



Governor's Office of Storm Recovery



Andrew M. Cuomo
Governor

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Interim Executive Director

HOUSING TRUST FUND CORPORATION

Notice of Funding Availability

For

NY Rising Disaster Case Management and Technical Assistance Services

Requests for Statements of Qualifications

July 27, 2015

Responses must be received by

5:00 p.m. (Eastern), August 17, 2015

Table of Contents

1.0 GENERAL INFORMATION	3
1.1 Overview:	3
1.2 Purpose:.....	3
1.3 Eligible Use of Funds:.....	4
1.4 Service Delivery Areas:	4
1.5 Funding Source:	4
1.6 Period of Performance:	4
2.0 EVALUATION AND SELECTION	5
2.1 Review Information and Selection Criteria:.....	5
2.2 Eligible Participants:	5
2.3 Evaluation Criteria for Potential Service Providers:.....	5
3.0 APPLICANT REQUIREMENTS	6
3.1 Request for Statements of Qualifications:.....	6
3.2 Submission Requirements:	7
3.3 Applicant Information:.....	7
3.4 Applicant Capacity:	Error! Bookmark not defined.
3.5 Proposed Serviced Activity Information:	8
4.0 ADMINISTRATION INFORMATION	9
4.1 Applicants' Questions and Conferences:	9
4.2 NY Rising Center NOFA Timeline:	9
4.3 Proposal Instructions:	9
EXHIBIT A	10
Application.....	Error! Bookmark not defined.

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 Housing Program to seek Statements of Qualifications from nonprofit organizations to provide disaster case management and other technical assistance to applicants to the New York Rising Housing Program.

It is the intent of the Governor's Office of Storm Recovery to provide individualized recovery plans incorporating general social services to particularly vulnerable NY Rising applicants. GOSR also intends to assist NY Rising applicants, on an individual and group instruction basis, by providing technical assistance in the areas of homeownership and financial counseling and legal assistance.

1.2 Purpose:

The overall purpose of the NY Rising Disaster Case Management and Technical Assistance Program is to provide needed guidance and support to vulnerable NY Rising applicants who are having difficulty in completing the repairs or reconstruction of their homes because of a variety of particular challenges and personal difficulties. Please note these service activities will only be available to NY Rising applicants. Service providers must prioritize client referrals from NY Rising and coordinate with the services provided by the program's on-going case management teams, if requested.

Disaster Case Management Services will entail providing guidance and support in completing the NY Rising repair/reconstruction activities while also providing a comprehensive array of direct social services and referrals to other specialized service organizations. These social services may include such matters as: mental health counseling referrals, benefits counseling, health services referrals, senior services, etc. The estimated number of NY Rising applicants to receive Disaster Case Management Services is 500.

Technical Assistance Services will allow nonprofit organizations to offer their particular expertise and resources in the areas of homeownership counseling, financial management and legal assistance to address issues which have been identified as specific obstacles for the successful completion of the NY Rising program requirements. The technical assistance provided to NY Rising applicants on both an individual and group basis will include the following:

Homeownership Counseling – Assistance with issues related to the financial and physical management of a home. This may involve counseling and support on issues such as budgeting, insurance, mortgage financing, hiring and managing a contractor, environmental issues, energy conservation, etc. The estimated number of NY Rising applicants to receive Homeownership Counseling is 500.

Financial Counseling – Assistance with general financial management issues including credit counseling, debt consolidation, loan counseling, bankruptcy and foreclosure avoidance, etc. The estimated number of NY Rising applicants to receive Financial Counseling is 500.

Legal Assistance – Transactional assistance related to real estate and NY Rising program eligibility. Such matters would include title, estates, foreclosure, clearance of tax liens, etc. The estimated number of NY Rising applicants to receive Legal Assistance is 300. Any legal services entailing advocacy for individuals seeking to modify or overturn program determinations regarding award amounts and eligibility are expressly excluded from this NOFA and will not be funded by GOSR.

