proposed overall tenant composition that the proposer intends to house at the site in terms of the following:
  - (i) Number of units that will be designated for each applicable Population Option being proposed.
  - (ii) State whether or not non-NY/NY III special needs clients will be accommodated at the site, and if so, indicate the number of units for other special needs clients and the funding sources that are being sought or have been secured to provide services to those clients
  - (iii) Number of units for non-special needs, low-income tenants.

**(2) If the proposer has not identified a specific site:**

- (a) Indicate the source from whom you intend to seek capital funding, e.g.: HPD, DHCR, HHAP.
- (b) Indicate the proposed overall tenant composition that the proposer intends to house at the site in terms of the following:
  - (i) Number of units that will be designated for each applicable Population Option that is the subject of the proposal.
  - (ii) State whether or not non-NY/NY III special needs clients will be accommodated at the site, and if so, indicate the number of units for other special needs clients and the funding sources that are being sought or have been secured to provide services to those clients.
  - (iii) Number of units projected for non-special needs, low-income tenants.

**ii. Services**

Describe in detail how the proposer will provide the services set forth in Section III – Scope of Services for each Population Option to be served and demonstrate that the proposer's proposed approach would fulfill DOHMH's stated goals and objectives for the applicable Population Option(s). Specifically address the following:

- (1) State whether or not this proposal is for more than one Population Option to be served in a single site. If so, indicate which Population Options are being proposed and justify the proposed combination of populations.
- (2) State whether or not this proposal is for any of Population Options III, IV or V. If so, specify which of the Population Option(s) are being proposed and indicate whether or not the program will serve young adults and how many units will be dedicated to this age group.
- (3) State whether or not this proposal is for either of the family populations (Population Options II and V). If so, specify which of the Population Option(s) are being proposed and indicate whether or not the program will serve adult families without any children.

- (4) Describe and demonstrate the effectiveness of the proposer’s approach for providing directly or through linkages the services set forth under the heading “Supportive Services.”
- (5) Describe and demonstrate the effectiveness of the proposer’s approach for providing directly or through linkages the Population Option-specific services, as applicable.
- (6) Describe and demonstrate the effectiveness of measures that will be taken to ensure that services are provided in a culturally competent and linguistically appropriate and sensitive manner.
- (7) State and justify each of the outcomes to be achieved by clients to be served and demonstrate how the program would effectively assist them to achieve those outcomes.
- (8) If the proposal is for Population Options II, IV and/or VI, describe and demonstrate the effectiveness of the contractor’s approach to transitioning clients out of the program.
- (9) Describe and demonstrate that the proposer has actively participated in community and citywide consortia and networks appropriate to the clients’ needs.
- (10) Describe and demonstrate your emergency response plan including response to medical emergencies. Include in your description an explanation of personnel training including assessing risk and safety, handling emergencies, coordination with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures.

DOHMH’s assumptions regarding programmatic approach as set forth in Section III – Scope of Services represent what DOHMH believes to be most likely to achieve its goals and objectives. However, proposers are encouraged to propose a different approach that they believe would most likely achieve DOHMH’s goals and objectives. Proposers may also propose more than one approach. However, if an alternative approach affects other areas of the proposal such as experience, organizational capability or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in this Section.

### **3. Price Proposal**

The payment structure for the contracts awarded from this RFP will be a combination of a line-item reimbursable budget with annual performance-based disincentives. Outcome indicators will include occupancy rate; housing retention; reduction in hospitalization; and reduction in rate of incarceration. Failure to meet the requisite outcome level for any of the aforementioned indicators will result in liquidated damages. As set forth in Section IV(A)(3)(b), DOHMH will consider proposals to structure payment in a different manner. DOHMH reserves the right to select or modify the payment structure to one that is in the City’s best interest.

Proposers are encouraged to propose innovative payment structures. DOHMH reserves the right to select any payment structure that is in the City’s best interest. For the purposes of comparison, proposers should submit a Price Proposal that meets the standards of sub-sections (3)(a) and (3)(b), below.

#### **a. Proposed Pricing**

The Price Proposal should include the following for providing the Scope of Services for each Population Option being proposed, and a total overall budget if more than one Population Option is being proposed:

- The proposed offering price for each of the budget components for each Population Option in a line item budget included in this RFP as **Attachment B**;

**In addition:**

- State the proposed annual per unit rate for each Population Option being proposed. If requesting the maximum per unit rate, demonstrate that the proposer has no other source of services and/or operating funds.
- State whether or not the proposer has secured or is applying for federal Shelter Plus Care or other sources of rental assistance/operating subsidies. If so, specify each such source and the amount.
- State whether or not the proposer has secured or is applying for other sources of funding for support services. If so, specify each such source and the amount.
- Itemize start-up** funds (i.e., non-recurring costs for the first three months of the program), which would include, but are not limited to, purchasing furniture and other household items; hiring program staff; recruiting clients; and other costs to be incurred by the provider to operationalize the program.
- State the proposed **annual** operating and program service expenses for a **typical full year**, which shall not exceed the maximum available annual funding level per unit for services.

