

Drop-In Facilities for Homeless Adults

EPIN: 07119I0004

Table of Contents

1. Program Background
 - A. Program Goals and Objectives

2. Program Expectations and Proposal Instructions
 - A. Target Population 15 points
 - B. Drop-In Facility Implementation and Approach 15 points
 - C. On-Site and Supportive Services 15 points
 - D. Housing and Employment Placement Services 15 points
 - E. Staffing Plan 10 points
 - F. Partnerships 5 points
 - G. Security, Facilities, and Building Management 15 points
 - H. Data Monitoring and Reporting 5 points
 - I. Budget Management 5 points

3. List of Attachments

4. Basis for Contract Award and Procedures
 - A. Proposal Evaluation
 - B. Contract Award

IMPORTANT NOTE: This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Basic Information

RFP Release Date	October 30, 2018		
Proposal Due Date	This is an “Open-Ended” RFP. Therefore, proposals will be accepted and reviewed on an on-going basis until the available permanent capacity has been met. Proposals will be accepted beginning on October 30, 2018.		
Pre-Proposal Conference	Date: November 14, 2018	Time: 10:00am to 12:00pm	Place: 150 Greenwich Street (4 World Trade Center), 37 th Floor Bid Room, New York, NY 10007
	Please note security at 150 Greenwich Street requires that all visitors provide identification (with photo) to be admitted in the building. Please arrive at least fifteen (15) minutes early to ensure adequate time for security procedures. To expedite the process, please send an email to accoprocurements@dss.nyc.gov with the names of the individuals expected to attend from your organization no later than the day before the pre-proposal conference. Please include RSVP and the title of the RFP in the subject line of the email. In addition, contractors should bring a copy of the RFP to indicate the purpose of the individual’s visit to the building.		
Anticipated Contract Term	The term of the contract(s) will be five (5) years with one four (4) year option to renew. DHS reserves the right to adjust the contract term. Longer length engagements may be contracted to correspond with the underlying lease or funding agreement.		
Agency Contact Person	Cinnamon Warner: accoprocurements@dss.nyc.gov		
Anticipated Payment Structure	Anticipated Total Maximum Available Funding: As needed through the course of this RFP. Anticipated Maximum Startup Funding to be negotiated: <ul style="list-style-type: none"> The number of awards will be determined by DHS in order to implement the Turning the Tide plan: nyc.gov/tide 		
Minimum Qualifications	<ul style="list-style-type: none"> To propose for this RFP, the proposer must have a IRS Determination Letter 501(c)(3) to be eligible. 		
Questions Regarding this RFP	<ul style="list-style-type: none"> Questions regarding the RFP must be transmitted in writing to the Agency Contact Person. Questions received prior to the Pre-Proposal Conference will be answered at the conference. Substantive information /responses to questions will be released in an addendum to the RFP to all organizations that are prequalified to propose to the RFP through the HHS Accelerator system, unless in the opinion of the Agency, the question is of proprietary nature. 		

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Subcontracting Information	Subcontracting is permissible under the following conditions: <ul style="list-style-type: none">• The proposer will identify any proposed subcontract in the proposal.• All contractors and sub-contractor shall be subject to DHS approval before expenses are incurred and payments made.
-----------------------------------	--

Proposal Submission Information

<p>General Guidelines</p>	<ul style="list-style-type: none"> • All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at www.nyc.gov/hhsacceleratorlogin by providers with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Providers Tab. • This is an open-ended RFP. Therefore, there is no prescribed due date for submission. All proposals will be reviewed by the agency on an on-going basis as they are received until all agency requirements have been addressed. Beginning date for accepting proposals will be October 30, 2018. • Please allow sufficient time to complete and submit proposals, which includes entering information, uploading documents, and entering log-in credentials. • Providers are responsible for the timely electronic submission of proposals. • Resources such as user guides, videos, and training dates are listed on www.nyc.gov/hhsaccelerator. For more information about submitting a proposal through the HHS Accelerator system, please contact help@mocs.nyc.gov. 	
<p>Proposal Details</p>		
<p>Basic Information</p>	<ul style="list-style-type: none"> • Enter Proposal Title. 	
<p>Provider Contact</p>	<ul style="list-style-type: none"> • Select a member of your organization who will be the primary contact. 	
<p>Funding Request</p>	<ul style="list-style-type: none"> • Enter Total Funding Request. 	
<p>Custom Questions</p>	<ul style="list-style-type: none"> • Enter Community District. • Enter Block and Lot Number. • Enter Zoning District Designation. • Enter average square foot per floor. • Facility is ADA compliant: enter Yes or No. • Facility is currently occupied: enter Yes or No. • Facility is under jurisdiction of City, State, or Federal Regulations: enter Yes or No. 	
<p>Site Information</p>	<ul style="list-style-type: none"> • Enter Facility Name and Address. 	
<p>Proposal Documents</p>		
<p>Required Documents</p> <p>Note: A complete and separate proposal, including all required documents must be submitted for each site proposed.</p>	<p>Document Type</p>	<p>Description</p>
	<p>Proposal</p>	<p>Completed Structured Proposal Form (Attachment D)</p>
	<p>Budget</p>	<p>Completed Proposal Budget Summary (Attachment C)</p>
	<p>Key Staff - Resumes</p>	<p>Resumes and/or job descriptions of qualifications for key staff positions</p>
	<p>Organizational Chart</p>	<p>Program organizational chart showing how the proposed services fit with the Proposer’s organization</p>
<p>Reference</p>	<p>Three (3) letters of reference from non-governmental</p>	

