



Governor's Office of Storm Recovery



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Governor

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HOUSING TRUST FUND CORPORATION
Governor's Office of Storm Recovery

Notice of Funding Availability

for

Community Organizations Active in Disaster (COAD) Program
Program Implementation and Administration Services
Tier 1 – Requests for Statements of Qualifications

November 6, 2015

Responses must be received by
6:00 p.m. (Eastern), December 1, 2015

1

NOTICE OF FUNDING AVAILABILITY (NOFA)
COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD) PROGRAM
PROGRAM IMPLEMENTATION AND ADMINISTRATION SERVICES
TIER 1 – REQUESTS FOR STATEMENTS OF QUALIFICATION

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1.0 GENERAL INFORMATION

1.1 Overview:

The Governor’s Office of Storm Recovery (GOSR) announces this Notice of Funding Availability (NOFA) through the NY Rising Community Reconstruction (NYRCR) Program to seek Statements of Qualifications from eligible participants¹ to provide program implementation and administrative services required in the implementation of the Community Organizations Active in Disasters (COAD) Program.

It is the intent of the Governor’s Office of Storm Recovery to fund all implementation costs of the Program within the boundaries of the NYRCR Brighton Beach, Coney Island, Manhattan Beach and Sea Gate, East Bronx Waterfront, Gravesend and Bensonhurst, Idlewild Watershed, and Staten Island Planning Areas.

1.2 Purpose:

The overall purpose of the COAD Program is to:

1. Provide supplemental training to improve the capacity of non-profit organizations to provide critical services and support during disaster events, drawing together organizations in the community that are involved in emergency response and recovery services; and
2. Facilitate the creation of a recovery plan which will better prepare these organizations in the event of future disasters.

The goals of the COAD are:

- To identify the challenges that responding community based organizations faced post Superstorm Sandy;
- To coordinate resources among multiple community based organizations and/or government agencies to assist the impacted community in their recovery;
- To conduct an assessment of the services these organizations plan to provide in the face of future events;
- To identify service needs to be fulfilled by other partners; and
- To engage in cross-sector coalition building and engagement in a comprehensive training program which would address capacity gaps among COAD members and other members of the not-for-profit and civic communities.

¹ See Section 2.2: Eligible Participants include certified nonprofit organizations

1.3 Service Delivery Areas:

- Brighton Beach, Coney Island, Manhattan Beach and Sea Gate (Brooklyn):

The program will be located within the boundaries of the Brighton Beach, Coney Island, Manhattan Beach and Sea Gate NYRCR Planning Area, generally bounded by Rockaway Inlet to the west, Gravesend Bay to the east, the Belt Parkway and Coney Island Creek to the north, and lower New York Harbor to the south. The program has the potential to serve over 97,000 residents of the Planning Area.

- East Bronx Waterfront:

The program will be located within the boundaries of the East Bronx Waterfront NYRCR Planning Area, generally bounded by Eastchester Bay to the west, the Throgs Neck Expressway and Castle Hill Avenue to the east, the Cross Bronx Expressway on the north and the East River to the south. The NYRCR Planning area also includes the neighborhood of City Island. The program has the potential to serve over 48,000 residents of the Planning Area.

- Gravesend and Bensonhurst (Brooklyn):

The program will be located within the boundaries of the Gravesend and Bensonhurst NYRCR Planning Area, generally bounded by Gravesend Bay to the west, Ocean Parkway to the east, Bay Parkway and Avenue P to the north, and Coney Island Creek to the south. The program has the potential to serve over 96,000 residents of the Planning Area.

- Idlewild Watershed (Queens):

The program will be located within the boundaries of the Idlewild Watershed Communities NYRCR Planning Area, generally bounded by Baisley Boulevard to the west, Merrick Boulevard to the north, Laurelton Parkway/Nassau County Line to the east and the Idlewild Park Preserve, Rockaway Boulevard and Meadowmere to the south. The program has the potential to serve nearly 95,000 residents of the Planning Area.

- Staten Island:

The program will be located within the entirety of the borough of Staten Island. The program has the potential to serve the borough and its 472,038 residents.

1.4 Funding Source:

Up to \$1,080,000 in funding is available to administer this program. Funding for this program will be derived under the State of New York's Community Development Block Grant-Disaster Recovery (CDBG-DR) Program. The U.S. Department of Housing and Urban Development (HUD) CDBG-DR funds are being made available through the NY Rising Community Reconstruction Program, which is a program of the Governor's Office of Storm Recovery.