**b. Performance Outcome Measures and Financial Incentives and/or Disincentives**

List and describe potential performance-based payment components (i.e., specific performance-based outcome measures and related financial incentives and/or disincentives, unit payments tied to outcomes, milestone payments tied to outcomes, and/or liquidated damages tied to outcomes) for providing the work to be performed by the proposer under the contract that could potentially be applied to the contract, in whole or part, as a reliable means for measuring and paying for success, as described in the Scope of Services. DOHMH's determination in Section III(D) represents what DOHMH believes would most likely achieve its goals and objectives. However proposers are encouraged to propose measures, incentives and disincentives that they believe would also achieve DOHMH's goals and objectives in a cost-effective manner. Proposers may also propose more than one approach.

**4. Acknowledgment of Addenda**

The Acknowledgment of Addenda form (Attachment C) serves as the proposer's acknowledgment of the receipt of addenda to this RFP which may have been issued by DOHMH prior to the date on which the proposer is submitting its proposal. The proposer should complete this attachment as instructed on the attachment.

**B. Proposal Package Contents ("Checklist")**

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposal to DOHMH.

A sealed envelope containing **one original set and four duplicates** of the documents listed below in the following order:

1. Proposal Cover Letter Form (Attachment A)
2. Program Proposal

- a. Narrative
  - b. References for the Proposer and, if applicable, each Housing Manager and Sub-Contractor
  - c. Documentation of capital funding commitment, site acquisition and/or capital funding source preliminary appropriateness determination, as applicable
  - d. Resumes and/or Description of Qualifications for Key Staff Positions
  - e. Organizational Chart
  - f. Financial Audit Report or Certified Financial Statement
3. Price Proposal Forms (Attachment B)
  4. Acknowledgment of Addenda Form (Attachment C)

The envelope should be labeled as follows:

- The proposer's name and address, the Title and PIN # of this RFP and the name and telephone number of the Proposer's Contact Person.
- The name, title and address of the Authorized Department Contact Person, Huguette Beauport.

**SECTION V – PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES**

**A. Evaluation Procedures**

Proposals will be reviewed to determine whether they are responsive or non-responsive to the requisites of this RFP. Those that are determined by DOHMH to be non-responsive will be rejected. DOHMH’s Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. DOHMH reserves the right to conduct interviews, site visits and/or to request that proposers make presentations, as DOHMH deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DOHMH reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer’s initial proposal should contain its best programmatic and price terms, except as noted in the pricing guidelines.

**B. Evaluation Criteria**

Demonstrated quantity and quality of successful relevant experience	35%
Demonstrated level of organizational capability	20%
Quality of proposed approach	45%

**C. Contract Award Procedures**

Proposals will be reviewed and evaluated as they are received by DOHMH. DOHMH will designate in writing a tentative “set-aside” of units for those proposers whose proposal(s) is/are determined to be most advantageous to the City, taking into consideration the price and such other factors or criteria that are set forth in this RFP. The City reserves the right to set aside a total number of units greater than the designated number of units to be developed under *NY/NY III* to ensure that the full development target is achieved in the minimum feasible amount of time. A proposer for whom units have been set aside shall, on an as-needed basis, but no less than every three months, provide DOHMH’s Office of Housing Services with an update on and documentation of the status of their acquisition and/or site control. Tentatively “set-aside” units will be permanently assigned to the proposer once site control has been secured. Documentation of site control (as specified in Section IV(A)(2)(c)) may be submitted with the proposal. At such time as approximately 75% of units for each Population Option have been permanently assigned, DOHMH will notify those proposers who have not yet secured a site and/or site control of that circumstance).

In the case that a proposer is eligible for award to serve more than one Population Option and/or to provide multiple programs located in more than one building, DOHMH reserves the right to determine, based on the proposer’s demonstrated organizational capability and the best interest of the City, respectively, how many and for which population(s)/site(s) the proposer will receive an award.

