



# Request for Proposals

## Justice Involved Supportive Housing (JISH) EPIN: 81620I0007

### Table of Contents

- Basic Information and Proposal Submission Instructions
- Program Background and Protocol for Contract Award
- Program Expectations and Proposal Instructions
  - A. Relevant Experience 10 points
  - B. Referral and Intake 14 points
  - C. Comprehensive Assessment and Service Planning 14 points
  - D. Service Provision 14 points
  - E. Program Operations 14 points
  - F. Organizational Capacity and Staffing 14 points
  - G. Program Evaluation and Reporting 10 points
  - H. Budget Management 10 points
- List of Attachments
- 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](http://www.nyc.gov/hhsaccelerator) to learn more.

## 1. Basic Information and Proposal Submission Instructions

<b>RFP Release Date</b>	December 26, 2019
<b>Proposal Due Date</b>	This is an open-ended RFP. Therefore, proposals will be accepted and reviewed on an ongoing basis until the City's needs are met.
<b>Pre-Proposal Conference</b>	<p>Date: January 16, 2020  Time: 2:00 p.m.  Place: 42-09 28<sup>th</sup> Street  Room 20-29  Long Island City, NY 11101</p> <p>Attendance is not mandatory but strongly encouraged.</p> <p>Please RSVP with the full names of all attendees no later than 1/15/2020 to <a href="mailto:RFP@health.nyc.gov">RFP@health.nyc.gov</a> with "JISH Attendee" in the subject line. Due to space limitations, organizations are requested to bring no more than 2 representatives. Attendees are advised to bring picture identification and to allow for sufficient time to proceed through security.</p>
<b>Anticipated Contract Term</b>	<ul style="list-style-type: none"> <li>• <b>Scattered Site:</b> DOHMH anticipates that the term of each scattered site contract resulting from this RFP will be 9 years in duration, contingent on the availability of funding.</li> <li>• <b>Congregate:</b> DOHMH anticipates that the term of each congregate contract resulting from this RFP will be 9 years in duration, contingent on the availability of funding. In the event that a proposer needs to obtain financing to secure a site that can only be obtained through a long term agreement, the contract term will be coterminous with the financing provisions, but shall not exceed 30 years, and shall be contingent on the availability of funding.</li> </ul>
<b>Agency Contact</b>	Dara R. Lebwohl <a href="mailto:RFP@health.nyc.gov">RFP@health.nyc.gov</a> (indicate JISH in subject line)
<b>Anticipated Funding and Payment Structure</b>	<p>DOHMH anticipates that the total anticipated procurement amount will be \$93,762,132.</p> <p>DOHMH reserves the right to increase the procurement amount should additional funds become available.</p> <p>Funding levels are based on the number of contracted units. Units are defined as follows:</p> <ul style="list-style-type: none"> <li>• Scattered Site: a unit is defined as a studio apartment, a one-bedroom apartment, or a bedroom within a two-bedroom apartment. (In all instances, each tenant must have their own bedroom)</li> </ul>

	<ul style="list-style-type: none"> <li>• Congregate: a unit is defined as a single-occupancy apartment. Congregate units may not be shared with other individuals</li> </ul> <p>The anticipated funding for each housing type is as follows:</p> <ol style="list-style-type: none"> <li>a. Scattered Site: <ol style="list-style-type: none"> <li>i. Operations (rental assistance): \$28,432 per unit per year, which includes operations costs at the 2017 Fair Market Rate (FMR) with an annual 2% enhancement for each studio and one-bedroom apartment. Contractors may lease two-bedroom apartments, in which case the operations funding would be based on the 2017 FMR for the applicable apartment size.</li> <li>ii. Supportive Services: \$10,000 per unit per year</li> </ol> </li> <li>b. Congregate: <ol style="list-style-type: none"> <li>i. Operations (rental assistance): Rental assistance to support the projects will be funded outside this RFP, through a separate process administered by the NYC Department of Housing Preservation and Development (HPD). Demonstration of a preliminary award determination from this RFP will be required for eligibility for HPD rental assistance.</li> <li>ii. Supportive Services: \$17,500 per unit per year</li> </ol> </li> </ol> <p>The anticipated payment structure will be performance-based; the contractors will be paid the unit rates indicated above for each contracted unit.</p> <p>DOHMH anticipates that the total number of JISH housing units awarded through this RFP will be 380. DOHMH reserves the right to allocate the number of units in each housing type as appropriate and necessary to meet the City’s need and demand, and in alignment with the capacity of the supportive housing system. DOHMH also reserves the right to award additional units should additional funding become available.</p>
<p><b>Subcontractor Requirements</b></p>	<ul style="list-style-type: none"> <li>• Subcontractors may be used with DOHMH’s prior approval.</li> <li>• Subcontractors will be required to have a valid Vendor Number in the New York City Financial Management System (FMS). Subcontractors that do not have an FMS Vendor Number may obtain one by completing the Payee Information Portal (PIP) activation process.</li> <li>• Any subcontract valued over \$20,000 requires that the subcontractor be prequalified in HHS Accelerator.</li> <li>• The Contractor must enter all subcontracts, and all payments to subcontractors, into PIP.</li> </ul>
<p><b>Questions Regarding this RFP</b></p>	<ul style="list-style-type: none"> <li>• Questions regarding this RFP must be transmitted in writing to the Agency Contact Person.</li> <li>• Substantive information /responses to questions addressed at the Pre-Proposal Conference will be released in an addendum to the RFP to all organizations that are prequalified to propose to this RFP</li> </ul>

	<p>through the HHS Accelerator system, unless in the opinion of the Agency, the question is of a proprietary nature.</p> <ul style="list-style-type: none"><li>• Answers to substantive questions received in writing about this RFP will be addressed in written Addenda to this RFP; such Addenda will be released through the HHS Accelerator System.</li></ul>
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## Proposal Submission Instructions

