

**Shelter and Overnight Facilities for Homeless
Families with Children
EPIN: 07119I0003**

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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.

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 19, 2018	Time: 2:00pm to 4:00pm	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 accprocurements@hra.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 a 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: accprocurements@dss.nyc.gov		
Anticipated Payment Structure	Anticipated Total Maximum Available Funding: As needed through the course of this RFP. <ul style="list-style-type: none"> • Anticipated Maximum Startup Funding to be negotiated. • Number of awards is to 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 501(c)(3) IRS determination Letter 501(c)(3) to be eligible. Except for proposals that are for overnight facilities, these may be proposed and operated by entities with a different tax status. 		
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. 		

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

General Guidelines	<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 at www.nyc.gov/hhsaccelerator . For more information about submitting a proposal through the HHS Accelerator system, please contact help@mocs.nyc.gov.
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Proposal Details		
Basic Information	• Enter Proposal Title	
Provider Contact	• Select member of your organization who will be the primary contact	
Funding Request	• Enter the total funding request	
Custom Questions	<ul style="list-style-type: none"> • Enter the number of units. • Enter Community District. • Enter Block and Lot Number. • Enter Zoning District Designation. • Enter number of floors in building. • 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 	
Site Information	• Enter Facility Name and Address	
Proposal Documents		
Required Documents	Document Type	Description
Note: A complete and separate	Proposal	Completed Structured Proposal Form (Attachment E)

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<p>proposal, including all required documents must be submitted for each site proposed.</p> <p>Required Documents (continued)</p>	Budget	Completed Proposal Budget Summary (Attachment C)
	Key Staff - Resumes	Resumes and/or descriptions of qualifications for key staff positions
	Organizational Chart	Program organizational chart showing how the proposed services fit with the Proposer's organization
	Reference	Three (3) letters of reference from non-governmental entities
	Annual Report	Financial Audit Report or 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 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, site control letter for City-owned property, 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 non-responsive. If proposing for overnight facility and do not have 501 (c) (3) status, upload the New York State Department of Labor Certificate of Incorporation.
	Doing Business Data Form	Completed Doing Business Data Form

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Optional Documents	Certificate(s) of Occupancy	Certificate(s) of Occupancy
	Medical Linkage Agreements	Medical linkage agreements from medical organizations providing services that support the achievement of program participants' service plan goals
	Community Linkages and Partnerships	Linkage agreement from other community based organizations providing services that support the achievement of program participants' service plan goals
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. 	

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Section I – Program Background

A. Program Goals and Objectives

The Department of Homeless Services works to prevent homelessness before it occurs, address street homelessness, and assist 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, medical care, family, 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.

As outlined in our plan and as demonstrated over the past year, the City is seeking to identify high-quality borough-based capacity in community districts that:

- currently have cluster sites and/or commercial hotels that are closing during the “Turning the Tide” plan, requiring a smaller number of high-quality borough-based replacement locations to provide sufficient shelter capacity for families and individuals who become homeless to be sheltered near to their community supports and the anchors of their lives; and/or
- do not have enough existing shelter capacity for families or individuals who become homeless to be sheltered near to their community supports and the anchors of their lives like schools, jobs, medical care, houses of worship and families as they get back on their feet.

DHS is seeking appropriately qualified vendors to operate Tier II residences for families with children who have no other housing options available. Tier II residences, which operate in accordance with New York State Codes, Rules and Regulations, Title 18, Part 900 (18 NYCRR 900), provide temporary housing accommodations and social services to homeless families until viable housing alternatives become available. In addition to locating viable housing, the Tier II residence program stabilizes the family and promotes the move to independent living. Tier II residences must provide, at a minimum, social services, assistance in seeking permanent housing, assistance in seeking employment and linkages to child care and medical and behavioral (mental health and substance use) health care and recreation services. Services are provided on-site and/or through linkages with other community-based programs. Additionally, Non-Tier II certified residences would be expected to provide the same services as those listed above while certification as a Tier II is pending.

The goals and objectives of these shelters are to provide transitional housing for families with children without other housing options, as well as services that help secure viable housing in the community and maintain independent living arrangements. These shelters shall provide structure and an atmosphere which facilitates assessment of the families' needs, the provision of case management and other social services, referrals to appropriate community-based services and assistance in securing alternative housing. The goal of this RFP is to procure high-quality, borough-based shelters for homeless families with children under the age of 18 that will enable these families to quickly obtain viable housing within the community.