It is expected that the administrators of the Program will leverage other funds and/or resources to implement the COAD Program. Respondents may apply to manage funds and implement the COAD Program for one NY Rising Community as described in Section 1.3 or all Communities. Funding allotments for each community are as follows:

- Brighton Beach, Coney Island, Manhattan Beach and Sea Gate: \$200,000
- East Bronx Waterfront: \$200,000
- Gravesend and Bensonhurst: \$200,000
- Idlewild Watershed: \$200,000
- Staten Island: \$280,000

1.5 Period of Performance:

- Funds will be provided for a period of 2 years
 - Estimated Project Start Date: 1st Quarter, 2016
 - Estimated Project End Date: 4th Quarter, 2017

2.0 EVALUATION AND SELECTION

2.1 Review Information and Selection Criteria:

The selection of successful respondent will be conducted through a two-tier process:

- Tier 1—Request for Statements of Qualifications (SOQ); and
- Tier 2—Request for Cost Proposals.

The SOQ process will determine whether a respondent is eligible to move forward to Tier 2—Request for Cost Proposals. All respondents must successfully complete both tiers in order to be considered for selection and funding.

▪ **Tier 1—Request for Statements of Qualifications**

The purpose of the Tier 1 process is to solicit statements of qualifications from eligible, capable, and willing respondents to implement the Program consistently, for up to a 2-year period.

In the Tier 1 process, respondents are requested to complete *Exhibit A, Qualifications Statement* and provide the information requested. Statements must be filed electronically in Portable Document Format (.pdf) file, compatible with Adobe Reader XI, version 11.0.4. Statements will be reviewed to determine the respondent’s capacity and qualifications to provide the services. If deemed qualified, the respondent will be requested to complete the Tier 2, Request for Cost Proposals, process.

▪ **Tier 2—Request for Cost Proposals**

The purpose for the Tier 2 process is to secure cost proposals from qualified respondents to implement the program in the service delivery area.

2.2 Eligible Participants:

- Certified nonprofit organizations (IRS 501(c)(3) status)

2.3 Evaluation Criteria for Potential Service Providers:

Respondents to this NOFA will be evaluated and ranked based on the following criteria: (Possible 100 Points)

Financial Capacity: Up to 25 Points
GOSR will review the Statement of Qualifications to determine whether the respondent is solvent and has adequate resources to manage the proposed project for up to a two-year period. The respondent will also be evaluated on its experience in managing federal funding. Respondents are encouraged to identify funding and/or existing resources outside of this opportunity to leverage funds that will best serve residents in the identified service areas.

Experience: Up to 25 Points
GOSR will review the Statement of Qualifications to determine the respondent’s experience and major accomplishments in providing the requested services to populations that have been effected by a major disaster; the respondent’s past work in

the Community; the respondent’s capacity to track and monitor the progress of the services and/or activities utilizing CDBG-DR and/or other federal funds; the capacity of the respondent to ensure compliance with federal policy and procedural requirements; the respondents willingness to work with local non-profit partners, elected officials and civic associations in the identified service areas, and existing or proposed relationships with those organizations.

Proposed Preliminary Scope of Work: Up to 25 Points

GOSR will review the Statement of Qualifications to assess how the respondent will implement the requested services described in Section 1.2 of this NOFA. Respondents are required to describe how they intend to operate the COAD Program to serve the target communities described in Section 1.4 of this NOFA and work with other Community Based Organizations, elected officials and government agencies through the development of a community recovery plan.

Staffing: Up to 15 Points

GOSR will review the Statement of Qualifications to determine (1) the experience and knowledge of key executive and/or management staff responsible for program implementation; (2) the experience and knowledge of the staff responsible for the oversight of CDBG-DR expenditures, fiscal compliance and/or reporting responsibilities; (3) the experience and knowledge of staff designated to provide direct services; and (4) the extent to which local non-profit organizations are included in the delivery of the requested services.

Regulatory Compliance: Up to 10 Points

GOSR will review the Statement of Qualifications to determine respondent’s demonstrated commitment to complying with all applicable Federal, state, and local regulations, including M/WBE and Section 3 income requirements. See Exhibit E “Supplementary Conditions for Contracts,” (http://stormrecovery.ny.gov/sites/default/files/crp/community/documents/GOSR_Exhibit%20E_FINAL_7%209%2015.pdf) which is an exhibit to the GOSR Subrecipient Agreement required to be attached to contracts where CDBG-DR grant funds are utilized. Respondents demonstrating experience administrating contracts with similar requirements will be graded favorably.