<b>General Guidelines</b>	<ul style="list-style-type: none"> <li>All Proposals must be submitted utilizing the Procurement Tab of the HHS Accelerator system at <a href="http://www.nyc.gov/hhsacceleratorlogin">www.nyc.gov/hhsacceleratorlogin</a> by contractors with approved HHS Accelerator Applications, including Business Application and required Service Application(s) for the areas listed in the Services and Contractors Tab.</li> <li><b>This is an open-ended RFP. Therefore, there is no prescribed due date for proposal submission.</b></li> <li>Resources such as user guides, videos, and training dates are listed on at <a href="http://www.nyc.gov/hhsaccelerator">www.nyc.gov/hhsaccelerator</a>. For more information about submitting a proposal through the HHS Accelerator system, please contact <a href="mailto:help@mocs.nyc.gov">help@mocs.nyc.gov</a>.</li> </ul>	
<b>Proposal Details</b>		
<b>Basic Information</b>	Provide the title of the Proposal	
<b>Contractor Contact</b>	Select the member of your organization who will be the primary contact for the RFP submission.	
<b>Proposed Competition</b>	Select the competition for which the proposal is submitted: <ul style="list-style-type: none"> <li>Scattered Site</li> <li>Congregate</li> </ul>	
<b>Proposed Number of Units</b>	Enter the proposed number of housing units: <ul style="list-style-type: none"> <li>must be in multiples of 12 for scattered site</li> <li>must be in multiples of 15 for congregate</li> </ul>	
<b>Proposal Documents</b>		
<b>Required Documents</b>	<b>Document Type</b>	<b>Description</b>
	Proposal	<ul style="list-style-type: none"> <li>Scattered Site proposers: Completed Structured Proposal Form (Attachment D)</li> <li>Congregate proposers: Complete Structured Proposal Form (Attachment E)</li> </ul>
	Proposal Budget Summary	Completed Proposal Budget Summary (Attachment C)
	Key Staff Resumes	Resumes and/or Description of qualifications for Key Staff Positions
	501(c)3 IRS Determination Letter	Attach a copy of the proposer's 501(c)3 Not for Profit Determination Letter from the Internal Revenue Services
	Organizational Chart	Program Organizational Chart, showing how the proposed JISH services fit into Proposer's organization
	Letter of Linkage (for scattered site)	Letter of Linkage, list of brokers or landlords currently in business with, or other proof of working relationships.
	Site Control (for congregate)	<i>If available at the time of proposal:</i> deed, purchase and sale agreement, ground lease, option, or (for City-owned property) site authorization or site negotiation letter

		<i>If not available at the time of proposal:</i> statement that upon notification of a preliminary award determination, the contractor will provide a deed, purchase and sale agreement, ground lease, option, or (for City-owned property) site authorization or site negotiation letter
	Fiscal Officer List	List of proposer's fiscal officers with roles
	Doing Business Data Form	Completed Doing Business Data Form (Attachment B)
	Financial Audit	Financial Audit Report or Certified Financial Statement & Management Letter. If no report or statement is available, submit a statement, signed by an authorized representative of the corporation, as to why no report, statement, or management letter is available
<b>Additional Requirements for Documents</b>	<ul style="list-style-type: none"> <li>• Proposal document file size cannot exceed 12 MB</li> <li>• Proposal documents must be in one of the following file formats: Word (.doc, .docx), PDF (.pdf), and Excel (.xls, .xlsx)</li> <li>• Only one document file can be added to each required document slot. If you need to combine documents, complete one of the following steps: <ul style="list-style-type: none"> <li>○ For Word documents: Cut and paste contents of all resumes into one Word document</li> <li>○ For PDF documents: Combine files into a single PDF</li> <li>○ For Printed documents: Scan the multiple documents into a single document</li> </ul> </li> </ul>	

## **Section 2 – Program Background**

In June 2014, New York City Mayor Bill de Blasio convened a Task Force on Behavioral Health and the Criminal Justice System in order to chart a path toward ensuring that the public safety and public health systems work together to implement smart, effective strategies with a goal of improving outcomes for individuals with behavioral health needs who also have involvement with the criminal justice system. A key recommendation from this Task Force was to create a scattered-site supportive housing program focused on homeless individuals with behavioral health needs who have histories of cycling through the criminal justice system. In October 2015, DOHMH started the Justice Involved Supportive Housing program (JISH) with 120 beds of scattered site housing.

The JISH model incorporated rapid housing and intensive service delivery during the tenants' first year in housing and more typical supportive housing services beyond that. The aim of this model was to address the needs of individuals cycling through the shelter and jail system in a compassionate and cost-effective manner.

When JISH was originally implemented in 2015, potential tenants were identified using a data match from the NYC Department of Corrections and NYC Department of Homeless Services to identify individuals with the highest rates of jail and shelter usage. Of the approximately 1,200 individuals identified, 200 were randomly selected by the Mayor's Office of Criminal Justice. The NYC Department of Health and Mental Hygiene (DOHMH) directed three community based JISH housing contractors to reach out to jails and shelters to find these individuals, offer them housing, and place them into an apartment. The HRA 2010e application was not required.<sup>1</sup>

JISH, as a scattered site model, has seen numerous successes: in the last quarter of FY18 (April – June 2018), almost half of those with reported substance use were engaged in substance use treatment or other supportive service, and NYC DOHMH data show that 60% of those with mental health issues were engaged in mental health services. Fewer than 5% of tenants had an emergency room visit or hospitalization that same quarter.

Given the success of the scattered site JISH program, DOHMH seeks to expand the quantity of scattered site units and apply the JISH model to congregate housing. The additional option of congregate supportive housing for this population will offer a greater sense of community, on-site assistance to develop independent living skills needed to successfully remain housed, and accessibility to support staff in times of crisis. The additional scattered site programs and the new congregate JISH programs will adhere to the current JISH program standards, which include case management services that provide, at least weekly contact with tenants.

This Request for Proposal is intended to procure and make available permanent supportive housing units for adults (18+); initially, DOHMH anticipates that the population would be comprised mainly of individuals who are frequently cycling through jail and shelter who have a mental illness and/or substance use disorder. DOHMH anticipates that the population matches may expand to include individuals who, in addition to having frequent contact with the criminal justice system and the homeless system, have also had frequent contact with the mental health treatment system. Permanent supportive housing units would be allocated through two separate competition pools as follows:

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<sup>1</sup> The HRA 2010e is the supportive housing application that must be submitted electronically by an approved contractor to the Human Resources Administration's Placement, Assessment and Client Tracking (PACT) Unit. Approved contractors include any NYC shelter, hospital staff, Tenantal treatment program staff or mental health professionals. Individuals who are experiencing homelessness will work with an approved contractor to complete the HRA2010e, and once approved, will be placed in a supportive housing unit.