Additionally, the City also seeks proposals for the Overnight Facility Program, pursuant to which contractors' supply lodging to homeless families with children who apply for shelter at an intake facility during the hours of 10:00pm and 10:00am, 24 hours per day, 7 days per week.

Section 2 – Program Expectations and Proposal Instructions

A. Experience

1. Program Expectations:

- a. The contractor must have tax-exempt not-for-profit status under 501(c) (3) of the internal revenue code. Overnight facilities, however, may be proposed by and operated by entities with different tax statuses. The contractor and/or sub-contractors, if any, would have at least three (3) years of successful demonstrated experience, within the last six (6) years, in providing social services to vulnerable populations, operating residences that include families with children, and/or provision of other social services to this population.
- b. The contractor and/or sub-contractors, if any, would have at least three (3) years of successful demonstrated experience, within the last six (6) years, in operating homeless and/or low-income housing programs, and/or the provision of other social services.
- c. The contractor and/or subcontractors, if any, would have the experience and organizational capability to manage the administrative, social service, and financial components of this program.

2. Proposal Instructions:

- a. Complete Section II (A) of Attachment E: Structured Proposal Form, questions 1-3.
- b. Attach an IRS Determination Letter for 501(c) (3) status.
 - If proposing for overnight facility and do not have 501 (c) (3) status, upload the New York State Department of Labor Certificate of Incorporation.
- c. Attach three (3) Letter of Reference from non-governmental entities.

3. Evaluation:

- a. This section will be evaluated based on proposer's, or subcontractors, successful relevant experience and organizational capability to operate the program based on the expectations outlined in this section. It is worth a maximum of **15 points** in the Proposal Evaluation.

B. Intake, Case Management and Residential Services**1. Program Expectations:**

- a. Intake/Orientation
 - i. The contractor would only accept families referred to the respective residence by DHS; all DHS-referred families would be accepted into the residences on a twenty-four (24) hour, seven (7) day a week basis.
 - ii. The contractor would interview incoming families at entry and complete a DHS Client Assistance and Re-housing Enterprise System (CARES) conditional check-in. Within 48 hours of entry, the contractor would complete a CARES conditional review to establish eligibility for entitlements, medical and behavioral health (mental health and substance use) needs, educational needs, childcare needs and other appropriate services to stabilize the family. This interview would also serve to establish an exit strategy and target an exit date for the family.
 - iii. The contractor would complete an initial NYS OTDA Assessment and Independent Living Plan within 10 days of shelter entry.
 - iv. A CARES Assessment service plan and ILP (Independent Living Plan) would be completed within 48 hours of the eligibility determination.
 - v. Assessments of client needs would include a mutually agreed upon written service plan designed to help the family obtain permanent housing. The ILP would lay out a plan that assists the family in gaining the skills to enhance their ability to live independently. The ILP would set as a goal that families move back to the community. The service plan would prioritize the individualized goals with projected time frames for completion. The contractor would be required to perform bi-weekly updates and ongoing follow-up to the ILP.
 - vi. The contractor would orient new families to the facility which includes, but is not limited to, explaining facility rules; providing new residents with a list of rights and responsibilities, grievance complaint procedures and housekeeping items; and assigning them to a specified residential unit.
 - vii. The contractor would provide each adult family member with a thorough explanation of the DHS Client Code of Conduct (CCC). The signing of the CCC for all adult family members would initiate the clients' understanding of this process.
- b. Case Management
 - i. The contractor would engage clients in educational and/or vocational training, occupational development training, and the necessary mental health and substance use services. The contractor would also work with clients to build life and decision-making skills in order to promote long-term educational gains, career exploration, employment attainment and retention, and improved quality of life. The contractor must leverage resources from the local community in order to support families and their ability to live independently and attain stable and/or increased earnings.
 - ii. In partnership with housing specialists, case managers must connect clients to opportunities in the community to fulfill their needs and promote stable employment earnings and public assistance, where needed, to sustain permanent housing.
 - iii. More specifically, case managers must help families with the following:

- Determining the best exit strategy according to individual family needs and what they can afford;
- Conducting intake interviews and assessments in CARES;
- Conducting individual Independent Living Plans weekly or biweekly in CARES depending on length of stay and discuss exit strategies and every available housing option;
- Monitoring case plans for effectiveness;
- Creating savings if applicable;
- Ensuring that families' Cash Assistance cases are active;
- Determining and monitoring clients' immediate needs, functional capabilities and the assistance needed to stabilize housing, healthcare, finances, and assisting in meeting these needs for all members of the family;
- Offering care coordination services and enrollment into Health Homes.
- Providing care coordination services and communicating with the clients' Health Home Care Coordinator if they have one;
- Assisting clients in enrolling into Health Homes;
- Keeping updated records of meetings and actions taken;
- Establishing and maintaining working relationships with public agencies concerning public benefits, employment services, supportive services, housing resources, etc.;
- Advising clients when confronting issues adversely affecting their lives (e.g., mental illness, addiction, abuse, loss);
- Linking clients to appropriate community partners;
- Exploring the option of family reunification as a way to transition out of shelter;
- Assisting clients in finding suitable apartments and escorting clients to apartment viewings and interviews;
- Ensuring that housing ready families view at least three (3) apartments weekly;
- Updating case notes and documenting all case activities and any non-compliance in CARES;
- Working with clients to identify ways to resolve adverse credit reports;
- Meeting or exceeding housing placement targets set by DHS;
- Maintaining a flexible work schedule, taking into account working clients' schedules;
- Conducting weekly unit inspections for child welfare-involved families and families with children from birth to 12 months of age;
- Inspecting all other units on at least a weekly basis and more frequently if necessary.
- Overnight facilities are to be inspected as per Routine Site Review Inspection (RSRI) guidelines pursuant to the Shelter Inspection Procedure and 18 NYCRR §§§ 352.3(m), 486.2 and 900.14.;
- Helping families navigate the Public Assistance system and other City agencies;
- Communicating accurate information to families;
- Reviewing facility rules and expectations with clients upon arrival;

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- Providing effective supervision for strong service delivery; and
 - Effectively document all case management efforts in CARES.
- c. Social Work Services
- i. The role of the social worker (“Client Care Coordinator”) includes, but is not limited to, the following:
- Completing a comprehensive biopsychosocial assessment and mental health and substance use screenings with each family to identify strengths, service needs, and any barriers to exiting shelter;
 - Facilitating an interdisciplinary team review/discussion of the assessment;
 - Providing short-term counseling (not psychotherapy);
 - Communicating and collaborating with mental health treatment and other service providers to ensure quality treatment and enhance engagement;
 - Establishing formal linkage agreements with community partners;
 - Collaborating with the Administration for Children’s Services (ACS) and/or ACS provider agency when the family has child welfare involvement; participating in ACS conferences to advocate for the family;
 - Conducting risk assessments and coordinating safety planning;
 - Holding client groups and workshops that address the specific needs of families;
 - Developing and delivering, as well as facilitating, training on relevant topics to other shelter staff;
 - Providing psychoeducation to families; and
 - Facilitating a quarterly review meeting with the family to discuss progress and planning efforts.

d. Housing Specialist Services

The role of the Housing Specialist includes, but is not limited to, the following:

- Maintaining relationships with landlords/brokers and housing-related community organizations;
- Securing a pool of available apartments of all sizes and rent levels to be offered to housing-ready families;
- Helping clients’ complete applications and collect the necessary documents for affordable and subsidized housing;
- Assisting clients throughout the entire housing process, including submitting an application, meeting prospective landlords, lease signing, and moving out;
- Working directly with realtors, landlords and DHS to expedite the lease-signing process and move outs; and
- Preparing housing status reports as needed.

2. Proposal Instructions:

- a. Complete Section II (B) of Attachment E: Structured Proposal Form, questions 4-7.

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.

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C. Supportive Services**1. Program Expectations:**