1.3 Eligible Use of Funds:

The funding will be provided to implement various service activities, which may include either directly or through referrals the following:

- Case Management Services;
- Benefits Counseling;
- Senior Services;
- Educational Programs (to include resiliency education);
- Recovery Services;
- Homeownership Counseling;
- Financial Counseling; and
- Legal Assistance, as described above

1.4 Service Delivery Area:

Services may be delivered in any of the disaster-declared counties which sustained damage as a direct result of one of the eligible storms – Superstorm Sandy, Hurricane Irene, and Tropical Storm Lee as noted in the NYS Action Plan <http://stormrecovery.ny.gov/action-plans-and-amendments>. The services will be delivered as required to best accommodate the NY Rising housing applicants requiring the services.

1.5 Funding Source:

These federal Department of Housing and Urban Development (HUD) Community Development Block Grant-Disaster Recovery (CDBG-DR) funds are being made available through the NY Rising Housing Program, which is a program of the Governor’s Office of Storm Recovery.

1.6 Period of Performance:

- Funds will be provided for a period of two years
- Estimated Project Start Date: 3rd Quarter (CY) 2015
- Estimated Project End Date: 2nd Quarter (CY) 2017

2.0 EVALUATION AND SELECTION

2.1 Review Information and Selection Criteria:

The selection of successful service providers will be conducted through a review of submitted Request for Statements of Qualifications (SOQ) which include Cost Proposals;

Request for Statements of Qualifications The purpose of this process is to solicit statements of qualifications from interested nonprofit agencies to provide services for a two-year period. Applicants may submit proposals to perform services related to one or more of the four service activities described in Section 1.2 - Disaster Case Management, Homeownership Counseling, Financial Counseling, and Legal Assistance.

Statements must be filed electronically in Portable Document Format (.pdf) file format, compatible with Adobe Reader XI, version 11.0.4. Statements will be reviewed to determine the applicant's capacity and qualifications to provide the services.

2.2 Eligible Participants:

Eligible participants are nonprofit organizations.

2.3 Evaluation Criteria for Potential Service Providers:

Organizations will be evaluated and ranked on the following criteria (Possible 100 Points):

Experience: Up to 25 Points
GOSR will review the Statement of Qualifications to determine the applicant's experience and major accomplishments in providing services to populations that have been effected by a major disaster; the applicant's capacity to track and monitor the progress of the services proposed and/or activities utilizing CDBG-DR and/or other federal funds; and the capacity of the applicant to ensure compliance with federal policy and procedural requirements.

Staffing: Up to 20 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; and (2) the experience and knowledge of staff designated to provide direct services.

Subject Matter Expertise: Up to 25 Points
GOSR will review the Statement of Qualifications to determine whether the applicant has proposed services which have been identified as specific obstacles for the successful completion of the NY Rising program requirements by program applicants, has proposed a strong methodology for service delivery, has proposed a means to identify and serve vulnerable applicants; and that the applicant has demonstrated relevant expertise and experience to carry out those services.

Regulation Compliance:

Up to 10 Points

GOSR will review the Statement of Qualifications to determine applicant'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/uploads/gosr_exhibit_e_final_6_15_15.pdf) which is an exhibit to the GOSR Subrecipient Agreement required to be attached to contracts where CDBG-DR grant funds are utilized. Applicants demonstrating experience administrating contracts with similar requirements will be graded favorably. Please note that the forms included in *Supplementary Conditions for Contracts* do not have to be filled out as part of this SOQ and will only be required to be completed by those applicants that have been selected for funding.

Cost Proposal:

Up to 20 Points

GOSR will review the Cost Proposal to determine whether the applicant has proposed a reasonable budget to prudently accomplish the proposed services and serve at least the estimated number of clients suggested in Section 1.2 above, during the proposed two-year contract term.