- **Scattered Site:** scattered site units to be developed across New York City to expand the availability of this housing option, in apartment buildings spread throughout a neighborhood or community that are designated for specific populations, accompanied by supportive services (in increments of 12. DOHMH does not anticipate awarding more than 24 units per contractor).
- **Congregate:** congregate units to offer an additional supportive housing option for this population in increments of 15. DOHMH does not anticipate awarding more than 30 units per contractor. These buildings will house a mix of individuals from the community and those who are formerly homeless.

DOHMH reserves the right to allocate the number of units to scattered site or to congregate, as appropriate and necessary to meet the City’s need and demand, and in alignment with the capacity of the supportive housing system.

Proposers may propose for one or both housing types. However, proposers must submit a separate proposal in the HHS Accelerator system for each housing type.

Proposers for **scattered site** contracts would have current, successful experience providing supportive housing services in a scattered site setting. Proposers must propose supportive housing units in increments of 12 units and have in place relationships with brokers or landlords to enable rapid apartment finding. DOHMH does not anticipate awarding more than 24 units to a contractor, but reserves the right to do so in the best interest of the City.

Proposers for **congregate** contracts would have experience operating congregate supportive housing. Award determinations will be preliminary; final contract awards will be based on site control, as evidenced by a deed, purchase and sale agreement, ground lease, option, or (for City-owned property) site authorization or site negotiation letter. Preliminary award determinations will expire within two (2) years if site control is not obtained and the City has the right to withdraw the preliminary award at that time. In addition, the City will require proof of rental assistance for the property prior to issuing the final award for services. The City also reserves the right to request additional information to evidence site control. Preliminary awards may be rescinded prior to the expiration of two (2) years, if, in the opinion of the City, site control and/or proof of rental assistance cannot be obtained and there is a competing viable proposal with site control. Proposers must propose for JISH supportive housing congregate units in increments of either 15 or 30 units. For proposers who currently have 15/15 housing awards, the proposed number of units to be used for JISH tenants must not be more than 50% of the total awarded DOHMH funded units. In all cases, JISH units should not be more than 30% of the entire units in the building.

Subcontracting is permitted under the resulting contracts with DOHMH’s prior approval.

**The Goals of the JISH Program**

1. To provide rapid access to supportive housing units in some combination of scattered or congregate housing for individuals with recent and frequent contact with the criminal justice system, the homeless services systems, and the mental health treatment systems who have a mental illness or substance use disorder.
2. To provide case management services in order to link tenants to health and behavioral health services, as well as other resources in order to prevent further use of jail, shelter, or other emergency services. Services will be easily accessible and will occur in JISH apartment units, program sites, and in the community.



3. To provide case management to successfully maintain housing, link and engage with service providers, and support positive integration of individuals into the community in order to decrease homelessness and criminogenic behaviors.

**Target Population**

The populations targeted for this procurement are single adults with the highest recent utilization of New York City jails and NYC's homeless systems who have a mental illness and/or substance use disorder. However, DOHMH reserves the right to expand to additional populations should additional funding become available.

DOHMH anticipates that potential tenants will be identified using appropriate data matching and intensive outreach processes. The City would coordinate the data matching process, and DOHMH would refer individuals to Contractors.

Prospective tenants would be eligible for benefits (such as Public Assistance or Supplemental Security Income), and/or have the ability to pay 30% of their income in rent.

## **Section 3 – Program Expectations and Proposal Instructions**

### **A. Relevant Experience**

1. Program Expectations— **applies to both Scattered Site and Congregate Contractors**
  - a. The Contractor would have a minimum of five (5) years in the past eight (8) years of successful experience operating supportive housing programs in New York City.
    1. Scattered Site proposers would have a minimum of 5 years in the past 8 years of such experience operating *scattered site* supportive housing programs in New York City.
    2. Congregate proposers would have a minimum of 5 years in the past 8 years of such experience operating *congregate* supportive housing programs in New York City.
  - b. The Contractor would have a minimum of five (5) years of successful experience providing services to justice involved individuals. Greater consideration would be given to proposers with experience providing housing services to justice involved individuals.
  - c. The Contractor would have a minimum of five (5) years of successful relevant experience conducting outreach to difficult-to-locate individuals. Greater consideration would be given to proposers with experience conducting outreach to justice involved individuals.
  - d. The Contractor would have a minimum of five (5) years of successful experience delivering intake and assessment services for individuals with substance use or mental health disorders. Greater consideration would be given to proposers with successful experience operating Frequent User Service Enhancement (FUSE).
  - e. The Contractor would have a minimum of five (5) years of successful experience in all of the following contract management functions:
    1. collecting data;
    2. following evidence-based and/or evidence-informed practice requirements;
    3. reporting on outcomes;
    4. developing quality assurance plans and implementing an evaluation protocol to ensure the quality and effectiveness of contracted services;
    5. managing contract budgets.

### **2. Proposal Instructions**

- a. Scattered Site proposers: Complete the Relevant Experience section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate proposers: Complete the Relevant Experience section of the JISH Structured Proposal Form (Congregate), Attachment E.