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

		entities
	Annual Report	Financial Audit Report of Certified Financial Statement or letter explaining why no financial statement is currently available
	Property Management Plan	Property Management Plan narrative
	Site Control	<ul style="list-style-type: none"> • Proof of Ownership or site control for a minimum of the initial term of contract (Three (3) years) • Letter of intent from owner or landlord OR other proof of ownership or site control, such as a deed, executed contract of sale, and/or executed long term lease
	IRS Determination Letter [501(c)(3)]	501(c)(3) Internal Revenue Service Determination Letter. All proposers must submit a copy of their IRS 501(c)(3) Determination Letter at the time of proposal. Failure to do so shall result in a determination that the proposal is nonresponsive.
	Doing Business Data Form	Completed Doing Business Data Form
Optional Documents	Certificate of Occupancy	Applicable Department of Building documents, i.e. Certificate of Assembly, certificate of occupancy of occupancy, or another equivalent document
	Medical Linkage Agreements	Linkage agreements from medical organizations providing services that support the achievement of program participants' service plan goals
	Community Linkages and Partnerships	Linkage agreement from organizations providing services that support the achievement of program participants' service plan goals

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Additional Requirements for Documents	<ul style="list-style-type: none">• Proposal document file size cannot exceed 12MB.• Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx).• Only one document file can be added to each required document slot. If you need to combine documents, complete on of the following steps:<ul style="list-style-type: none">○ For Word documents: cut and paste contents of all resumes into one Word document.○ For PDF documents: combine files into a single PDF.○ For Printed documents: scan the multiple documents into a single document.
--	---

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Section 1 – Program Background

A. Program Goals and Objectives

The Department of Homeless Services works to prevent homelessness before it occurs, address street homelessness, and assists New Yorkers in transitioning from shelter and street homelessness to permanent housing. DHS collaborates with non-profit partners to provide temporary shelter and services that homeless New Yorkers need to achieve and maintain housing permanency. In April 2016, Mayor de Blasio announced a major restructuring of homeless services in New York City by creating an integrated and streamlined management structure for DHS and the Human Resources Administration (HRA) under the Commissioner of the Department of Social Services. In February 2017, the Mayor announced his comprehensive plan to turn the tide on homelessness, neighborhood by neighborhood. The plan's guiding principle is community and people first, and giving homeless New Yorkers, who come from every community across the five boroughs, the opportunity to be sheltered closer to their support networks and anchors of life, including schools, jobs, family, medical care, houses of worship, and communities they called home in order to more quickly stabilize their lives. Learn more about how DHS is turning the tide on homelessness, neighborhood by neighborhood, at nyc.gov/tide.

In order to meet the needs of street homeless clients, DHS contracts out for Drop-In Centers where street homeless clients can receive case management, housing assistance, food, showers and other services with the goal of getting them off the street and into housing. Contracted outreach teams will be the sole referral source into Drop-In Centers. This allows an outreach worker the ability to provide an immediate placement option for a street homeless client, without a protracted admissions process. Additionally, it ensures that the Drop-In facility capacity will be allocated to street homeless clients with the greatest acuity of need. DHS reserves the right to expand the referral source options, based upon DHS need and available capacity.

DHS acknowledges that many street homeless clients will require intensive services over a period of time to achieve permanency, while others will be able to move on to an alternative housing option more quickly. The expectation is that clients would be assisted in achieving permanency in the shortest reasonable period possible, ideally six (6) months, but no longer than nine (9) months, unless a longer period is agreed upon with DHS. Utilizing a "housing first" approach, this resource is provided to the chronically street homeless individual who has historically not accepted other placement options. Housing first is an approach to serving homeless persons without shelter. The model moves a street homeless individual immediately off the street and either into permanent or transitional housing. The concept is to stabilize the individual with housing first then provide social services needed to support the stabilization.

Proposers may propose to develop and operate new Drop-In facilities for street homeless single adults and/or adult couples without minor children, and pregnant women. If the proposer plans to lease the site, the lease must include provisions allowing the proposer to 1) assign the lease to an organization approved by DHS, and 2) terminate the lease if DHS terminates the operating agreement. DHS reserves the right to final lease approval.

DHS will not reimburse a contractor for lease payments due after the operating agreement expires or is terminated by DHS.

Section 2 – Program Expectations and Proposal Instructions

A. Target Population

1. Program Expectations:

- a. The target population for Drop-in Centers is street homeless adults, defined as homeless individuals over the age of 18 that have fallen through every safety net and now live on the street. Drop-In Centers would be flexible in working with the variety of behaviors and situations a street homeless client may present. Some of these may include, but not be limited to: hoarding; lack of personal hygiene; self-isolation; serious mental illness; substance use disorders, including alcohol and opioid dependence and injection drug use; and medical conditions such as diabetes, heart disease, hypertension, cellulitis, poor dentition, infestation with lice or other parasites, or ailments of the feet that need to be addressed. Drop-In Centers would remove barriers and stigma attached to these issues in an effort to keep clients stable, comfortable, and focused on a search for permanent housing.
- b. The contractor should have the minimum of three (3) years of experience directly working with the target population. Greater consideration would be provided to proposers providing similar services.
- c. The act of entering a Drop-in Center, and coming in off the streets, would be viewed as a successful outcome and a potentially life-saving decision for someone living on the streets. It is expected that the contractor would assist clients to move to permanent housing, but the program would be focused on welcoming clients into the Drop-In, and keeping the client focused on obtaining other appropriate housing; however, there would be no mandatory program requirements that the client must perform in order to be eligible, admitted or to remain within the Drop-In.
- d. The contractor would not impose a curfew for clients in the Drop-In. The contractor would also seek opportunities to remove other barriers, such as curfews, that, historically, have discouraged individuals from seeking traditional shelter.
- e. The only rules that would be applied to client behavior would be prohibitions against bringing drugs, alcohol, or weapons into the Drop-In or engaging in violent or threatening behaviors. Security practice within a Drop-In would be thorough yet unobtrusive. Drop-In clients must be able to distinguish the Drop-In as a safe and welcoming alternative to remaining on the streets.
- f. The contractor would develop and implement procedures for orientating new clients to the facility, subject to DHS approval.
- g. Routine searches would be encouraged and used as an opportunity to engage clients on negative behaviors, such as hoarding.
- h. Street or subway outreach teams are the primary referral source. This would allow an outreach worker the ability to provide an immediate placement option for a street homeless client without a protracted admissions process. DHS reserves the right to expand the referral source options based upon Agency need and available capacity.
- i. The referring outreach worker would initially work closely with the Drop-In staff, providing client demographic, medical, psychosocial and psychiatric information or paperwork they have on record to ensure a smooth transition indoors for the client. The Drop-In environment would reinforce a sense of safety and respect while instilling self-determination and dignity in its clients.