Respondents that GOSR determines to be qualified, based on the above criteria, will be invited to participate in the Tier 2 Process. GOSR will send written notifications to both successful and unsuccessful respondents. Interviews with respondents may be held.

3.0 RESPONDENT REQUIREMENTS

3.1 Request for Statements of Qualifications:

Respondents are requested to complete Exhibit A and provide the supplemental documentation requested in Part II.

Statements of Qualifications will be reviewed to determine the eligibility of an organization to be considered for participation in the Tier 2 procurement process.

Statements of Qualifications must be filed electronically in Portable Document Format (.pdf) file format, compatible with Adobe Reader XI, version 11.0.4. Unless otherwise noted, respondents must complete and submit all forms, information, and other documentation listed herein as part of their electronic proposal submissions. Only complete statements will be evaluated. In all instances, GOSR's determination regarding the completeness of any statement shall be final.

Statements of Qualifications must be delivered by e-mail to NYRisingNOFA@stormrecovery.ny.gov no later than: **Tuesday, December 1, 2015 at 6:00 p.m. (EDT)**. Any statement delivered after 6:00 p.m. (EDT) will not be considered.

Delivery delays shall not excuse late submissions. The respondent is responsible for ensuring that e-mails and attachments are delivered on time in a legible format. Complete statements, including all multiple parts, must be received by the deadline in order for a statement to be considered submitted on time. Those submitting a statement assume all risks associated with delivery. The determination of whether any statement was received on time is at the sole discretion of GOSR.

3.2 Submission Requirements:

All respondents are required to submit a completed "Exhibit A" in accordance with the following:

- All Responses must be typed;
- Ensure the completed Statement of Qualifications "Submittal Checklist" (Page 1 of "Exhibit A") is part of the official response to this NOFA; and
- Ensure all sections (see below) of Statement of Qualifications "Application" are complete.

3.3 Respondent General Information: (See Part A-Respondent Information)

1. General Information:

- Respondent's Legal Name

- Respondent’s Administration Address
- Respondent’s Satellite Address, if applicable
- Type of Respondent
- Federal Tax I. D. Number
- Date of Incorporation
- DUNS Number
- Years of Operation
- Head of Organization’s Contact Information
- Head of Fiscal Contact Information
- Statement of Qualifications (SOQ) Contact Information
- Community/Communities your organization seeks to serve through this NOFA

2. Current Target Population Information:

Include types/categories of clientele the respondent currently serves/provides assistance.

3. Current Service Delivery Information:

Explain how services are currently provided (individuals; businesses; organizations) and the types of services the respondent currently provides to clientele.

4. Current Service Location/Project Site Information:

Provide all current location/addresses where current clientele are able to access the respondent’s services or assistance. Ensure complete addresses with zip codes are listed. If the respondent currently serves targeted areas/neighborhoods as a citywide program, provide specific details in the “Neighborhood/Communities Served” section.

5. Current Roster of Board Members and Professions:

List respondent’s current Board of Directors. For each member, list the member’s name, position, profession/affiliation; indicate whether the member represents the target population currently served, and indicate whether the member resides in the service delivery areas or Communities listed in the previous section of the SOQ form.

3.4 Respondent Capacity: (See Part B-Administrative Capacity)

1. Financial Information:

- Most current copy of respondent’s federal A-133 Single Audit (required if respondent spent over \$500,000 in federal funds) or Audited Financial Statements with Unqualified Opinion, if applicable(not required for Non-Governmental respondents);

Most current signed copy of the respondent's Federal Tax Form 990—not required for Non-Governmental respondents;

- Most current signed copy of respondent's applicable State and Local Tax Forms;
- Assurance of Audit Requirements;
- Respondent's Financial Management Procedures; and
- Respondent's Procurement Policy.

The above documents will be reviewed to determine whether the respondent is solvent and has the financial capacity to financially administer a CDBG-DR project from beginning to end in a twenty-four (24) to thirty-six (36) month period and whether the respondent has adequate financial management capacity and procedures for federal funding.

2. Relevant Experience:

Briefly highlight respondent's experience and major accomplishments in providing programs/services to populations that have been affected by a major disaster (individuals, businesses, organizations). Experience creating emergency response plans and community recovery plans should be noted.