### **3. Evaluation**

- a. This section will be evaluated based on the proposer’s demonstrated successful relevant experience based on the criteria listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

## **B. Referral and Intake**

### **1. Program Expectations – applies to both Scattered Site and Congregate Contractors**

- a. DOHMH would refer individuals to the Contractor from a data matched list (“referral list”) consisting of the individuals with frequent contact with the criminal justice system and the homeless services systems. These individuals might be located through jails, courts, or other facilities operated by the City’s justice system, shelters or street outreach, or the mental health treatment system. The city reserves the right to utilize other data matching criteria as the needs of the target population evolve. DOHMH will advise the contractor of the referral source (e.g., jail, shelter, street homeless outreach). The Contractor would be required to accept and assess all referred individuals; DOHMH shall make the final decisions regarding placements.
- b. Within two (2) business days of receiving a referral from DOHMH, the Contractor would begin the outreach process. The Contractor would have face-to-face contact with the individual within one (1) week of the referral. If a face-to-face meeting is not possible, the Contractor would use of phone or video conferences, or outreach within jail, shelter, or other settings.
- c. The Contractor would coordinate with the original referral sources (e.g., jail, shelter, street homeless outreach) to obtain information on the referred individual’s physical and behavioral health needs, independent living skills, support systems, legal history, eligibility for benefits (such as Public Assistance or Supplemental Security Income) and/or the ability to pay 30% of their income in rent, and other information as needed to inform determination of placement into scattered site or congregate setting, as well as initial service plan goals.
- d. The Contractor would utilize a tool to screen the individual for Mental Illness or Substance Use Disorder. Recommended tools include The Modified Simple Screening Instrument for Substance Abuse (MSSI-SA) and/or the Modified Mini Screen (MMS) to assess for the presence of a psychiatric disorder.
- e. The Contractor would determine during the screening process whether the referred individual would be suited to independent living within a congregate or scattered site apartment using a tool to assess independent living skills.
- f. Before accepting the tenant into the housing program, the Contractor would collaborate with the individual and the referral source to determine whether they are best suited for scattered site or congregate supportive housing. The Contractor would either accept the individual into their contracted setting within two (2) business days of screening the individual as documented in the NYC DOHMH data system, or refer back to DOHMH with all associated documentation and justification in order to recommend the individual be referred to another JISH program, e.g. a program who has been awarded scattered site units can recommend that an individual be referred to a congregate setting, and vice versa.
- g. Should the Contractor determine that the individual is not suited to either congregate or scattered site housing, they would contact DOHMH within two (2) business days of screening, and the individual referral would be re-assessed by NYC DOHMH for JISH eligibility. DOHMH would inform the referral source (e.g., jail, shelter, street homeless outreach) if the person will not be suited to JISH housing.

- h. Within 30 days of the referral, if the Contractor cannot find the individual or if the individual refuses services, the Contractor would inform DOHMH. DOHMH will return the individual to the referral list, and DOHMH would refer the next available individual from the referral list to the Contractor.
- i. If the individual is determined to be a “match” for the Contractor’s housing type, the Contractor would be prepared to move the individual into the apartment directly upon release from jail or directly from shelter or street. The Contractor would orient the individual to the apartment building and to community resources such as grocery stores, laundry facilities, public transportation, and pharmacies. The Contractor would provide staff, program, and agency contact information to new tenants as part the orientation.
- j. For those individuals who are being released from jail, the Contractor would have systems in place to meet and escort individuals who are being discharged in the late afternoon or early evening to their apartment. The Contractor would be prepared to engage in outreach and house accepted individuals who are released even without notice. Contractors should work with the discharge staff in the jails to ensure the individual has Contractor contact information, and a plan for unexpected discharges late in the evening or on the weekend.
- k. For those individuals located in the Department of Homeless Services (DHS) system, the Contractor would collaborate with shelter and/or outreach staff and provide outreach and in-person visits to the shelter or other locations where the individual receives services.
- l. For those individuals who are located in the mental health treatment system or other settings such as Support and Connection Centers or other alternative to hospitalization or incarceration settings, the Contractor would collaborate with DOHMH staff and provide outreach and in-person visits to the facility or other locations where the individual is located.
- m. The Contractor would consider the individual’s medical conditions and/or disabilities and the need for reasonable accommodations up to the standard of Americans with Disabilities Act (ADA) compliance when placing the tenant in living arrangements.
- n. Contractor may use non-permanent housing settings during the screening phase, or when direct placement into the apartment is not possible based on initial screening.
- o. During the screening and intake processes and beyond, the Contractor would be prepared to address issues such as mistrust, engagement challenges, and other issues that might arise due to long-term exposure to systemic racial inequities of the individuals.
- p. DOHMH reserves the right to modify eligibility and referral criteria based on changing community needs and the needs of the target population.
- q. In order to augment program expertise, the Contractor may subcontract for services with DOHMH’s prior approval. The Contractor would develop a plan for the use and monitoring of subcontractors.

## 2. **Proposal Instructions**

- a. Required Document (Scattered Site) – Letter of Linkage (see page 5-6 for details).

- b. Required Document (Congregate) – Site Control (see pages 5-6 for details).
- c. Scattered Site proposers: Complete the Referral and Intake section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- d. Congregate proposers: Complete the Referral and Intake section of the JISH Structured Proposal Form (Congregate), Attachment E.

**3. Evaluation**

- a. This section will be evaluated based on the quality of the proposed approach to Intake and Assessment based on the criteria listed in this section. It is worth a maximum of **14 points** in the Proposal Evaluation.

**C. Comprehensive Assessment and Service Planning**

**1. Program Expectations- Comprehensive Assessment and Service Planning: applies to both Scattered Site and Congregate Contractors**

- a. The contractor would focus on initial engagement with each new tenant and have a face to face contact with new tenants within two (2) business days after move-in. The level of service provision within the first 30-60 days would be most intensive in order to engage tenants and prevent attrition.
- b. Within 45 days of move-in, the Contractor would, in conjunction with each tenant, complete a comprehensive needs assessment and individualized support service plan focused on the strengths and needs. The assessment and service plan would be designed to assist the tenants to maintain housing, maintain healthy lives, increase their financial stability and decrease criminogenic behavior. Elements of assessment and service plan should include, but not be limited to, physical health (including HIV/STI), mental health, substance use, dental health, tobacco use, criminal justice involvement, assessment of criminogenic risk, education, employment, domestic violence and trauma.
- c. The Contractor would be required to complete an initial tenant directed service plan, updated at least quarterly, that includes clearly stated objectives and goals related to housing stability, financial security and progress towards recovery.

**2. Program Expectations- Comprehensive Assessment and Service Planning for Congregate Contractors Only**

- a. Congregate contractors would develop and implement a plan of how program staff would engage JISH tenants, assist with the adjustment to independent living, **and how they would be integrated into the supported housing community and be included in all program services** while minimizing the stigmatization that may accompany individuals with a history of justice involvement and homelessness.