Contract award and final determination of the units to be awarded to a proposer shall be subject to (1) the proposer's documentation of ownership interest in the proposed building or a long-term lease (i.e., minimum of 30 years) for a building that meets the criteria of the capital funding source, i.e., the NYC Department of Housing Preservation and Development (HPD), the NYS Division of Housing and Community Renewal (DHCR) or the NYS Homeless Housing Assistance Program (HHAP), (see Section II(E), Anticipated Available Annual Funding); (2) a determination by HPD, DHCR or HHAP, as applicable, that the site is ready for occupancy; (3) the proposer’s documented attainment of the approval of the local community board or provision of community notification, as required; and (4) Department funding availability. Final contracts shall be developed within the six months prior to the anticipated occupancy of the building and shall be subject to the timely completion of the contract

negotiations between DOHMH and the selected proposers, oversight approval, as well as documentation of appropriate insurance.

Although final contract award is contingent upon a provider having site control, organizations are encouraged to respond to this RFP regardless of whether they have identified or secured a site, **with the exception of Population Option VI which requires site control at the time of proposal submission to DOHMH.** Proposers who already have a commitment of capital funding must indicate their capital funding source in their proposal.

Under this RFP, the City is contracting on behalf of the State for ongoing operation and support services with respect to the State's share of units in Population Options III and VI, the capital funding for which will come from State sources, i.e. DHCR and/or HHAP. Proposals for Population III and VI will be assigned to two separate pools, one for projects with capital funding from the State and one for projects with capital funding from the City. Each pool will be evaluated separately. Funding is discussed further in Section II(E) above.

## SECTION VI – GENERAL INFORMATION TO PROPOSERS

**A. Complaints.** The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-3000. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

**B. Applicable Laws.** This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by accessing the City's website at [www.nyc.gov/ppb](http://www.nyc.gov/ppb).

**C. General Contract Provisions.** Contracts shall be subject to New York City's general contract provisions, in substantially the form that they appear in "Appendix A -- General Provisions Governing Contracts for Consultants, Professional and Technical Services" or, if the Department utilizes other than the formal Appendix A, in substantially the form that they appear in the Department's general contract provisions. A copy of the applicable document is available through the Authorized Department Contact Person.

**D. Contract Award.** Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Affidavits of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

**E. Proposer Appeal Rights.** Pursuant to New York City's Procurement Policy Board Rules, proposers have the right to appeal Department non-responsiveness determinations and Department non-responsibility determinations and to protest a Department's determination regarding the solicitation or award of a contract.

**F. Multi-Year Contracts.** Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Department to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor's performance is not satisfactory. The Department will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

**G. Prompt Payment Policy.** Pursuant to the New York City's Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.

**H. Prices Irrevocable.** Prices proposed by the proposer shall be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Department prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of the Department to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

**I. Confidential, Proprietary Information or Trade Secrets.** Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by the City.

**J. RFP Postponement/Cancellation.** The Department reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all proposals.

**K. Proposer Costs.** Proposers will not be reimbursed for any costs incurred to prepare proposals.

**L. Charter Section 312(a) Certification.**

The Department has determined that the contract(s) to be awarded through this Request for Proposals will not directly result in the displacement of any New York City employee.

---

Agency Chief Contracting Officer Date

**ATTACHMENT A  
PROPOSAL COVER LETTER  
CONGREGATE SUPPORTIVE HOUSING PROGRAMS  
PIN : 08PO 0763**

**Proposer:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tax Identification #:** \_\_\_\_\_

**Proposer's Contact Person:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Population Option(s) Proposed (Check all that apply)**

I     II     III     IV     V     VI

**Is this response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Compliance with Minimum Qualification Requirement**

- Proposal is for Population Options I or II. \_\_\_ Yes \_\_\_ No
- If Yes, the proposer certifies that a copy of documentation demonstrating that the organization is incorporated as a not-for-profit is appended to this Attachment A.
  
- Proposal is for Population Option VI. \_\_\_ Yes \_\_\_ No
- If Yes, the proposer certifies that a copy of the requisite documentation prescribed in Section II (I) of the RFP demonstrating that the proposer (or the housing manager/developer, if applicable) has control of the proposed site is appended to this Attachment A. \_\_\_ Yes \_\_\_ No

**Proposer's Authorized Representative:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ATTACHMENT B**  
**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Budget Proposal Forms**