- j. The contractor would develop strong, collaborative relationships with the outreach contractors, who would be the referral source into the Drop-In. Sharing of best practices, client issues, housing placements, hospitalizations, and/or recidivism back to the street is required. The Drop-In would be expected to host monthly meetings with the contracted outreach providers for case review.

2. Proposal Instructions:

- a. Complete Section II (A) of Attachment D: Structured Proposal Form, questions 1-4.
- b. Attach an IRS Determination Letter for 501(c) (3) status
- c. Attach three (3) Letter of Reference from non-governmental entities.

3. Evaluation:

- a. This section will be evaluated based on the extent to which the proposer demonstrates successful relevant experience and the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation. Greater consideration would be provided to proposers providing similar services.

B. Drop-In Facility Implementation and Approach

1. Program Expectations

- a. The development of a Drop-In facility would include two phases.
 - i. **Phase I: Facility Development:** Facility development would encompass all design and construction and/or renovation activities necessary to establish the facility. The contractor would select and contract with, subject to DHS approval, qualified, experienced professionals, including, as applicable, an architect, a project manager, construction manager, and construction firms. Timeline shall be negotiated as part of the final contract.
 - ii. **Phase II: Facility Operations:** After construction/renovation is complete, the contractor would operate the facility in accordance with all applicable laws, codes and regulations. Operations would encompass the actual day-to-day management of the applicable facility.
- b. Drop-Ins would provide street homeless clients referred by street and subway outreach teams a safe place to sleep, rich in on-site services that would both improve the individual's baseline standard of living and lead to consideration of housing options. The length of stay in the Drop-In would therefore be open-ended, however there is an expectation that great efforts are made to support the clients need for permanent/temporary or transitional housing. On the other hand, DHS recognizes that permanent housing is the best outcome for homeless clients, and would expect contractors to assist clients to move into permanent housing. DHS would require that contractors meet or exceed the goal of transitioning 50% of the shelter's total client capacity to permanent housing on an annual basis. DHS seeks proposals that utilize this target flexibility to comprise a strategy on how to best engage homeless street clients that may have an extensive street homeless history and need more time to stabilize in the program, while remaining focused on permanency for those clients better equipped to progress towards permanency more quickly.
- c. The contractor and/or sub-contractors, if any, would have at least 3 years of successful demonstrated experience, within the last 6 years, in the operating of Stand-Alone Drop-Ins and/or low-income housing programs, and/or provisions of

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- other residential social service programs.
- d. The contractor would, at a minimum, provide the following, directly, or through subcontracting agreements with qualified contractors:
 - i. The Drop-In would have individual shower areas and most facilities would be ADA-compliant. Greater consideration would be given to facilities that have air conditioning capabilities, and accessibility.
 - ii. All proposed facilities must be able to serve three hot meals/day, plus snacks, for Drop-In clients on site, or through contract with another provider. Meals would be nutritious and freshly prepared, and in-between meal snacks would be available both at pre-scheduled times and when needed by a client. Meals provided would be in compliance with NYC Food Guidelines, with no added salt, and subject to DHS approval. The proposer would have the ability to accommodate diabetic, renal, and religious dietary requests. Likewise, clients would be afforded the opportunity to engage in preparing meals and chores within the Drop-In.
 - iii. The contractor or provider would establish, in conjunction with the residents, appropriate house rules subject to the approval of DHS.
 - iv. The contractor would provide laundry/linen services, directly or indirectly, through subcontracting agreements with qualified contractors.
 - v. The contractor would provide, through an Article 28-certified medical provider, full, on-site medical services or medical provider triage and linkage to medical clinics within walking distance of the proposed site. The contractor would provide, directly, or through subcontracting, substantive, on-site psychiatric services. Either the contractor or the subcontracted medical provider must have an Agency Medical Director, to whom medical and psychiatric clinicians report, and with whom the contractor would consult on routine and emergency cases. The contractor, through their Agency Medical Director or that of the contracted medical/psychiatric provider, would be responsible for adhering to DHS' protocols regarding communicable diseases, Opioid Overdose Prevention, ESAP, and referral to syringe exchange programs.
 - vi. The contractor would implement policies, procedures, and practices to effectively address substance use problems, relapse prevention, mental health decompensation issues and medication management.
 - e. Based upon DHS' knowledge of the street homeless population, it is anticipated that the greatest need for Drop-In capacity would be for single adult males, with some capacity designated for single adult females and adult couples without minor children. Proposers may propose a mixed model approach in which Drop-In clients would receive service within a single shared site but would be served by totally discrete and separate programs, without shared staff. Separate shelter programs should be proposed utilizing the appropriate Request for Proposals.
 - f. Drop-Ins facilities for Single Adults must have the capacity to comfortably accommodate a client coming in directly from the streets. Preference would be given to proposals with a maximum capacity of 80.
 - g. During a Code Blue (cold) or Code Red (heat) emergency the contractor would admit clients brought in by Outreach Teams and assist in coordination of capacity utilization. DHS reserves the right to determine the use of the Drop-In facilities during Code Blue or Code Red periods.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

2. Proposal Instructions:

- a. Complete Section II (B) of Attachment D: Structured Proposal Form, questions 5-10.