3.0 APPLICANT REQUIREMENTS

3.1 Request for Statements of Qualifications:

Applicants are requested to provide the Statements of Qualifications which will be reviewed to determine the eligibility of an organization to be considered as a Case Management and/or Technical Assistance service provider. If an organization is deemed eligible, the organization will be required to provide these services for no less than twenty-four (24) months.

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, applicants 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 email no later than: **5:00 pm (EDT) August 17, 2015**. Any statement delivered after 5:00 pm (EDT) will not be considered. Delivery delays shall not excuse late submissions. The applicant is responsible to ensure that emails 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 applicants are required to submit a completed “Exhibit A” in accordance with the following:

- All responses must be typed;
- Ensure all sections (see below) of Statement of Qualifications “Application” are complete;
- Responses should be made in the space provided on the Application and may include not more than two additional narrative pages which should be attached. The Cost Proposal may also be included as an attachment;
- The requested resume(s) and organization chart must be provided as attachments.

1. **Current Target Population Information:**

Include types/categories of beneficiaries applicant currently serves/provides assistance to. Multiple selections may be provided, as applicable to applicant.

2. **Current Service Delivery Information:**

Explain how services or assistance is currently provided (individuals; households; businesses; organizations) and the types of services applicant currently provides to beneficiaries. Multiple selections may be provided, as applicable to applicant.

3. **Current Service Location/Project Site Information:**

Provide all current location/addresses where current beneficiaries are able to access applicant services or assistance provided by applicant. Ensure complete addresses with zip codes are listed. If applicant currently serves targeted areas/neighborhoods or multiple households in an area-wide program, provide specific details in the “Neighborhood/Communities Served” section.

3.3 Applicant Information:

4. **General Applicant Information:**

- Applicant Legal Name
- Applicant Administration Address
- Applicant Satellite Address, if applicable
- Type of Applicant (Case Management or Technical Assistance)
- Tax I. D. Number
- Date of Incorporation
- Applicant DUNS Number
- Years of Operation
- Head of Applicant Contact Information
- Head of Fiscal Contact Information
- SOQ Contact Information

3.4 Applicant Capacity:

1. Applicant Experience:

Briefly highlight applicant's experience and major accomplishments in providing programs/services to populations that have been affected by a major disaster (individuals, households, businesses, organizations).

2. Staffing:

Submit for specific divisions/sections that will administer applicant's proposed CDBG-DR activities:

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

NOTE: The Resume(s), which includes the employment history, date of hire, relevant experience and relevant education/training must be submitted as part of the SOQ submission package for the individuals who will be responsible for the implementation of the proposed CDBG-DR activities.

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

NOTE: In the SOQ process, applicants may be asked to provide additional fiscal information such as audits, federal and state tax forms, financial management procedures, and procurement policy.

3.5 Proposed Service Activity Information:

Provide the information requested for each service activity applicant plans to include in its SOQ. For each service activity the applicant is proposing to please provide all of the following:

- Target population(s);
- Service Delivery Area(s); and
- Cost Proposal.

4.0 ADMINISTRATION INFORMATION

4.1 Applicants' Questions and Conferences

Applicants may submit questions by e-mail to jennifer.davino@stormrecovery.ny.gov. All questions must reference this specific NOFA in the subject line of the email. For Example, the subject line for questions related to this NOFA should read RE: NOFA Question – Disaster Case Management and Technical Assistance. Answers to all substantive questions will be posted on the GOSR “Notice of Funding Availability” webpage listed above as soon as practical following the deadline for question submission. All questions and correspondence must be sent to jennifer.davino@stormrecovery.ny.gov. Any correspondence or questions sent to any other email address regarding this NOFA will not be answered.

A conference may also be scheduled to discuss this NOFA, accept questions, and provide preliminary responses. If a conference is scheduled, it will be posted to the Governor’s Office of Storm Recovery “Notice of Funding Availability” webpage: <http://stormrecovery.ny.gov/doing-business-with-gosr/nofas>. We strongly encourage interested applicants to check the Procurement Opportunities webpage frequently for updates and additional information pertaining to this NOFA.