3. Staffing:

Submit current organizational charts for entire respondent organization and for specific divisions/sections that will administer respondent's proposed CDBG-DR activities:

- Executive Management
- Financial Oversight of Expenditures
- Fiscal Compliance
- Financial Reporting
- Project Management
- Administrative Oversight
- Program Compliance
- Program Reporting

NOTE: Resumes, which include the employment history, date of hire, relevant experience and relevant education/training must be submitted as part of the SOQ submission package for individuals who will be responsible for the following as related to CDBG-DR programs.

NOTE: In the SOQ process, respondents will be asked to certify that there are no changes in the staffing information provided in this section. If changes have occurred, the respondent will need to resubmit Section B.3 of this SOQ during the NOFA process. The new information will be evaluated to confirm the respondents' "Qualified" status before the SOQ will be reviewed.

4. Program Coordination:

Respondents are required to partner with local non-profit organizations, elected officials and government agencies in the implementation of the requested services and will score higher in the evaluation process.

3.5 Respondent Proposed Scope of Work: (See Part C-Program Implementation and Coordination)

1. Proposed Preliminary Scope of Work:

Respondents are required to partner with local non-profit organizations, elected officials, civic groups and government agencies in the implementation of the requested services described in Section 1.2 of this NOFA. Respondents that have existing relationships are encouraged to describe those relations or how they intend to leverage such partnerships. Respondents are required to submit how they intend to operate the Program to serve the target communities described in Section 1.4 of this NOFA and work with other Community Based Organizations, elected officials and government agencies through the development of a community recovery plan.

4.0 ADMINISTRATION INFORMATION

4.1 Respondents' Conference and Questions:

On **Thursday, November 19, 2015 (time to be announced)** GOSR will conduct a conference for potential respondents to discuss this NOFA, accept questions, and provide preliminary responses. Any changes to the date and time of the conference will be posted on the Governor's Office of Storm Recovery "Notice of Funding Availability" webpage: <http://stormrecovery.ny.gov/doing-business-with-gosr/nofas>

GOSR strongly encourages interested respondents to check the Procurement Opportunities webpage (<http://stormrecovery.ny.gov/doing-business-with-gosr/nofas>) frequently for updates and additional information pertaining to this NOFA.

Respondents may also submit questions outside of the conference by e-mail to NYRisingNOFA@stormrecovery.ny.gov. Any correspondence or questions sent to any other e-mail address regarding this NOFA will not be answered. All questions must reference this specific NOFA in the subject line of the e-mail. For Example, the subject line for questions related to this NOFA should read *RE: NOFA Question – COAD Program*. All substantive questions and answers, including any substantive questions arising from the respondents’ conference, will be posted on the GOSR “Notice of Funding Availability” webpage listed above as soon as practical following the deadline for question submission.

4.2 Provide Support for the COAD Program NOFA Timeline:

The following are anticipated target dates for each event or deadline related to this NOFA. Please note that the NOFA timeline includes target dates, which may change:

It is the responsibility of respondents to periodically review the GOSR and Housing Trust Fund Corporation (HTFC) websites for regular updates to the NOFA timeline and other important information, which may alter the terms or requirements of these NOFAs.

TARGET DATE	EVENT
November 6, 2015	Release of NOFA
November 19, 2015	Anticipated Respondents’ Conference (time TBA)
November 20, 2015	Last Day to Submit Questions – 6:00 p.m. (EST)
November 23, 2015	Issuance of Answers to Questions
December 1, 2015	SOQ Submission Deadline – 6:00 p.m. (EST)
December, 2015*	Tier 1 Finalist Interviews (if applicable)
January, 2016*	Target Date for Tier 2 Selection

*Specific dates to be determined

It is the responsibility of respondents to periodically review the GOSR website for regular updates to the NOFA timeline and other important information, which may alter the terms or requirements of these NOFAs.

4.3 Proposal Instructions:

Statements of Qualifications shall be submitted by e-mail to:

E-mail:

Governor's Office of Storm Recovery

NYRisingNOFA@stormrecovery.ny.gov

E-mail Subject Title: *COAD Program—Submission of Statement of Qualifications*



“EXHIBIT A”

**GOVERNOR’S OFFICE OF STORM RECOVERY
NY RISING COMMUNITY RECONSTRUCTION PROGRAM**

**NOTICE OF FUNDING AVAILABILITY (NOFA)
TIER 1—REQUEST FOR STATEMENTS OF QUALIFICATIONS**

COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD) PROGRAM

PROGRAM IMPLEMENTATION AND ADMINISTRATION SERVICES

**STATEMENT OF QUALIFICATIONS
SUBMITTAL CHECKLIST**

Name of Respondent: _____

INSTRUCTIONS

Enter an “X” next to each item below as it is completed. If the form or document listed does not apply to your organization, enter “N/A” next to the item. This checklist must be included as part of your SOQ response packet.