3. Evaluation:

- a. This section will be evaluated based on the extent to which the proposer demonstrates successful relevant experience and the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation. Greater consideration would be given to facilities that have air conditioning capabilities, and accessibility.

C. On-Site and Supportive Services**1. Program Expectations:**

- a. Public Assistance
 - i. The contractor would ensure that clients apply for all benefits that may be eligible for, including public assistance, and use their benefits to assist in securing permanent housing. The contractor would ensure that all eligible individuals apply for public assistance, produce all documents necessary for establishing and maintaining public assistance eligibility, and satisfy all requirements for participation.
- b. On-site Services (Food, Laundry, and Transportation)
 - i. The contractor would provide food services, in accordance with all Federal (FDA Food Code), New York State (NYS Part 14- Food Service Establishments) and City (NYC Article 81 Food Preparation and Food Establishments) rules, regulations and codes, as per the NYS Office of Temporary Disability Assistance, Part 491 which is accessible on their website, <http://otda.ny.gov/programs/shelter/documents/NYCRR-491.pdf>.
 - ii. The contractor would be responsible for obtaining any necessary Food Service Establishment permits.
 - iii. The contractor would serve three meals a day to each client and snacks to new clients who arrive after the evening meal has been served. Meals would meet federally recommended daily nutritional allowances and The Institute of Medicine (IOM) Dietary Reference Intake and New York City Food Standards. Meals would be available for those on medically prescribed diets (diabetic, heart healthy, renal for dialysis), with documented food allergies, and/or those requesting religious accommodations.
 - iv. The contractor may choose to sub-contract with an experienced food service vendor or, in locations with appropriate commercial kitchens, the contractor may propose preparing food on site. All vendors should be reviewed and approved by DHS.
 - v. The contractor should follow NYC food standards as outlined here: <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>
 - vi. The contractor would provide clean linens and provide and maintain on-site machines for clients' laundry, or subcontract for a laundry service.
 - vii. The contractor would provide client transportation if needed, to and from the Drop-In facility either directly or indirectly through established links with

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- community organizations and or community beds.
- viii. The contractor would have handicapped-accessible passenger vehicles available for transporting clients. Contractor's personnel required to drive must be licensed by New York State Department of Page 8 Motor Vehicles. The contractor would maintain proper insurance for vehicles and drivers.
 - ix. The contractor would maintain written documentation of daily census, admissions, discharges and client emergencies, as well as illnesses and infractions. The contractor would provide information on available vacancies as required by DHS. All documentation would be completed in a timely manner as specified in DHS policies and procedures.
 - x. The contractor would implement all fire safety measures prescribed pursuant to the City's Fire Department regulations, including fire drills and safety training for staff and clients.
- c. Coordination with Respite Bed Providers
- i. The contractor should develop and implement a program for identifying, screening and appropriately referring clients to respite beds each night. In consultation with the respite bed providers, the contractor should identify which clients go to which respite beds. This coordination should be based upon information supplied by the respite bed provider or other department designated programs about the eligibility criteria for each individual respite bed location. The contractor should prioritize the most vulnerable clients for placement in the respite beds.
 - ii. The contractor should make every effort to secure beds that would accommodate 50% of the centers' seating capacity. Additionally, the center is expected to maintain at minimum a utilization rate of 70% of these beds.
 - iii. The contractor should coordinate with respite bed program on the timely pick-up and drop-off of center clients.
 - iv. The contractor should ensure clients meet the screening requirement of the respite bed program and would provide support to the respite provider around emergency client situations that may arise.
 - v. DHS reserves the right to waive this provision.
- d. Health Services
- i. The contractor would establish a relationship via a medical linkage agreement with a fully-accredited medical institution or clinic for referral of clients for routine examinations, consultations and emergency treatment. Whenever possible, a clinic that has experience in serving homeless individuals and is located within walking distance to the Drop-In center should be selected. Syringe exchange would be provided by identified medical provider.
 - ii. The contractor would implement the appropriate procedures to ensure that communicable diseases are promptly identified and the medical provider is contacted immediately, or the client is sent to the hospital and that those affected are isolated, if appropriate. In addition, the contractor would facilitate any needed investigations, testing, screening and treatments or vaccinations.
 - iii. The contractor would ensure that at least one staff person possessing first-aid and CPR training would be on duty at all times.
 - iv. The contractor would be or become a New York State certified Opioid

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

Overdose Prevention Program (OOPP) or willingly participate in the DHS OOPP and have sufficient staff trained as Certified Overdose Prevention Responders to cover all shifts. The contractor would identify an Overdose Prevention Champion who would train staff and offer naloxone training to all clients. The contractor would inquire about history of drug overdose for all clients and provide naloxone training as a priority to all clients with a history of drug overdose and their acquaintances.