4.2 NY Rising Center NOFA Timeline:

Target Date	Event
July 27, 2015	Release of NOFAs
August 3, 2015	Last Day to Submit Questions – 5:00 p.m. (Eastern)
August 10, 2015	Issuance of Answers to Questions
August 17, 2015	Proposal Submission Deadline – 5:00 p.m. (Eastern)
August 24, 2015	Finalist Interviews (if applicable)
August 31, 2015	Target Date for Selection

Please note that the NOFA timeline includes target dates and may change. It is the responsibility of applicants 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 this NOFA.

4.3 Proposal Instructions:

Statements of Qualifications shall be submitted by e-mail to:
Jennifer Davino, Governor’s Office of Storm Recovery
Jennifer.davino@stormrecovery.ny.gov
E-mail Subject Title: Disaster Case Management and Technical Assistance Services



EXHIBIT A

**GOVERNOR'S OFFICE OF STORM RECOVERY
NY RISING HOMEOWNERSHIP PROGRAM**

**NOTICE OF FUNDING AVAILABILITY (NOFA)
DISASTER CASE MANAGEMENT AND TECHNICAL ASSISTANCE SERVICES**

STATEMENT OF QUALIFICATIONS (SOQ)

Project Category:	<input type="checkbox"/> Disaster Case Management & Technical Assistance	SOQ Number: <input type="text"/> <i>(GOSR Use Only)</i>
	<input type="checkbox"/> NY Rising Housing Program	

Applicant Name:

A. GENERAL APPLICANT INFORMATION

1. GENERAL INFORMATION

Applicant Legal Name:			
Applicant Administration Address:			
Applicant Satellite Address, if applicable			
Applicant Satellite Address, if			
Type of Applicant:	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Other:	
Tax ID number:		Date of Incorporation:	
Applicant DUNS:		Years of Operation:	

HEAD OF ORGANIZATION CONTACT INFORMATION

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

HEAD OF FISCAL CONTACT INFORMATION

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

SOQ CONTACT INFORMATION

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

Applicant Mission Statement: <i>Type your response here.</i>

2. Current Target Population Information

Check All That Apply	<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth
	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Victims of Domestic Violence	<input type="checkbox"/> Victims of Child Abuse
	<input type="checkbox"/> Victims of Other Crime	<input type="checkbox"/> Illiterate Adults
	<input type="checkbox"/> Migrant Farm Workers	<input type="checkbox"/> Organizations
	<input type="checkbox"/> Targeted Neighborhoods/Communities	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

3. Current Service Delivery Information

Check All That Apply:	<input type="checkbox"/> Individuals	<input type="checkbox"/> Households	<input type="checkbox"/> Businesses	<input type="checkbox"/> Organizations
	<input type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services		
	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Meals/Food Distribution Services		
	<input type="checkbox"/> Medical/Health Services	<input type="checkbox"/> Child Care Services		
	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Educational Services		
	<input type="checkbox"/> Homeownership Services	<input type="checkbox"/> Transportation Services		
	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Benefits Counseling		
	<input type="checkbox"/> Informational/Referral Services	<input type="checkbox"/> Public Safety Services		
	<input type="checkbox"/> Neighborhood Services	<input type="checkbox"/> Recreational Services		
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Lead Based Paint/Hazards		
<input type="checkbox"/> Financial & Credit Counseling	<input type="checkbox"/> Energy Efficiency Improvements			
Other Service Types:				

4. Current Service Location/Project Site Information

Service Location/Project Site 1:	
Service Location/Project Site 2:	
Service Location/Project Site 3:	
Service Location/Project Site 4:	
Service Location/Project Site 5:	
Service Location/Project Site 6:	
Service Location/Project Site 7:	
Service Location/Project Site 8:	
Service Location/Project Site 9:	
Service Location/Project Site 10:	
Neighborhoods/Communities Served:	