**3. Program Expectations- Comprehensive Assessment and Service Planning for Scattered Site Contractors Only**

- a. Scattered site contractors would develop and implement a plan of how program staff would engage JISH tenants, assist with the adjustment to independent living, and ensure

a successful transition into the neighborhood while minimizing the stigmatization that may accompany individuals with a history of justice involvement and homelessness.

**4. Proposal Instructions**

- a. Scattered Site proposers: Complete the Comprehensive Assessment and Service Planning section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate proposers: Complete the Comprehensive Assessment and Service Planning section of the JISH Structured Proposal Form (Congregate), Attachment E.

**5. Evaluation**

- a. This section will be evaluated based on the quality of the proposed approach to Comprehensive Assessment and Service Planning based on the criteria listed in this section. It is worth a maximum of **14 points** in the Proposal Evaluation.

**D. Service Provision**

**1. Program Expectations- Service Provision: applies to both Scattered Site and Congregate Contractors**

- a. The Contractor would provide case management and supportive services that are easily accessible for all tenants in scattered site units, and on-site for all tenants in congregate units.
- b. The services would at minimum be strengths-based, culturally and linguistically competent and sensitive to how societal injustices and health inequities impact individuals involved in the justice system
- c. The Contractor would utilize an outreach and engagement approach that encourages tenants to engage and participate in supportive housing services. The contractor would engage with the tenant as often as is needed, particularly in the first 6 months after admission. The Contractor would remain connected with the tenant on a continuous basis when the tenant enters into different services. The Contractor would continue to outreach and attempt to engage a tenant even when the tenant appears to be actively avoiding/refusing services. All attempts to connect with tenants are to be documented.
- d. At a minimum, the case manager would meet with the tenant in person at least once per week. At least two (2) visits per month would take place in the tenant's apartment. If the tenant achieves his/her service plan goals within the first year, face to face contact may be reduced to once per month in the tenant's apartment beginning in the second year. Case managers would document all substantial contact with the tenant in the case record.
- e. The Contractor would base their services in evidence-based and/or evidence-informed practices to address needs of tenants and support skill building to sustain recovery. Evidence-informed models include but are not limited to:
  - i. Motivational Interviewing
  - ii. Person-Centered Planning
  - iii. Recovery-Oriented and Trauma-Informed Case Management
  - iv. Cognitive Behavioral Therapy

- f. The Contractor would provide health and wellness services and education, as needed, and provide activities for all tenants including, but not limited to, tobacco cessation, healthy eating, exercise, recreation and Wellness Self-Management.
- g. The Contractor would provide conflict resolution, crisis intervention and crisis de-escalation to all tenants as needed with a goal of minimizing use of emergency services such as 911. Contractors would assist tenants to mitigate conflicts with roommates and neighbors and to assist tenants to use their apartments according to the specifications of the lease. Contractors would be knowledgeable in how to use the array of crisis intervention services available in New York City.
- h. The Contractor would provide harm reduction services for tenants, as needed, focusing on the avoidance of high-risk behaviors, including substance use and disease prevention. Harm reduction services would include: safe injection, use of naloxone to prevent death from opioid overdose, safe sex practices, needle exchange, health education, and infectious disease prevention and rapid HIV/AIDS testing. The Contractor would adopt a person-centered, non-judgmental and flexible approach whereby sobriety is encouraged and supported.
- i. The contractor would assist each tenant to manage the navigation of re-entry services (such as parole, probation, ongoing criminal or civil legal issues) and to address situations/behaviors that may lead to further interactions with the justice system. The contractor would actively work with discharge planners if the tenant is incarcerated or hospitalized while in their housing.
- j. The Contractor would provide opportunities for direct tenant involvement, contribution and leadership into ongoing program implementation and management, through participation in monthly community meetings, advisory boards, or other means.
- k. The Contractor would promote the rehabilitation and recovery of tenants by:
  - i. Supporting their involvement in local community groups such as tenant associations, block associations, faith-based organizations, community gardens, and/or community boards
  - ii. Facilitating individual and group meetings, participation in recreational groups, and participation in manualized group interventions
  - iii. Assisting in obtaining and maintaining all applicable government benefits
  - iv. Providing assistance with budgeting and promoting financial literacy
  - v. Supporting the tenant understanding of their physical and behavioral health conditions including adherence to medications and physician recommendations, and preventive care.
  - vi. Providing assistance for tenants to learn daily and independent living skills as appropriate, such as food preparation, cleaning the house, sharing household responsibilities.
- l. The Contractor would refer tenants to services that will support the achievement of their service plan goals including, but not limited to, educational opportunities, job readiness programs, vocational training, employment placement and retention supports, and legal assistance.
- m. The Contractor would develop and implement a plan for making referrals and establishing linkages with a wide variety of service contractors in order to meet the needs of each individual tenant. Each plan would include how the referral process would accommodate the tenant's language, transportation and insurance

specifications, as well as any other factors important to the tenant's engagement in the service.

- n. The Contractor would make every effort to preserve the tenant's housing in the event of re-incarceration, hospitalization, or relapse.
- o. The Contractor would assess tenant level independent living skills and move tenants who no longer need supportive services to independent, non-programmatic housing as appropriate. Contractor would plan for such a move as tenants become financially self-sufficient. DOHMH approval is required before moving an individual out of supportive housing.

## **2. Proposal Instructions**

- a. Scattered Site proposers: Complete the Service Provision section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate proposers: Complete the Service Provision section of the JISH Structured Proposal Form (Congregate), Attachment E.

## **3. Evaluation**

- a. This section will be evaluated based on the quality of the proposed approach to Service Provision based on the criteria listed in this section. It is worth a maximum of **14 points** in the Proposal Evaluation.