- v. As part of the clinical assessment, the contractor would evaluate residents' health, mental health and substance use status, conduct necessary screenings, and make necessary referrals to appropriate clinical services or provide services needed based on the client's assessment. All clients would receive a full, age-appropriate assessment, including medical history, any focus on any current complaints, physical examination, tuberculosis test, preferably the QuantiFERON® blood test (QFT), status of preventive care (last pap smear, last mammogram, for example, based on age and US Preventive Services Task Force recommendations), mental health assessment, substance use history, and medications. The contractor would enter this information into the DHS data system. Based on this assessment, referrals for follow-up care and screening or evaluations by specialists and behavioral health specialists would be put in place.
- vi. The contractor would offer routine immunizations according to DOHMH/CDC recommendations: including hepatitis A and B, influenza, pneumococcal pneumonia, etc.
- vii. The contractor would ensure that all women of reproductive age are provided with family planning counseling and access to free or low-cost contraception.
- viii. The contractor would refer to psychiatric outpatient services and substance use services, including medication-assisted treatment for opiate dependence, syringe exchange programs, detoxification services, and residential rehabilitation, and smoking cessation counseling and tools.
- ix. The contractor would develop and implement an appropriate and effective plan for emergency response, and for transferring clients to affiliated hospitals or clinics for treatment when necessary, including an on-call system for phone/email coverage 24hrs/7 days a week.
- x. The contractor would ensure that all clients sign HIPAA-compliant releases of information, including the release of information to DHS.
- xi. The contractor would request all clients to sign consent for participation in Regional Health Information Organizations (RHIOs).

2. Proposal Instructions:

- a. Complete Section II (C) of Attachment D: Structured Proposal Form, questions 11-16.
- b. If applicable, attach Medical Linkage Agreements with a fully-accredited medical institution or clinic for referral of resident families for routine examinations and emergency treatment

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

D. Housing Placement Services**1. Program Expectations:**

- a. The contractor would assist clients in achieving permanency in the shortest reasonable period possible, ideally six (6) months, but no longer than nine (9) months, unless a longer period is agreed to in writing by the Department. Clients utilizing the center longer than (9) months would be case conferenced with the Department. Placement options can include, but are not limited to:
 - Emergency shelter
 - Permanent supportive housing
 - Section 8 with Intensive Case Management (ICM)
 - Assertive Community Treatment (ACT)
 - Residential treatment facilities
 - Private market apartments
 - Veterans housing
 - Section 8 with aftercare/case management services
 - City-funded rental assistance or subsidy programs
 - Family re-unification
 - DHS travel assistance program
 - Nursing homes
 - Assisted living facilities
- b. The model of service provision utilized by the contractor would adhere to a clear plan for expediting the placement of clients into permanent housing or long-term transitional settings in order to promote their recovery and reintegration into meaningful community life.
- c. The contractor would be expected to use a “housing first” approach wherever feasible. DHS recognizes placement into permanent housing as the best outcome for a street homeless client. The contractor would be expected to assist each client to move into permanent housing. If transitional steps are required (e.g., substance use treatment), the contractor would be expected to continue to work with the client to achieve permanent housing at the conclusion of the transitional steps.
- d. The contractor would be expected to identify both long-term transitional and permanent housing placement options for client placement (the contractor would be expected to have at least one full-time staff person responsible for identifying placement resources, expediting client placements and providing follow up as needed).
- e. The contractor would create an individualized and comprehensive plan for each client, detailing all services and steps necessary to achieve placement in permanent housing or a long-term transitional setting. The contractor should consider the unique service needs of each individual and construct a housing plan that would assist the client in achieving the best outcome possible.
- f. The contractor would work with the client to determine preferences for type of housing and geographic location.
- g. The contractor would be responsible for the completion of all relevant housing applications and paperwork for each client such as the HRA Supportive Housing application (2010e), Section 8 Housing, Single Point of Access (SPOA), and any other appropriate resources, including City-funded options through DHS or the New York State Office of Mental Health (OMH).

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- h. The contractor would engage in other efforts to expedite and ensure housing placement, such as escorting clients to services and other appointments when deemed appropriate or necessary, assisting clients in gathering required documentation and preparing and escorting clients for housing interviews.
- i. The contractor would provide appropriate forms to document housing search efforts, and verify all housing rejections, including the reason for rejections.
- j. For clients who have been engaged and are actively cooperating with the housing application process, the contractor would have the option of paying for stabilization beds, i.e. private, rented room in an appropriate lodging-type facility, where the client may stay until he or she is placed in permanent housing or a long-term transitional setting. The contractor may only pay for such lodging on a night-by-night basis whereby payment for each additional night is contingent on the client's continued daily participation in the housing application process.
- k. The contractor must have a written plan for each client placed in a stabilization bed to transition them successfully into permanent housing or a long-term transitional placement.

2. Proposal Instructions:

- a. Complete Section II (D) of Attachment D: Structured Proposal Form, questions 17-18.
- b. If applicable, attach Linkage Agreements with other community-based organizations.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

E. Staffing Plan

1. Program Expectations:

- a. The contractor's proposed staff would have the appropriate qualifications to effectively provide the requisite services to meet the needs of the target population. DHS Programs would require all case managers to have a bachelor's degree or higher.
- b. All staff members must have the appropriate experience for providing the proposed services, including a minimum of 2 years of experience for direct line positions and a minimum of 5 years of experience for Administrative, Supervisory and Coordinator positions. Staff members would also have opportunities for ongoing professional development and training.
- c. DHS Program Administrators' would review and approve all Shelter Director or similar level hires.
- d. Appropriate staff would have a level of computer literacy that allows them to perform case management and operational functions.
- e. The contractor would employ adequate staffing to ensure operational success, based on DHS staffing ratios where they apply. This would include a Director of the Shelter and other appropriate titles.
- f. The contractor would employ mechanisms for providing ongoing and consistent staff supervision, ensuring adequate staff coverage (provide staffing schedule including back-up staff and justifications for each position), procedures for evaluating staff performance, and protocols for employee discipline and termination.
- g. The contractor would hire staff that is culturally sensitive and able to communicate in the languages of the clients being served.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- h. The contractor would have the capacity to maintain staffing levels within established guidelines.