- a. Public Assistance
 - i. The contractor would ensure that all family members apply for all benefits that they may be eligible for, including public assistance, and use their benefits to assist in securing permanent housing.
 - ii. The contractor would ensure that all eligible families apply for public assistance, produce all documents necessary for establishing and maintaining public assistance eligibility, satisfy all requirements for participation in employment and training programs, accept jobs and work assignments, satisfy requirements for participation in rehabilitation services and participate in child support enforcement programs.
- b. Health Services
 - i. The contractor would establish a relationship via a medical linkage agreement with a fully-accredited medical institution or clinic for referral and care coordination of resident families for routine examinations and emergency treatment. Whenever possible, a clinic that has experience in serving homeless individuals should be selected for referral of resident families for routine examinations and emergency treatment.
 - ii. The contractor would implement appropriate procedures to ensure that communicable diseases are promptly identified; the medical provider is contacted immediately or the client 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 Overdose Prevention Program (OOPP) or would 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 adult clients. Teenage children of the clients may be offered naloxone administration training if the parent approves.
 - v. As part of the clinical assessment, the contractor would evaluate residents' health, mental health and substance use status, and make necessary referrals to appropriate services. All members of the family would receive a full, age-appropriate, assessment, including medical history, physical examination, tuberculosis testing if medically appropriate (based on CDC recommendations, and preferably using the QuantiFERON® blood test(QFT) or equal, status of preventive care evaluation (last pap smear, last mammogram, for example, based on age and US Preventive Services Task Force recommendations), mental health assessment, substance use history, medications, developmental delays and immunization history for the children and address any other current complaints. Based on this assessment, plans for updating immunizations, referrals for follow-up care, annual checkups for children (or more frequently for younger children), and screening or evaluations by medical specialists and

behavioral health specialists would be put in place in accordance with DOHMH child care regulations:

<https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article47.pdf>. If an assessment was completed at a previous shelter, the contractor would review the previous assessment and coordinate for follow-up or specialty care as indicated.

- vi. The contractor would offer routine immunizations according to DOHMH/CDC recommendations: including hepatitis A and B, influenza, pneumococcal pneumonia, etc., including catch-up immunizations for children.
 - 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 provide access to sharps disposal containers for clients who use needles to inject medication.
 - ix. The contractor would provide access to a refrigerator in a secure area for clients who may be on medications that require refrigeration.
 - x. The contractor would refer to psychiatric outpatient services and substance use services, including medication-assisted treatment for opiate dependence, syringe exchange programs, detoxification services, residential rehabilitation, and smoking cessation counseling and tools.
 - xi. 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 consultation coverage 24hrs/7 days a week.
 - xii. The contractor would ensure that all clients sign HIPAA-compliant releases of information, including the release of information to DHS.
 - xiii. The contractor would request all clients to sign consent for participation in Regional Health Information Organizations (RHIOs).
 - xiv. The contractor would ensure that the relevant information from all assessments and client encounters are entered in CARES.
- c. Health Education and Coaching:
Contractors should provide health education and coaching services including distribution of all relevant health education materials for the following:
- i. For pregnant women: healthy eating, prenatal vitamins, importance of breastfeeding, contraception and pregnancy spacing, post-partum depression, and linkage to prenatal care as needed.
 - ii. For mothers of infants (0-12 months): safe sleep, SIDS prevention, importance of being up-to-date with immunizations, infant nutrition, post-partum depression, smoking cessation and the risks of second hand smoking, infant development, shaken-baby syndrome, stress and motherhood, infant development, importance of increasing inter-pregnancy interval, and contraception.
 - iii. For mothers/parents of all ages: healthy eating, importance of primary care and keeping medical and mental health appointments, contraception, stress management, child development, school support, positive discipline, access to Early Intervention Services and other child mental health support. The contractor's staff would consult with the DHS social workers as needed.
- d. Food Services

- i. The facility should have a store of emergency food (e.g. canned goods, formula, cereal, peanut butter), and formula appropriate for families. Stock should be free of expired products and stored away from cleaning supplies. Shelters should also offer referrals for pantries in the community for ongoing food needs.
 - ii. Cooking amenities and meals are not provided in overnight facilities.
 - e. Education
 - i. The contractor would ensure that all school-aged children are registered in school and that they monitor their attendance. At the parent’s discretion, school-aged children may continue at the schools they attended prior to their arrival at the residence.
 - f. Recreation and Child Care Services
 - i. The contractor would make recreation and child care services available either on-site or through off-site referrals for all residents. The contractor would make available recreation activities to all children residing in the respective residence.
 - ii. The contractor would designate a “child care liaison” responsible for establishing and maintaining relationships with community providers, communicating with providers, families, and coworkers regarding vacancies, forming linkage agreements, and reporting on child care enrollment status to DHS. If childcare is provided on site, the contractor would follow DOHMH standards as outlined here:
<https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article47.pdf>.