**COMPLETE ALL LINES – USE “n/a” AS APPROPRIATE**

Proposer		Program			PIN #		
	EXPENSE ITEM	Start-Up (one-time only)			ANNUAL OPERATING		
		# of FTEs	# of Persons	Budget	# of FTEs	# of Persons	Budget
1	Professionals						
2	Other Direct Service Staff						
3	Program Administration & Support Staff						
4	<b>Sum Ln (1-3) PS SUBTOTAL</b>						
<b>OTHER THAN PERSONAL SERVICE SUMMARY</b>							
5	Equipment						
6	Supplies and Materials						
7	Travel Expenses						
8	Occupancy and Building Expenses						
9	Communication						
10	Fringe Benefits						
11	Other (specify on Schedule D- Explanation Page)						
12	<b>Sum Ln (5-11) OTPS SUBTOTAL</b>						
13	AGENCY ADMIN/OVERHEAD (Attach Methodology)						
14	<b>(Ln 4+Ln 12+Ln 13) TOTAL EXPENSES</b>						
15	<b>APPLICABLE CLIENT INCOME (Sched. C, Ln 5)</b>						
16	<b>BUDGET AGENCY CONTRIBUTION (Optional)</b>						
17	<b>(Ln 14 - [Ln 15+Ln 16]) TOTAL CONTRACT AMT.</b>						

**THIS SECTION MUST BE COMPLETED FOR ANNUALIZED BUDGET**

A. # Unduplicated Person Served Annually:	
B. # Persons Served Per Month:	
C. # Units of Service Per Year (see note) (explain on Schedule E)	
D. Gross Unit Cost Ln (14/Ln C):	
E. Net Cost per Unit of Service (Ln 17/Ln C):	

Note: Agency Contribution: Other sources of revenue which shall be included in annual, on-going budget. It includes fundraising, grants, etc. It excludes funds targeted for a specific use by a governmental entity or other benefactor.  
 Start-Up: Includes all expenses required to make program operational (See Scope of Services). Unit of Service: Residential Day.

## Schedule A

### Personal Service and OTPS Details

Attach additional pages for each expense item, as needed.

<b>PROPOSER</b>	<b>PROGRAM</b>	<b>PIN #</b>

	EXPENSE ITEM	START-UP	ANNUAL
<b>1</b>	<b>Professionals (#FTEs for each position)</b>		
	Sub-Total		
<b>2</b>	<b>Other Direct Service Staff (#FTEs for each position)</b>		
	Sub-Total		
<b>3</b>	<b>Program Admin &amp; Support Staff (#FTEs for each position)</b>		
	Sub-Total		
<b>4</b>	<b>Equipment (Specify on Schedule B) Subtotal</b>		
<b>5</b>	<b>Supplies and Materials</b>		
	Office		
	Program		
	Sub-Total		
<b>6</b>	<b>Travel Expenses</b>		
	Staff		
	Client		
	Sub-Total		
<b>7</b>	<b>Occupancy Expenses</b>		
	Costs (maintenance, cleaning, security, equipment, leases, etc.)		
	Itemize proposed building expense on Schedule D.		
	Sub-Total		
<b>8</b>	<b>Communication</b>		
	Telephone		
	Other (Explain)		
	Sub-Total		
<b>9</b>	<b>Fringe Benefits - Rate -----%</b>		
	FICA		
	Health Insurance		
	Unemployment/Disability		
	Pension		
	Other (Explain)		
	Sub-Total		
<b>10</b>	<b>Other (Specify)[Includes equipment rentals &amp; Minor Rehab]</b>		
	Sub-Total		

**Schedule B**

**Equipment**

PROPOSER		PROGRAM	PIN #
	EQUIPMENT ITEM	START-UP	ANNUAL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	<b>Equipment Total:</b>		

**Schedule C  
Income**

	APPLICABLE INCOME	START-UP	ANNUAL
1	SSI/SSD		
2	Third Party		
3	Client Fees		
4	Other (specify)		
5	<b>TOTAL INCOME:</b>		

Schedule D

Itemization of building expenses

Proposer:	Program:	PIN:

## Schedule E

### Explanation Page

Please use this page to explain program budget as necessary. (Attach additional pages if necessary). Be sure to explain how you calculated the **levels of service** reported on the Budget Proposal Summary Page.

ATTACHMENT C

**ACKNOWLEDGMENT OF ADDENDA**

**PIN 08PO 0763**

**COMPLETE EITHER PART I OR PART II, WHICHEVER IS APPLICABLE, AND COMPLETE AND SIGN PART III.**

PART I. LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP:

ADDENDUM # 1, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 2, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 3, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 4, DATED \_\_\_\_\_, 20\_\_\_\_

ADDENDUM # 5, DATED \_\_\_\_\_, 20\_\_\_\_

PART II.

\_\_\_\_\_ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PART III.

ORGANIZATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
(Authorized Contact Person)

DATE \_\_\_\_\_

# APPENDIX A

## NY/NY III SUPPOPRTIVE HOUSING – DOHMH PROPOSED TOTAL CONGREGATE BED DEVELOPMENT SCHEDULE

POPULATION	TOTAL UNITS
I. SPMI/MICA Single Adults	1750
II. SPMI/MICA Families	400
<b>SPMI/MICA SUBTOTAL</b>	<b>2150</b>
III. Single Adults - Substance Abuse (Primary Barrier)	250
IV. Single Adults - Substance Abuse (Completed Course of Treatment)	125
V. Families (Substance Abuse/ Medical / HIV/AIDS)	375
VI. Youth Leaving Foster Care	100
<b>NON-SPMI/MICA SUBTOTAL</b>	<b>850</b>
<b>TOTAL CONGREGATE</b>	<b>3000</b>

# APPENDIX A

## NY/NY III - DOHMH PROPOSED TOTAL CONGREGATE BED DEVELOPMENT SCHEDULE (CONT'D)

<b>POPULATION</b>	<b>FY 2006-07</b>	<b>FY 2007-08</b>	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>
I. SPMI/MICA Single Adults	0	0	0	150	249	269	269
II. SPMI/MICA Families	0	50	50	50	50	50	50
<b>SPMI/MICA SUBTOTAL</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>200</b>	<b>299</b>	<b>319</b>	<b>319</b>
III. Single Adults - Substance Abuse (Primary Barrier)	20	30	50	50	50	25	25
IV. Single Adults - Substance Abuse (Completed Course of Treatment)	0	0	25	25	25	25	25
V. Families (Substance Abuse/ Medical / HIV/AIDS)	0	75	75	75	75	75	0
VI. Youth Leaving Foster Care	50	50	0	0	0	0	0
<b>NON - SPMI / MICA SUBTOTAL</b>	<b>70</b>	<b>155</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>125</b>	<b>50</b>
<b>TOTAL</b>	<b>70</b>	<b>205</b>	<b>200</b>	<b>350</b>	<b>449</b>	<b>444</b>	<b>369</b>



## APPENDIX A

### NY/NY III - DOHMH PROPOSED TOTAL CONGREGATE BED DEVELOPMENT SCHEDULE (CONT'D)

<b>POPULATION</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2016-17</b>
I. SPMI/MICA Single Adults	273	273	267
II. SPMI/MICA Families	50	50	0
<b>SPMI/MICA SUBTOTAL</b>	<b>323</b>	<b>323</b>	<b>267</b>
III. Single Adults - Substance Abuse (Primary Barrier)	0	0	0
IV. Single Adults - Substance Abuse (Completed Course of Treatment)	0	0	0
V. Families (Substance Abuse/ Medical / HIV/AIDS)	0	0	0
VI. Youth Leaving Foster Care	0	0	0
<b>NON – SPMI/ MICA SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>323</b>	<b>323</b>	<b>267</b>



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner

nyc.gov/health

## NEW YORK/NEW YORK III CONGREGATE SUPPORTIVE HOUSING PROGRAMS

PIN: 08PO 0763

ADDENDUM # 5

To: Potential Proposers

From: Patricia A. Thomas *PA Thomas*  
Agency Chief Contracting Officer

Date: October 9, 2008

### I. UPDATE ON UNAWARDED UNITS

The percentages of remaining, unawarded units by Population Option are as follows:

Available:

<b>Population I</b> – Chronically homeless single adults who suffer from a serious and persistent mental illness (SPMI) or who are diagnosed as mentally ill and chemically addicted (1750 units total)	80%
<b>Population II</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from SPMI or a MICA disorder (400 units total)	75%
<b>Population III</b> – Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e. a medical or mental health (non-SPMI) condition that further impairs their ability to live independently) (250 units total)	80%
<b>Population V</b> – Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a substance abuse disorder, a disabling medical condition, or HIV/AIDS (375 units total)	30%

### II. TIMING OF PROPOSAL SUBMISSIONS

In order to properly coordinate DOHMH program funding with site development and ensure sufficient time for contract negotiation, review and registration, DOHMH strongly recommends that proposers submit congregate housing proposals well in advance of building completion, and no later than six months before

construction begins. Later submissions are likely to delay the proposed contract start date as well as contract registration – which must occur before the provider can draw down contract funds – and may put contractors' start-up funding at risk. DOHMH housing contracts may not be backdated.

Questions may be addressed to Huguette Beauport in the Office of the Agency Chief Contracting Officer (ACCO), Room 806 at 93 Worth Street, New York, NY, 10013, faxed to (212) 219-5890 or sent via e-mail to [hbeapor@health.nyc.gov](mailto:hbeapor@health.nyc.gov).