2. Proposal Instructions:

- a. Complete Section II (E) of Attachment D: Structured Proposal Form, questions 19-21.
- b. Additionally, attach:
 - i. An organizational chart specifically for the proposed program, indicating lines of supervision and showing how proposed services fit into the proposer's organization.
 - ii. Resumes and/or description of the qualifications of all proposed program staff. If resumes are not available, include the intended job descriptions with qualification requirements. Specify administrative, managerial and clerical positions and indicate whether staff members work full-time or part-time.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed plans and approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

F. Partnerships

1. Program Expectations:

- a. The contractor would engage in successful joint efforts with other organizations providing services to the target population.
- b. The contractor would develop and implement a "good neighbor" plan for the facility. The plan would address how quality of life issues in the immediate area such as security, loitering, and sanitation would be handled and how the Drop-In center could be used as a resource to the community.
- c. The contractor would establish a community advisory board or other community forum consisting of residence staff, residents, and representatives from the community.
- d. Representatives of the Drop-In Center comprised of the Director or his/her designee, may be required to attend Community Board meetings when requested. In conjunction with DHS, the provided will do community notifications no later than 30 days before shelter opening. Notice would be in form as approved by DHS.

2. Proposal Instructions:

- a. Complete Section II (F) of Attachment D: Structured Proposal Form, questions 22-23.
- b. If applicable, attach Linkage Agreements with other community-based organizations to optional documents.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **5 points** in the Proposal Evaluation.

G. Security, Facilities, and Building Management

1. Program Expectations:

- a. Facility and Building Management
 - i. DHS is committed to a shelter system that is accessible for people with disabilities and particularly seeks shelter that is or can be made accessible

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

for clients with disabilities. DHS is particularly seeking facilities that are or can be made ADA accessible, and would give greater consideration to proposals corresponding to this need. In addition, DHS reserves the right to reject a proposal for a site that is not accessible, or cannot be made accessible by shelter opening, based on the overall needs of the system.

- ii. DHS reserves the right to conduct a site visit to assess the quality and location (e.g., borough need for facility capacity, accessibility to public transportation) of the proposed facility and, in the case of an existing facility, its condition, and overall appropriateness for the intended use and Americans with Disabilities Act (ADA) compliance.
- iii. The proposer would coordinate with Building Owner to have a process for ensuring all buildings meet the applicable requirements of the Department of Buildings (DOB) and the Department of Housing Preservation and Development (HPD), and be free of building and code violations. Violations will be monitored as part of contract management on an annual basis.
- iv. Proposers who lack experience in locating appropriate facilities sites are encouraged to work with qualified consultants or brokers.
- v. The contractor would complete weekly inspections in order to ensure the health and safety of clients in the facility.
- vi. The contractor would be required to maintain all areas of the Facility in safe and sanitary condition in compliance with DHS policies (see Attachment G- DHS Maintenance Policy Manual) and procedures and in compliance with the Applicable Law.
- vii. The contractor would perform regular maintenance, and respond to client maintenance requests in a timely manner.
- viii. The contractor would perform routine maintenance and repair of the facility, including but not limited to all interior building components, mechanical systems such as HVAC, boilers, plumbing systems, electrical systems, elevators, roofing and exterior portions of the facility, in accordance with the contractor's lease, license or other documentation which provides the contractor with site control of the facility.
- ix. Site control documents would be approved by DHS and would contain provisions which permit the contractor to withhold rent payments for failure to correct conditions cited by the Department in inspections of the facility or violations issued by the governing regulatory agency (e.g., Department of Buildings, The Department of Housing Preservation and Development, The Department of Health and Mental Hygiene, etc.), and authorize the Department or other City agency to repair uncorrected conditions or violations that the City has determined a threat to the health and safety of the clients residing in the facility.
- x. The contractor would implement a Property Management Plan as approved by DHS (see Attachment H: DHS Shelter Inspection Policy).
- xi. The contractor would maintain the interior and exterior building components, including general plumbing, carpentry, electrical, window screens, window glass, non-capital masonry, tile repair, door alarms, locks, grounds equipment, and furnishings.
- xii. The contractor would undertake all repairs, major or minor, that is the