2. Proposal Instructions:

- a. Complete Section II (C) of Attachment E: Structured Proposal Form, questions 8-13.
- 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 and Employment Placement Services

1. Program Expectations:

- a. Employment Assistance
 - i. The contractor would provide referral assistance in securing employment, job training and job placement services. The contractor would refer clients to job preparation and/or skills’ training programs through linkages with community-based programs as well as the broad array of HRA employment-related services.
 - ii. The contractor would designate an employment specialist who would provide training, linkages to career enhancing employment, and partnerships with job training/placement services.
- b. Housing Placement Services
 - i. The contractor would be responsible for meeting housing placement targets set by DHS.

- ii. The contractor would advise the family about their responsibility to seek and accept the first suitable housing option appropriate for the family's situation.
- iii. The contractor would ensure that each family is obtaining and completing appropriate housing applications including HPD housing connect applications and other NYC affordable housing programs, and following up on housing appointments.
- iv. The contractor would provide appropriate forms to document housing search efforts, and verify all housing rejections, including the reason for rejections.
- v. The contractor would provide ongoing housing education through workshops and/or counseling.
- vi. The contractor would prepare families for housing interviews and accompany families on housing searches, when appropriate.

2. Proposal Instructions:

- a. Complete Section II (D) of Attachment E: Structured Proposal Form, questions 14-15.
- 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 would implement a staffing plan that fosters a multidisciplinary approach to servicing families and includes regular supervision at all levels.
- b. The contractor's proposed staff would have the appropriate qualifications to effectively provide the requisite services to meet the needs of the target population using a multidisciplinary and strengths based approach to working with families. DHS Programs would require all case managers to have a bachelor's degree or higher.
- c. All staff members must have the appropriate experience for providing the proposed services; and also have opportunities for ongoing professional development and training.
- d. All staff with direct client contact must complete New York State Mandated Reporter training within 30 days of hire, or upon beginning a position with direct client contact. Copies of completion certificates must be saved in personnel files.
- e. All relevant staff must complete DHS-approved training in Intimate Partner Violence, case management, an introduction to homelessness/homeless services, and any other requirements set forth by DHS and the contractor.
- f. Appropriate staff would have a level of computer literacy that allows them to perform case management and operational functions in CARES.
- g. Appropriate and effective monitoring of the entries and exits of all individuals, including the whereabouts of children at all times.
- h. The contractor would employ adequate staffing to ensure operational success (see Attachment D: Sample Model Budget Chart), based on DHS staffing ratios where they apply. This would include a Director of the Shelter and other appropriate titles including the following:
 - Director of Social Services (LCSW or LMSW)
 - Employment Specialist

- Housing Specialist
- Client Care Coordinators (LMSWs)
- Education coordinator
- Case Manager

Director of Shelter and all titles shall be subject to DHS approval.

- i. 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.
- j. The contractor would hire staff that is culturally sensitive and able to communicate in the languages of the clients being served.
- k. The contractor would have the capacity to maintain staffing levels within established guidelines.
- l. DHS Program Administrators would review and approve all Shelter Director or similar level hires.

2. Proposal Instructions:

- a. Complete Section II (E) of Attachment E: Structured Proposal Form, questions 16-20.
- 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 descriptions 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 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. Community Engagement:
 - i. The contractor would engage in successful joint efforts with other organizations providing services to the target population.
 - ii. The contractor would develop a "good neighbor plan" for the residence. 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 residence can be used as a community resource.
 - iii. The contractor would establish a community advisory board or other community forum consisting of residence staff, residents, and representatives from the community.
 - iv. Representatives of the Shelters comprised of the Director or his/her designee, may be required to attend Community Board meetings when requested. In conjunction with DHS, the provided would 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 E: Structured Proposal Form, questions 21-23.
- 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 criteria 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 for clients with disabilities. DHS is particularly seeking facilities that are or can be made ADA accessible, and 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. Greater consideration will be given to proposals for sites in areas that have few shelters or community social services facilities at the time of the proposal submission. Proposers who lack experience in locating appropriate facilities sites are encouraged to work with qualified consultants or brokers.
 - iii. The proposer would coordinate with the building owner to have a process for ensuring all buildings have valid Certificates of Occupancy, meet requirements of the Department of Buildings (DOB), the Fire Department of NYC (FDNY) 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. 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.
 - v. The contractor would assure the building has an appropriate Certificate of Occupancy that conforms to the use of the program before clients reside in the building.
 - vi. The contractor would complete weekly unit inspections in order to ensure the health and safety of clients in the facility.
 - vii. The contractor would be required to maintain all areas of the facility in safe and sanitary condition in compliance with DHS policies (see Attachment I: DHS Maintenance Policy Manual) and procedures and in compliance with the Applicable Law.