## **E. Program Operations**

### **1. Program Expectations- Program Operations: applies to both Scattered Site and Congregate Contractors**

- a. The Contractor would ensure that each tenant receives a lease/occupancy agreement that is written in easily understandable language and would maintain a copy of such document as part of the tenant's file.
- b. The Contractor would work with the tenant to prevent eviction. The Contractor would identify alternative housing and ensure that due process procedures and New York City's landlord/tenant law would be followed. In the event of a possible eviction, the Contractor is required to notify DOHMH no later than thirty days before initiating any legal proceedings and agree to work with the DOHMH or other City entities that may address issues or behaviors leading to eviction.
- c. The Contractor would follow the DOHMH Office of Program Review and Evaluation Guidance for diligent search of missing tenants, including specified outreach to tenant and collateral contacts, and outreach to Department of Homeless Services, street outreach, City hospitals (H+H) and City and State correctional systems.
- d. The Contractors would develop a positive and effective means of transitioning tenants to independent or other long-term permanent housing as appropriate.
- e. The Contractor would ensure that apartments meet New York City building and fire codes and have a current Certificate of Occupancy that is appropriate for the number of tenants to be served. To ensure environmental health and safety, the Contractor would develop and implement procedures for conducting apartment inspections every 6



months as per the Office of Program Review and Evaluation 1100 Series Standards (see Attachment G).

- f. The Contractor would ensure that each apartment would have kitchen facilities or access to kitchen facilities, bathroom, and storage for tenant clothing and personal items. Contractor would provide furnishings including bed, dresser, air conditioners, cribs (as applicable) that are new, good quality and durable. If an apartment has a living room or common area, Contractor would provide a sofa. Contractor would also provide move-in kits including such items as kitchenware and linens.
- g. The Contractor would make minor renovations and/or assist the tenant in filing a reasonable accommodation request as needed to make the apartment(s) accessible as per the ADA based on the individual needs of the tenant.

**2. Program Expectations- Program Operations for Scattered Site Contractors Only**

- a. For scattered site, a unit is defined as a studio apartment, a one-bedroom apartment, or a bedroom within a two-bedroom apartment. The Contractor would rent units that are preferably studio or one-bedroom apartments, which offer tenants access to individual bathrooms, kitchens and storage space for clothing and other personal items, and which comply with section 1.f. above. Contingent on tenant preference and the availability of appropriate housing in the community, two-bedroom apartments in which tenants share bathrooms and kitchens are also permissible. However, when a two-bedroom apartment is used, each tenant must have their own separate bedroom with a bed, a dresser, storage space for clothing and other personal items, and a bedroom door with a lock. Groups of apartments may be rented in a single building (preferably no more than 20% of the units in a single building) for purposes of siting these programs.
- b. When the Contractor is the lease holder, they will provide the tenant with a sub-lease that is in accordance with NYC rental laws, and an occupancy agreement that is easily understandable and does not add stipulations regarding use of the apartment that are not included in the lease. The contractor is responsible for ensuring rent payments are made on-time to the landlord.
- c. If the tenant is the direct lease holder, the landlord will give the tenant the lease; the Contractor may also be a co-signatory and would be responsible for the monthly rent payments to the landlord. The Contractor will also hold a occupancy agreement with the tenant and provide the tenant with support in managing the landlord
- d. The contractor would locate apartments in neighborhoods that are near public transportation and accessible to other amenities like shopping, laundry, healthcare, meet Federal Housing Quality Standards and that have gross rents that do not exceed the U.S. Department of Housing and Urban Development (HUD) fair market values.
- e. The Contractor would have pre-existing relationships with landlord or brokers to assist in rapid apartment finding.
- f. The contractor would accept referrals within two months of contract registration.

**3. Program Expectations- Program Operations for Congregate Contractors Only**

- a. For congregate, a unit is defined as a as a single-occupancy apartment. Congregate units may not be shared with other individuals. The other requirements under Section 3, E.1.f. (above) also apply.
- b. Contractors would need to provide evidence of site control, such as a deed, purchase and sale agreement, ground lease, option, or (for City-owned property) site

authorization or site negotiation letter. Proposers may include these documents in their proposal if they are available; if they are not available, proposers should provide a statement indicating that upon notification of a preliminary award determination, evidence of site control will be provided to DOHMH.

- c. When the Contractor is not the building owner or facility manager, the Contractor will work with the building owner or facility manager to ensure that tenants have a lease in accordance with NYC rental laws. The Contractor will provide the tenant with the support and information needed to assist them in making monthly rent payments.
- d. The Contractor would provide services in buildings that integrate housing for low income community residents and persons who are formerly homeless and have been identified as having a mental illness or a substance abuse disorder. The JISH residents will be included within the population of residents who are formerly homeless. The City reserves the right to approve the actual number of units based on the needs of the JISH program.
- e. The Contractor would have a stable source of rental assistance and capital funding for the site. The proposer would indicate in their proposal the proposed source of rental assistance and capital funding for the project.
- f. The Contractor would ensure that the building siting is near public transportation and accessible to other amenities like shopping, laundry, health care and other necessary services.
- g. The Contractor would have a designated area where tenants may have use of computers and participate in recreational activities.
- h. The Contractor would have on-site staffing twenty-four (24) hours, seven (7) days a week, inclusive of front desk staff.
- i. Contractors proposing for a congregate building would be expected to have a plan for a smoke-free environment.

#### 4. **Proposal Instructions**

- a. Scattered Site: Complete the Program Operations section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate: Complete the Program Operations section of the JISH Structured Proposal Form (Congregate), Attachment E.

#### 5. **Evaluation**

- a. This section will be evaluated based on the quality of the proposed approach to Program Operations based on the criteria listed in this section. It is worth a maximum of **14 points** in the Proposal Evaluation.

### **F. Organizational Capacity and Staffing**

#### **1. Program Expectations- Organizational Capacity and Staffing: applies to both Scattered Site and Congregate Contractors**

- a. The Contractor would have a well-developed managerial and financial structure to coordinate the work of this contract. This would include the establishment of internal controls, employment of staff responsible for managing the financial aspects of the work, maintaining a separate bank account for this contract, and the capability to accurately and timely submit invoices for payment.