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- result of the contractor's negligence or is the result of vandalism by the contractor's staff or clients.
- xiii. The contractor would handle emergency repairs and provide preventive maintenance on a schedule approved by DHS.
 - xiv. The contractor would maintain the building in compliance with all applicable Federal, State and City Laws and regulations governing the operation of the building.
 - xv. The contractor would comply with DHS's violation protocol and would remediate all non-capital violations/deficiencies issued against the property. The contractor would immediately notify the Agency if any violations were issued against the facility.
 - xvi. The contractor would hire a qualified superintendent for the facility who has a satisfactory knowledge of building maintenance, and whose credentials would be presented to DHS for review.
 - xvii. The contractor would hire qualified duly licensed individuals to perform specialized maintenance work wherein the trade or legal requirements mandate licensing or certification to do such work.
 - xviii. The contractor would be required to develop a system for recording and tracking all maintenance and repair functions.
 - xix. The contractor would furnish to the Department on an annual basis an inventory of all furnishings, equipment, and supplies purchased with Department funds.
 - xx. The contractor would implement appropriate fire safety measures, including fire safety training for staff and residents.
 - xxi. Proposers who lack experience in locating appropriate facilities sites are encouraged to work with qualified consultants or brokers.
- b. Supervision/Security
- i. The contractor would create a security plan for the facility in order to provide a safe environment for all client families, facility staff members, and visitors.
 - ii. All proposed Security Plans must be reviewed and approved by the New York City Police Department's ("NYPD") Security Management team.
 - iii. The proposed security plan would delineate how the contractor will provide security services, 24 hours a day, 7 days a week, including but limited to the number of security staff to be provided per shift; the number of security staff who possess appropriate fire safety and CPR certifications per shift; the number and frequency of daily and weekly patrols (both internal and external); the location and number of cameras to be placed within and on the façade of the facility; the use of a Closed Circuit Television System to record and retain the images captured by the cameras placed throughout the facility; and the equipment (e.g., metal detectors, wands) and procedures for accessing the facility (e.g., bag inspections at entry points).
 - iv. The contractor would provide sufficient and appropriate security services to ensure the safety of the residents, based on the NYPD/DHS Security Assessments. Security guards at the residence would conduct themselves at all times in a professional manner. The residence requires supervision twenty-four (24) hours per day, seven (7) days a week, pursuant to State regulations. This requirement may be fulfilled by a uniformed agent, non-

uniformed monitors, and/or surveillance measures.

- v. The contractor would either directly employ security staff or provide security pursuant to a sub-contracting agreement with duly licensed and authorized security company. All subcontracting agreements must be approved by DHS.
- vi. The contractor would ensure that security guards hired are licensed by the State of New York and undergo necessary background checks.
- vii. At least one officer per shift will be required to possess appropriate fire safety and CPR certifications.
- viii. Fire Safety Plans must be up to date and certified by FDNY.

2. Proposal Instructions:

- a. Complete Section II (G) of Attachment D: Structured Proposal Form, questions 24-28.
- b. Attach the Property Management Plan.
- c. Attach proof of site control for a minimum of the initial term of contract (five (5) years). Letter of intent from owner or landlord OR other proof of ownership or site control, such as a deed, executed contract of sale, and/or executed long term lease
- d. If applicable, attach Applicable Department of Building documents, i.e. Certificate of Assembly, certificate of occupancy of occupancy, or another equivalent document.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed plans and approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation. Greater consideration will be given to facilities that are or can be made ADA accessible.

H. Data Monitoring and Reporting

1. Program Expectations:

- a. The contractor would submit status reports and statistical information monthly, including health assessment information as required by DHS, DHS Incident Reports, (required immediately after occurrence), annual budget reviews, monthly expenditure reports, expense reports, yearly close-out statements, and any data requested by DHS on an ad hoc basis.
- b. The contractor would use appropriate case record maintenance and recording protocols. The contractor would use any system, manual or automated, required by DHS to record client information. This includes forms developed by DHS for inclusion in the case record and CARES.
- c. The contractor would submit for DHS review monthly invoices.
- d. The contractor would enter client data into the DHS electronic case management system and CARES. This data would include nightly rosters, client level data including demographics, the use of screening and assessment tools, and documentation of health-related concerns and contacts, incident reports, and placements.
- e. The contractor's existing internal monitoring system would effectively identify facility, program and fiscal problems, and would include case record maintenance and recording protocols.
- f. The contractor would gather client information in a format to be determined by DHS. Contractors would need standard computers and internet access, at a minimum, to collect and share data.
- g. DHS reserves the right to modify both the method of data collection as well as data elements collected.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- h. The contractor would report vacancies to a centralized vacancy unit within DHS, through a standardized process specified by DHS and complete a roster in CARES each night by 2:00 AM.
- i. The contractor would move clients to permanent housing, and create a flow of available capacity within the Drop-In. The contractor must meet or exceed the goal of 50% of the total capacity turning over annually. Additional measures would be based on the contractor's demonstrated excellence, as measured by performance outcome indicators for the following areas:
 - i. Housing Placement;
 - ii. Program Placement (i.e. detoxification programs, residential treatment programs);
 - iii. Retention in the Drop-In, and elimination in client episodes of street homeless;
 - iv. Housing readiness (i.e., completion of housing applications, benefits assistance, and other demonstrations of self-sufficiency);
 - v. Mental health, substance use and/or medical services usage, and decrease in Emergency Room and/or inpatient hospitalizations.
- j. DHS reserves the right to implement a performance incentive program that will ensure the work being done is cost effective and incentivizes DHS goals and objectives.

2. Proposal Instructions:

- a. Complete Section II (H) of Attachment D: Structured Proposal Form, questions 29-31.

3. Evaluation:

- a. This section will be evaluated based on the quality of the proposed approach to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

I. Budget Management

1. Program Expectations:

- a. DHS anticipates that the payment structure for contracts awarded under this RFP will be Line-item budget reimbursement
- b. The contractor's costs would enable the effective delivery of services described in this RFP.
- c. The proposed budget represents the annual cost to provide services for the proposed program.
- d. The contractor would adopt strict fiscal controls to ensure finances are managed appropriately, including proper separation of duties, grant management to ensure sound financial controls, and financial transactions are authorized and documented appropriately.