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- viii. The contractor would perform regular maintenance of units, and respond to client maintenance requests in a timely manner. Upon client exit, the contractor would have the room cleaned and prepared for a new placement within six (6) hours.
- ix. 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.
- x. 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., DOB, HPD, DOHMH, etc.), and authorize the department or other city agencies 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.
- xi. The contractor would implement a Property Management Plan as approved by DHS (see Attachment J: DHS Shelter Inspection Policy).
- xii. 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.
- xiii. The contractor would undertake all repairs, major or minor, that is the result of the contractor's negligence or is the result of vandalism by the contractor's staff or clients.
- xiv. The contractor would handle emergency repairs and provide preventive maintenance on a schedule approved by DHS.
- xv. The contractor would maintain the building in compliance with all applicable Federal, State and City Laws and regulations governing the operation of the building.
- xvi. 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.
- xvii. 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.
- xviii. 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.
- xix. The contractor would be required to develop a system for recording and tracking all maintenance and repair functions.
- xx. The contractor would furnish to the Department on an annual basis an inventory of all furnishings, equipment, and supplies purchased with department funds.

- xxi. The contractor would implement appropriate fire safety measures, including fire safety training for staff and residents.
- 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 would provide security services, 24 hours a day, 7 days a week, including but not 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 would be required to possess appropriate fire safety and CPR certifications.
 - viii. Fire Safety Plans must be up to date and certified by FDNY.
 - ix. The contractor would enforce a curfew and access to the residence would be controlled.
 - x. The contractor would be required to provide hourly rounds on floors where families reside. Security staff would check in with families who have not signed the in/out log and/or presented a security management issue when social services staff are not on site.

2. Proposal Instructions:

- a. Complete Section G of Attachment E: 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 the Certificate of Occupancy that states a building's legal use and/or type of permitted occupancy.

3. Evaluation:

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- 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 proposals for sites in areas that have few shelters or community social services facilities at the time of the proposal submission. 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 use CARES to review and accept their monthly Care Day Invoice.
- d. The contractor's existing internal monitoring system would effectively identify facility, program and fiscal problems, and would include case record maintenance and recording protocols.
- e. All case records would be available to DHS upon request.
- 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.

2. Proposal Instructions:

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

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 **5 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

- e. The budget would fit within the DHS Model Budget criteria which will be outlined during budget negotiations.
- f. Costs are subject to the requirements of OTDA Administrative Directive 17-ADM-04, as discussed in Attachment H.

2. Proposal Instructions:

- a. Complete Section II (I) of Attachment E: Structured Proposal Form, questions 32-33.
- b. Complete and attach the Proposal Budget Summary (Attachment C).
 - i. Use the included Sample Budget Model Chart (Attachment D) to calculate the corresponding per-diem rates in line Item A of the Proposal Budget Summary.
 - ii. All non-applicable line items must be given a value of \$0.00
 - iii. 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.
 - iv. 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.
 - v. For operation, utilities and other support expenses, list each item and explain how the costs (of each one) were determined.
 - vi. 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
- e. 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

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**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 – Sample Model Budget Chart
- Attachment E – Structured Proposal Form
- Attachment F – DHS “Client Responsibility” Requirements
- Attachment G – Client Code of Conduct (CCC) and Process
- Attachment H – OTDA Administrative Directive
- Attachment I – DHS Maintenance Policy Manual
- Attachment J – DHS Shelter Inspection Policy
- Attachment K – DHS Shelter Compliance Procedure

Section 4 – Basis for Contract Award and Procedures

A. Proposal Evaluation

All proposals received 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 non-responsive 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. 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.

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- DHS reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.
- 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 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 provider will do community notifications no later than 30 days before shelter opening. Notice would be in a format approved by DHS.
- The proposer would coordinate with the building owner to have a process for ensuring all buildings have valid Certificates of Occupancy, meet requirements of the Department of Buildings (DOB), the Fire Department of NYC (FDNY) 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.
- Greater consideration will be given to facilities that are or can be made ADA accessible. 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.
- Greater consideration will be given to proposals for sites in areas that have few shelters or community social services facilities at the time of the proposal submission. Proposers who lack experience in locating appropriate facilities sites are encouraged to work with qualified consultants or brokers.

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.**