- b. The Contractor would develop and implement an appropriate staffing plan with all of the following characteristics:
  - i. Contains sufficient staff who have appropriate qualifications and training for the target populations, and salaries commensurate with these qualifications;
  - ii. Hire staff who are culturally and linguistically diverse
  - iii. Ensures an appropriate case management ratio;
  - iv. Provides for case management and community building activities during evenings and on weekends to accommodate the work, training and/or treatment requirements of tenants;
  - v. Incorporates an on-call system for all tenants to access supportive service staff twenty-four (24) hours/seven (7) days a week, and would ensure coverage when new tenants are released from jail unexpectedly.
  - vi. Includes qualified peers, persons with lived experience with mental illness, substance use recovery and/or justice involvement, and tenants employed as housing support staff across their housing portfolio.
  - vii. Ensures a minimum of weekly supervision of case management staff to provide appropriate delivery of services and implementation of the evidenced based practices.
  - viii. Contains the following Key Staff:
    - a) Program Supervisor:
      - i. Congregate programs would have 1 FTE Program Supervisor for every 30 JISH tenants (.5 FTE for every 15 JISH tenants).
      - ii. Scattered Site Programs would have 1 FTE Program Supervisor for every 24 JISH tenants (.5 FTE for every 12 JISH tenants).
    - b) Case Managers:
      - i. Congregate programs would have a case management ratio of 1 case manager for 15 JISH tenants.
      - ii. Scattered site programs would have a case management ratio of 1 case manager for 12 JISH tenants.
- c. The Contractor would ensure that at minimum:
  - i. JISH direct service staff (including case managers) would:
    - a) be experienced working with a justice-involved population
    - b) include staff with lived mental health and/or justice experience and demonstrate a recovery-oriented perspective
    - c) complete the Academy for Justice-Informed Practice training within two years prior to hire, or within 6 months following hire <sup>2</sup>
  - ii. Program directors and program supervisors overseeing case managers would:
    - a) have a graduate degree in social work or a related human service field,
    - b) have experience serving the target population
    - c) It is highly recommended that program directors will have had the Justice Academy training, or complete within 6 months of program inception.
  - iii. That all staff are hired possessing the core competencies necessary to provide the services outlined in the RFP and would ensure all staff have the skills and training to provide the required evidence-informed and/or evidence-based practices, including but not limited to motivational interviewing, cognitive behavioral therapy, person centered

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<sup>2</sup> The Academy for Justice-Informed Practice (the Academy) is a workforce training initiative targeting a wide array of professionals working with individuals with behavioral health needs and criminal justice involvement in New York City. <https://www.cucs.org/training/>

- planning, risk assessment, and trauma informed case management. The Contractor would supplement staff experience by participating in City funded available trainings and be required to demonstrate evidence of participation.
- d. Contractor would be responsible for providing orientation or other training to ensure all staff are trained in agency policies and procedures.
  - e. The Contractor would ensure that all staff is trained in harm reduction and housing-first service approaches. This includes basic knowledge of the following: safe injection, safe sex practices, addiction treatment and recovery, naloxone, the stages of change model, trauma and relapse prevention, street drugs and their effects, symptoms of overdose and withdrawal.
  - f. The Contractor would ensure staff have the skills and knowledge to:
    - i. Provide individual and group meetings, recreational groups, manualized group interventions
    - ii. Assist tenants in obtaining and maintaining all government benefits
    - iii. Assist tenants in managing legal matters and clearing records
    - iv. Assist tenants in managing adherence to physical and behavioral health medication
    - v. Provide assistance to tenants in learning independent living skills (e.g. preparing food, maintaining a clean-living environment, facilitating cooperative apartment mate agreements on bill payments if applicable, division of household responsibility, financial literacy, money management and other matters)
    - vi. Provide conflict resolution, crisis intervention and crisis de-escalation within the community
    - vii. Supply referrals to additional supports including facilitating housing placement (for tenants who would like to move on to a more independent setting)
    - viii. Track Key Program Indicators of Linkage to Primary Care, Independent Living Skills, and Financial Independence.
  - g. The Contractor would ensure that all staff have an understanding of co-occurring disorders, criminogenic behaviors and understand the supports and interventions effective in recovery-oriented practices.
  - h. The Contractor would ensure that all staff, including security and non-programmatic staff, have a basic understanding of the needs of the tenants being served and are trained in the models being used for the specific population.
  - i. Proposers for Scattered Site housing have in place relationships with brokers or landlords to enable rapid apartment finding.
  - j. If subcontractors will be used, the Contractor would develop and implement a subcontracting plan that includes sufficient time for DOHMH review and approval of proposed subcontractors, and adequate supervision of subcontracted work.
  - k. The Contractor would have systems in place, including staff and technology systems, to meet the rent-up timelines.
    - i. Scattered Site: The Contractor would obtain full occupancy within six months of the startup date and three (3) months for programs with (twenty) 20 units or less.
    - ii. Congregate: The Contractor would obtain full occupancy within six months of receiving a Temporary Certificate of Occupancy (TCO) for programs with more than twenty (20) units and three (3) months for programs with (twenty) 20 units or less.

**2. Proposal Instructions:**

- a. Scattered Site: Complete the Organizational Capacity and Staffing section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate: Complete the Organizational Capacity and Staffing section of the JISH Structured Proposal Form (Congregate), Attachment E.

**3. Evaluation**

- a. This section will be evaluated based on the extent to which the proposer demonstrates Organizational Capacity and the quality of the approach to Staffing based on the criteria listed in this section. It is worth a maximum of **14 points** in the Proposal Evaluation.

**G. Program Evaluation and Reporting**

**1. Program Expectations: applies to both Scattered Site and Congregate Contractors:**

- a. The Contractor would track, record and report information to the City as required, utilizing their own and City identified systems including, but not limited to, tenant demographics, income source, place discharged to, and outcome data, including occupancy rate, housing retention/stability, hospitalizations, incarceration and health outcomes.
- b. The Contractor will submit data to DOHMH on each resident on a monthly basis in the following domains;
  - a. Administrative
  - b. Resident Housing Status
  - c. Demographics
  - d. Criminal Justice Involvement
  - e. Health and Wellness
  - f. Economic Self Sufficiency
  - g. Employment
- c. The Contractor aim for a target of 90% retention rate for those tenants who have been housed for 1 year or longer, not including those who move on to independent living.
- d. The Contractor will establish baseline data in order to track linkage to primary and behavioral health care providers, hospitalization rates, shelter stays, incarceration, and employment, and track data ongoing.
- e. The contractor will meet the key program indicator goals which will be set to increase upon baseline data. Initial key program indicators will include outcomes to demonstrate that tenants are:
  - a. Linked to a primary care physician
  - b. Maintain their apartments stably by not being in rent arrears
  - c. Moving out to non-supported independent housing
  - d. Reducing contacts with the criminal justice systemDOHMH reserves the right to modify program indicators and program indicator goals during the course of the contract.
- f. The contractor will meet the minimum timelines to see tenants after referrals, as specified in Section 3.B. above.