B. Applicant Capacity

1. Financial Information (only required for submission upon request)

Applicants may be requested to submit the following fiscal documents:

- 1) Most current copy of applicant's Single Audit (if required) or Audited Financial Statements with Unqualified Opinion – not required for Governmental Agencies
- 2) Most current signed copy of applicant's Federal Tax Form – not required for Governmental Agencies
- 3) Most current signed copy of applicant's State and Local Tax Forms – not required for Governmental Agencies
- 4) Assurance of Audit Requirements (original signature required)
- 5) Applicant's Financial Management Procedures
- 6) Applicant's Procurement Policy

Has applicant received other federal funds in any of the past three (3) fiscal years (Fiscal Years 2014 through 2016)? If yes, complete the following table. Yes No

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 with CDBG or other federal funds by the either the City of New York or the State of NY for Fiscal Years 2011 through 2015.

2. Applicant Experience

Briefly highlight applicant's experience and major accomplishments in providing programs/services to populations that have been effected by a major disaster (individuals, households, businesses, organizations).

[Type your response here]

Does applicant have direct experience in providing the proposed service activities listed in Section C. Proposed Service Activity Information (below)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, respond to #1-4				
1. When?				
2. How long?				
3. Total federal funds expended for duration listed in 2.b.2. above				
4. Total non-federal funds expended for duration listed in 2.b.2. above				

If No, respond to #5

5. Specify what steps/plans applicant will implement to demonstrate capacity to conduct the proposed services listed in Section C, Proposed Project Category Information.

[Type your response here]

List the evaluation tools applicant currently employs to track and monitor the progress of the services and/or activities utilizing CDBG-DR and/or other federal funds.

[Type your response here.]

How does applicant currently ensure compliance with federal policy and procedural requirements?

[Type your response here.]

Staffing

Submit **organizational charts** for the specific divisions/sections that will administer applicant's proposed CDBG-DR activities.

Submit resumes of key one or two Executive or Management staff who will administer the proposed CDBG-DR activities. Resumes must include the following:

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

Submit the resume(s) of one or two staff member designated to have direct project management/administration oversight, program compliance and/or reporting responsibilities for applicant's proposed CDBG-DR activities. Resume(s) must include the following:
<ol style="list-style-type: none"> 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 applicant is awarded CDBG-DR funding, does applicant intend to hire additional staff to implement and complete the proposed CDBG-DR 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 title(s)					

NOTE: In the SOQ process, applicants will be asked to certify that there were no changes in the staffing information provided in this section. If changes do occur, applicant will need to resubmit Section B.3., Staffing portion of this SOQ. The re-submittal will be evaluated to confirm the applicant's "Qualified" status before the SOQ will be reviewed.

C. PROPOSED SERVICE ACTIVITY INFORMATION

1. Proposed Activities

Briefly describe which of the following service activities applicant is offering to provide, specifically how and what services will be provided, how NY Rising applicants needing these services will be identified, if/which specific populations and service delivery areas will be targeted and where services will be conducted:

- Disaster Case Management
- Homeownership Counseling
- Financial Counseling
- Legal Assistance

[Type your response here]

Target Population(s):	
Service Delivery Area(s):	

2. Cost Proposal

For each of the service activities applicant is proposing to provide, include a breakdown of the costs, include staff lines with FTEs, breakdown of Other than Personnel Services and other overhead costs. If proposing more than one service activity, provide itemization of each and total cost.

[Type your response here, or attach a one page Cost Proposal]

Signature and Certification:

The undersigned hereby acknowledges and confirms submittal of a response to the NOFA requesting Statements of Qualification to the Governor's Office of Storm Recovery, NY Rising Disaster Case Management and Technical Assistance Services and certifies that, to his/her best knowledge and belief, all information provided is true and correct.

Name of 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"/> Email delivery			