SOQ: Required of All Respondents

	Statement of Qualifications Submittal Checklist (this form)
	Statement of Qualifications (Part II)

FISCAL DOCUMENTS: Required of All Respondents that are Non-Governmental Entities

	Signed copies of Audited 2012/2013 Financial Statements with <u>Unqualified Opinion</u>
	Signed copies of 2012/2013 Single Audit Reports (only required of respondents that are non-governmental agencies that spent <u>\$500,000 or more in federal funds during 2012/2013 with Unqualified Opinion.</u>
	Signed copies of 2012/2013 Federal Tax Forms
	Signed copies of 2012 2013 State Tax Forms
	Signed copies of 2012/2013 Local Tax Forms

FISCAL DOCUMENTS: Required of All Respondents

	Assurance of Audit Requirements
	Financial Management Procedures
	Procurement Policy

RESPONDENT DOCUMENTS: Required of All Respondents

	Respondent Organization Chart (Entire Organization)
	Respondent Organization Chart (Each Division/Section that will administer Provide support for the COAD Program)
	Resume of Respondent's Key Executive or Management Staff <ul style="list-style-type: none"> • Title • Tenure at current position • Main responsibilities • Experience, skills and education
	Resume of the Responsible Party for the Financial Oversight of CDBG-DR Expenditures, Fiscal Compliance, and/or Reporting Responsibilities for Proposed CDBG-DR Activities <ul style="list-style-type: none"> • Title • Tenure at current position • Main responsibilities • Specific experience, skills and education related to fiscal oversight of funding expenditures, fiscal compliance and/or the preparation and compilation/completion of reimbursement requests and other fiscal reports
	Resume of the Responsible Party for the direct Project Management/Administrative Oversight, Program Compliance, and/or Reporting for Proposed CDBG Activities <ul style="list-style-type: none"> • Title • Tenure at current position • Main responsibilities • Specific experience, skills and education related to program oversight, program compliance and/or the preparation and compilation/completion of program reports

Signature and Certification:

The undersigned hereby acknowledges and confirms submittal of a response to the NOFA requesting Statements of Qualifications to the Governor's Office of Storm Recovery, for the implementation and administration of the COAD Program and certifies that, to his/her best knowledge and belief, all information provided is true and correct.

Name of Respondent's Organization

Signature of Authorized Signing Official/Representative Date

Printed/Typed Name of Authorized Signing Official/Representative

E-mail Address Phone Number

****GOSR USE ONLY****

SUBMITTAL TYPE	DATE RECEIVED	TIME RECEIVED	GOSR STAFF INITIALS
<input type="checkbox"/> Electronic delivery			

(Part II)
STATEMENT OF QUALIFICATIONS (SOQ)

Project Category:	Community Organizations Active in Disaster (COAD) Program	SOQ Number: <i>(GOSR Use Only)</i>
	Various Communities <i>(select below)</i>	
	Program Implementation and Administration Services	

A. RESPONDENT INFORMATION

1. GENERAL INFORMATION

Respondent's Legal Name:			
Respondent's Administration Address:			
Type of Respondent:	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> Other:
Federal Tax ID Number:		Date of Incorporation:	
DUNS Number:		Years of Operation:	

HEAD OF ORGANIZATION CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

HEAD OF FISCAL ADMINISTRATION CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

STATEMENT OF QUALIFICATIONS CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	
Respondent's Mission Statement:	

WHICH COMMUNITY/S DOES YOUR ORGANIZATION SEEK TO SERVE THROUGH THIS NOFA? (Check all that apply)

<input type="checkbox"/> Brighton Beach, Coney Island, Manhattan Beach & Sea Gate
<input type="checkbox"/> East Bronx Waterfront
<input type="checkbox"/> Idlewild Watershed (Queens)
<input type="checkbox"/> Gravesend and Bensonhurst (Brooklyn)
<input type="checkbox"/> Staten Island

2. Current Target Population Information

Include types/categories of clientele the respondent currently serves/provides assistance.

3. Current Service Delivery Information

Explain how services are currently provided (individuals, businesses, organizations) and the types of services the respondent currently provides to clientele.