2. Proposal Instructions:

- a. Complete Section II (I) of Attachment D: Structured Proposal Form, questions 32-33.
- b. Complete and attach the Proposal Budget Summary (Attachment C).
 - i. All non-applicable line items must be given a value of \$0.00.
 - ii. Justification for each cost item with a description of how the budget will support the proposal, including the identification and justification of all Personnel and Other than Personnel Services (OTPS), including administrative costs and fringe benefits.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- iii. For Personnel Services, include titles of all personnel to be employed by the proposer under the proposed contract, as well as the salaries and fringe to be provided to such personnel.
 - iv. For operation, utilities and other support expenses, list each item and explain how the costs (of each one) were determined.
 - v. ii. If a Start-Up Budget is required, proposers must enter the Start-Up value within the Proposal Budget Summary (Attachment C) and include a separate Budget Narrative justifying all costs
 - For contracted services, list the associated cost included in the funding request, explaining how the cost of the assigned work for the program was calculated. If it is a non-program service purchased from a vendor, fully describe the nature of the service, why it is needed, and how the costs relating to its purchase were determined.
 - i. If applicable, description of how in-kind contributions or other sources of funding will be used to leverage additional services.
 - d. Attach your most recent Financial Audit Report or Certified Financial Statement; or a letter stating why no report or financial statement is currently available.
- 3. Evaluation:**
- a. This section will be evaluated based on the quality of the proposed budget to operate the program based on the expectations outlined in this section. It is worth a maximum of **5 points** in the Proposal Evaluation.

Section 3 – List of Attachments

**All attachments for this RFP can be found in the RFP Documents tab in the HHS Accelerator system.*

- Attachment A – General Information to Proposers
- Attachment B – Doing Business Data Form
- Attachment C – Proposal Budget Summary
- Attachment D – Structured Proposal Form
- Attachment E – DHS “Client Responsibility” Requirements
- Attachment F – Client Code of Conduct (CCC) and Process
- Attachment G – DHS Maintenance Policy Manual
- Attachment H – DHS Shelter Inspection Policy
- Attachment I – DHS Shelter Compliance Procedure

Section 4 – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals accepted by DHS will be reviewed to determine whether they are responsive or nonresponsive to the requirements of this RFP. Proposals which DHS determines to be nonresponsive will be rejected. DHS Evaluation Committees will evaluate and rate all remaining proposals based on the Evaluation Criteria outlined in this RFP. DHS reserves the right to conduct interviews and site visits, or to request that proposers make presentations, as deemed applicable and appropriate. Although DHS may conduct discussions with proposers submitting acceptable proposals, it 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.

This is an open-ended RFP; therefore, proposals will be accepted through HHS Accelerator and reviewed on an ongoing basis until the available units have been awarded.

B. Contract Award

Contracts will be awarded to the responsible proposers whose proposal(s) are determined to be the most advantageous to the City, taking into consideration the factors or criteria which are set forth in this RFP. Proposals will be ranked in descending order of their overall average technical scores. Awards will be made to vendors whose proposals are technically viable and whose prices do not exceed the conditions set forth in the RFP. However:

- DHS reserves the right to select proposals to ensure appropriate geographic distribution of awards.
- DHS reserves the right to select proposals based on need for services at time of award.
- DHS reserves the right to award less than the full amount of funding requested in the best interests of the City.
- DHS reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

This Request for Proposals is issued through the HHS Accelerator system to those organizations prequalified in the relevant service areas. Likewise, proposals must be submitted through the HHS Accelerator system in the manner set forth in the 'Procurements' section of the system by those same prequalified organizations. Go to www.nyc.gov/hhsaccelerator to learn more.

- DHS reserves the right to award a contract for more than nine years total due to funding or lease stipulations.
- DHS reserves the right, prior to contract registration and during the term of the contract, to change the program service size, program type, and/or model depending on the needs of the system.
- DHS reserves the right to make all necessary changes to the scope of services of the contract(s) to be awarded from this RFP. Should a change to the scope of services be required, the contractor(s) would ensure a smooth transition to the new program model where relevant, including the potential transfer of existing clients to more appropriate program settings.
- DHS also reserves the right to incorporate additional services, including but not limited to an increase in program size, reduction of the per diem rate, or the imposition of financial disincentives if a program fails to meet program targets set by the DHS.
- Contract award shall be subject to DHS determination that the proposed site is acceptable and appropriate for the intended use. All sites should be able to accept clients within two months of the award start date.
- In conjunction with DHS, the provided will do community notifications no later than 30 days before opening. Notice would be in form as approved by DHS.
- The proposer would coordinate with Building Owner to have a process for ensuring all buildings meet the applicable requirements of the Department of Buildings (DOB) and the Department of Housing Preservation and Development (HPD), and be free of building and code violations. Violations will be monitored as part of contract management on an annual basis.
- DHS reserves the right to reject a proposal for a site that is not accessible to clients with disabilities, or cannot be made accessible by shelter opening, based on the overall needs of the system.
- Proposers who lack experience in locating appropriate facilities sites are encouraged to work with qualified consultants or brokers.
- DHS reserves the right to conduct a site visit to assess the quality and location (e.g., borough need for facility capacity, accessibility to public transportation) of the proposed facility and, in the case of an existing facility, its condition, and overall appropriateness for the intended use and Americans with Disabilities Act (ADA) compliance.
- Greater consideration would be provided to proposers providing similar services.
- Greater consideration would be given to facilities that have air conditioning capabilities, and accessibility.
- Greater consideration will be given to facilities that are or can be made ADA accessible

Contract Awards shall be subject to timely completion of contract negotiations between DHS and the selected proposer(s) **and determination of both contractor responsibility and administrative capability.**