- g. The contractor will meet the minimum requirement of seeing tenants once weekly, as specified in Section 3.D. above.
- h. The Contractor would provide outreach, referrals and linkages to tenants who have moved on from the program to non-supported independent housing or other placements by maintaining contact with such tenants for a period of one year following their departure from the program. At a minimum, contact with the tenant would be made at three months, six months and one year after departure.

**2. Proposal Instructions:**

- a. Scattered Site: Complete the Program Evaluation and Reporting section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- b. Congregate: Complete the Program Evaluation and Reporting section of the JISH Structured Proposal Form (Congregate), Attachment E.

**3. Evaluation: Program Evaluation and Reporting**

- a. This section will be evaluated based on the quality of the proposed approach to Program Evaluation and Reporting based on the criteria listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

**H. Budget Management**

**1. Program Expectations: applies to both Scattered Site and Congregate Contractors:**

- a. DOHMH anticipates that the Contractor will be paid unit rates as follows for each contracted unit:
  - i. Scattered Site:
    - a) Operations (rental assistance): \$28,432 per unit per year, which includes operations costs at the 2017 Fair Market Rate (FMR) with an annual 2% enhancement for each studio and one-bedroom unit. Contractors may lease two or three-bedroom units, in which case the operations funding would be based on the 2017 FMR for the applicable apartment size.
    - b) Supportive Services: \$10,000 per unit per year
  - ii. Congregate:
    - a) Operations (rental assistance): Rental assistance to support the projects will be funded outside this RFP, through a separate process administered by the NYC Department of Housing Preservation and Development (HPD). Demonstration of a preliminary award determination from this RFP will be required for eligibility for HPD rental assistance.
    - b) Supportive Services: \$17,500 per unit per year
- b. The Contractors would be responsible for ensuring that the tenant is eligible for benefits (such as Public Assistance or Supplemental Security Income), and/or have the ability to pay 30% of their income in rent.
- c. The contractor would propose a budget (Attachment C) which includes annual costs to provide services for the proposed program, emergency tenant needs, and startup costs for the program

equal to three months of the Contract Year 1 budget. This line item budget is for informational purposes only; the Contractor would be paid according to the unit rates indicated above.

- d. The Contractor is expected to maintain occupancy rates of 90%; failure to maintain this rate may result in liquidated damages as follows: 10% of annual budget.
- e. The Contractor would effectively manage its budget to enable the effective delivery of services described in this RFP.
- f. The Contractor would adopt strict fiscal controls to ensure finances are managed appropriately, including proper separation of duties, sound financial controls, and ensuring that financial transactions are authorized and documented appropriately.

**2. Proposal Instructions:**

- a. Complete the Proposal Budget Summary Form, Attachment C.
- b. Scattered Site: Complete the Budget Management section of the JISH Structured Proposal Form (Scattered Site), Attachment D.
- c. Congregate: Complete the Budget Management section of the JISH Structured Proposal Form (Congregate), Attachment E.

**3. Evaluation: Budget Management**

- a. This section will be evaluated based on the quality of the proposed approach to Budget Management based on the criteria listed in this section. It is worth a maximum of **10 points** in the Proposal Evaluation.

## **Section 4 – 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 and Regulatory Requirements

Attachment B - Doing Business Data Form

Attachment C – Proposal Budget Summary

Attachment D – Structured Proposal Form – Scattered Site

Attachment E – Structure Proposal Form – Congregate

Attachment F - 1100 Series Standards for Program Audit of Housing Programs



## **Section 5 – Basis for Contract Award and Procedures**

### **A. Proposal Evaluation**

All proposals received by DOHMH will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by DOHMH to be non-responsive will be rejected. The DOHMH evaluation committee(s) will review and rate each responsive proposal. DOHMH reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as DOHMH deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DOHMH reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

This is an open-ended RFP; therefore, all proposals will be accepted through HHS Accelerator and reviewed on an on-going basis until the need is met.

### **B. Contract Award**

Proposals will be reviewed and evaluated as they are received by DOHMH. Contracts will be awarded to the responsive and responsible proposers whose proposals are determined to be advantageous to the City, taking into consideration the factors or criteria which are set forth in this RFP.

For Congregate, *preliminary* awards will be recommended for proposers whose proposals are technically viable (average technical score of 80 or higher and an average technical score of at least 12 in the following 3 criteria: "Referral and Intake," "Service Provision," and "Staffing Plan and Qualifications,") until the need is met.

For Scattered Site, awards will be recommended for proposers whose proposals are technically viable (average technical score of 80 or higher and an average technical score of at least 12 in the following 3 criteria: "Referral and Intake," "Service Provision," and "Staffing Plan and Qualifications") until the need is met.

However, for both competitions:

- In the event that a proposer is eligible for more than one contract award, the DOHMH reserves the right to determine, based on the best interests of the City, how many contracts would be awarded and the number of units that would be awarded in each contract.
- DOHMH reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any, which may be determined by funding and/or leasing arrangements.
- DOHMH reserves the right, prior to contract registration and during the term of the contract, to change the reimbursement rates, program service size, or program type depending on the needs of the system.

Contract Awards shall be subject to:

- Determination of Contractor responsibility.
- For Congregate Awards Only: Submission of a Certificate of Occupancy or a Temporary Certificate of Occupancy.

- For Congregate awards only: a preliminary award determinations will be made to viable proposers if the proposal does not contain evidence of site control. Final awards will be based on site control, as evidenced by a deed, purchase and sale agreement, ground lease, option, or (for City-owned property) site authorization letter or site negotiation letter. Preliminary award determinations may expire within two years of such determination if site control is not obtained, and the City has the right to withdraw the preliminary award determination at that time. In addition, the City will require proof of rental assistance for the property prior to issuing the final award for services. The City also reserves the right to request additional information to evidence site control. Preliminary award determinations may be rescinded prior to the expiration of two years, if, in the opinion of the City, site control and/or proof of rental assistance cannot be obtained and there is a competing viable proposal with site control.