4. Neighborhood/Communities Served

Provide all current location/addresses where current clientele are able to access the respondent's services or assistance. Ensure complete addresses with zip codes are listed. If the respondent currently serves targeted areas/neighborhoods as a citywide program, provide specific details.

B. ADMINISTRATIVE CAPACITY

1. FINANCIAL INFORMATION

Respondents are required to submit the following fiscal documents, as listed on the SOQ Submittal Checklist.

- 1) Most current copy of the Respondent's Single Audit (if required) or Audited Financial Statements with Unqualified Opinion. **NOTE:** Not required for Governmental Agencies;
- 2) Most current signed copy of Respondent's Federal Income Tax Return. **NOTE:** Not required for Governmental Agencies;
- 3) Most current signed copy of Respondent's State and Local Tax Return. **NOTE:** Not required for Governmental Agencies
- 4) Assurance of Audit Requirements (original signature required)
- 5) Financial Management Procedures
- 6) Procurement Policy

The above documents will be reviewed to determine whether a respondent is (1) solvent and has the financial capacity to administer the services from beginning to end; and, (2) whether the respondent has adequate financial management capabilities to ensure the proper expenditure of federal funding.

Provide Organization's Total Operating Budget:

Final 2014 Operating Budget:	
Current 2015 Operating Budget:	

Has your organization received other federal funds in the past three (3) fiscal years?
(Fiscal Years 2012 through 2014) If yes, complete the following table(s).

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Funding Source (FS) Title	FS Contact Name	FS Contact Phone Number	Funded Project Name	Year Funded	Award Amount	Total Amount Expended

NOTE: GOSR staff will review internal records to determine project compliance and accomplishments of agencies awarded CDBG or other federal funds by the either the City of New York or the State of NY for Fiscal Years 2012 through 2014.

2. RELEVANT EXPERIENCE

Respondents must have a level of related experience necessary to undertake the program as proposed. Preference will be given to organizations that have successfully operated a federally funded program.

Provide a summary of the organization including a description of the history and mission, years of experience, growth and direct experience with the implementation of training or other programs for community-based organizations.

Describe your organization's experience with post disaster response and recovery services including but not limited to, intra agency communication, volunteer management, and resource prioritization. Highlight your experience working with residents impacted by Superstorm Sandy and knowledge of the target communities in this NOFA, if applicable.

Describe the efforts the organization will use to recruit participants in the training and completion of the recovery plan. Include a description of the efforts to be undertaken to ensure maximum participation by potential program participants.

Describe the work tasks and timeline for the implementation of the Program.

Describe the organization's previous experience in implementing federally-funded program. Cite the specific federal funding source for each program/project implemented.

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3. STAFFING

Submit current **organizational charts** for the entire organization and for specific divisions/sections that will administer the proposed CDBG-DR activities (see SOQ Submittal Checklist).

Submit resumes of key executive or management staff (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Experience, skills and education

Submit resumes of staff members designated to have financial oversight of CDBG expenditures, fiscal compliance and/or reporting responsibilities for your organization’s proposed CDBG activities (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to fiscal oversight, fiscal compliance and/or preparation and compilation/completion of reimbursement requests and other fiscal reports

Submit resumes of staff members designated to have direct project management/administration oversight, program compliance and/or reporting responsibilities for your organization’s proposed CDBG activities (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to program oversight, program compliance and/or preparation and compilation/completion of program reports

If your organization is awarded CDBG funding, does your organization intend to hire additional staff to implement and complete the proposed CDBG activities listed referenced in this SOQ? If yes, respond to the following:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. How many?				
2. List position titles				

NOTE: In the SOQ process, respondents will be asked to certify that there were no changes in the staffing information provided in this section. If changes do occur, the respondent must resubmit Section B.3., Staffing portion of this SOQ.

C. PROGRAM IMPLEMENTATION AND COORDINATION

PROPOSED PRELIMINARY SCOPE OF WORK

Respondents are required to review each NYRCR Plan for the Communities included in the COAD Program described in Section 1.3 of this NOFA.

Describe in detail how your organization plans to partner with local non-profit organizations, elected officials, civic groups and government agencies in the implementation of the requested services described in Section 1.2 of this NOFA. Organizations that have existing relationships are encouraged to describe those relations or how they intend to leverage such partnerships. Also describe how your organization intends to operate the Program to serve the target communities described in Section 1.4 of this NOFA and work with other Community Based Organizations, elected officials and government agencies through the development of a community recovery plan.

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[End of Form]