



# GOVERNOR'S OFFICE OF STORM RECOVERY

Andrew M. Cuomo  
Governor

James Rubin  
*Executive Director*



HOUSING TRUST FUND CORPORATION

Notice of Funding Availability

For

NY Rising Community Center Program

Public Services

Tier 1 – Requests for Statements of Qualifications

February 10, 2015

Responses must be received by  
5:00 p.m. (Eastern), March 11, 2015

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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 (SOQ) from qualified organizations to provide public services within a proposed NY Rising Community Center (Center), in coordination with selected Center facilities.

It is the intent of GOSR to provide the requested services within the Centers that will be established in the following NY Rising Communities (Communities) of: Bergen Beach, Georgetown, Marine Park, Mill Basin, Mill Island; Brighton Beach, Coney Island, Manhattan Beach, Sea Gate; Canarsie; Gerritsen Beach and Sheepshead Bay; Howard Beach; Lower Manhattan; Red Hook; Rockaway East; Rockaway West; and Staten Island. NYRCR Planning Committees (Committees) representing these Communities proposed the State's funding of these services in their respective NYRCR Plans. The requested services will be selected based on the specific and unique needs of each of these participating Communities, as identified in the individual NYRCR Plan.

The NYRCR Plans are available online at: <http://www.stormrecovery.ny.gov/nyrcr/final-plans>.

GOSR will enter into subrecipient agreement(s) with selected organization(s), to provide the CDBG-DR funding required in the delivery of the proposed services within an assigned Center.

### 1.2 Purpose:

The overall purpose of the NY Rising Community Center Program is to create a network of resilient facilities and recovery services in the aforementioned Communities where selected respondents can provide critical recovery and social services to these disaster-affected Communities, targeting the most vulnerable population sectors, which include but are not limited to residents: (1) of low/moderate income; (2) possessing physical disabilities; and/or (3) having limited ability to control their environments. Seniors, persons with disabilities/home-bound persons, and those with limited English proficiency were particularly affected by the impacts of Superstorm Sandy.

A NY Rising Community Center, where the requested public services will be delivered, is conceived as a large and currently operating community space coordinating with other locations throughout the Community, borough, and City. This design will allow selected respondents to offer particular expertise and resources through a comprehensive network of services.

### 1.3 Eligible Use of Funds:

The funding will be provided to implement a wide range of public service activities, including, but not limited to:

- Case management services for, but not limited to homeowners, tenants, senior citizens and homeless persons;
- Crime prevention and public safety;
- Educational programs (to include resiliency education);

- Emergency planning/preparedness;
- Employment/small business services (e.g., job training/technical assistance);
- Energy conservation;
- Fair housing counseling;
- Health services;
- Recovery services; and
- Youth engagement.

Eligible public service activities are listed above in no particular order. Special emphasis is given to the fact that the services to be provided must be either a new service or an expansion of existing services currently being provided in the Community.

#### 1.4 Service Delivery Areas:

The following service delivery areas are geographical descriptions of NYRCR Planning Areas, as defined by NYRCR Committees:

- **Bergen Beach/Georgetown/Marine Park/Mill Basin/Mill Island:** Bounded by Gerritsen and Nostrand Avenues to the west, Jamaica Bay to the south, Paerdegat Basin to the east, and Ralph Avenue, Avenue N and Flatlands Avenue to the north;
- **Brighton Beach/Coney Island/Manhattan Beach/Sea Gate:** Bounded by Gravesend Bay to the west, Rockaway Inlet to the east, Coney Island Creek, the Belt Parkway and Sheepshead Bay to the north, and Lower New York Bay to the South;
- **Canarsie:** Bounded by Paerdegat Basin to the west, Jamaica Bay to the south, Fresh Creek to the east, and Williams Avenue, Stanley Avenue, the MTA L train line, Linden Boulevard, Ditmas Avenue and Ralph Avenue to the north;
- **Gerritsen Beach/ Sheepshead Bay:** Bounded by Ocean Parkway to the west, Avenue P to the north, Gerritsen Avenue and Burnett Street to the east, and Shore Parkway, Sheepshead Bay and Shell Bank Creek to the south;
- **Howard Beach:** Bounded by Conduit Boulevard to the north, Elderts Lane, 78<sup>th</sup> Street and Spring Creek to the west, the MTA A train line to the east, and Jamaica Bay to the south;
- **Lower Manhattan:** Bounded by 14<sup>th</sup> Street to the north, New York Harbor to the south, the Hudson River to the west, and the East River to the east;
- **Red Hook:** Bounded by the waterfront of New York Harbor, Gowanus Bay, Gowanus Canal, Degraw Street to the north, and the BQE to the east;
- **Rockaway East:** Bounded by Beach 74<sup>th</sup> Street to the west, Jamaica Bay to the north, the Nassau County line to the east, and the Atlantic Ocean to the south;
- **Rockaway West:** Bounded by Beach 149<sup>th</sup> Street to the west, Jamaica Bay to the north, Beach 74<sup>th</sup> Street to the east, and Atlantic Ocean to the south; and
- **Staten Island:** The entirety of the Borough of Staten Island.

## 1.5 Relationship to NYRCR Project Profiles:

Organizations providing public services through the NY Rising Community Center Program will be selected based on the specific and unique needs of each participating Community as identified in the individual NYRCR Plans. SOQs should reflect the Project Profiles found within a specific Community's NYRCR Plan. NYRCR Plans are available online at: <http://www.stormrecovery.ny.gov/nyrcr/final-plans>.

## 1.6 Funding Source:

These U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant-Disaster Recovery (CDBG-DR) funds are being made available through the NY Rising Community Reconstruction Program, which is a program of GOSR. GOSR will enter into subrecipient agreement(s) with selected organization(s), to provide the CDBG-DR funding required in the delivery of the proposed services within an assigned Center. Subrecipients are expected to comply with all applicable regulations, as detailed in the attached Exhibit E.

## 1.7 Period of Performance:

Funds will be provided for a period of two years:

- Estimated Project Start Date: 2<sup>nd</sup> Quarter (CY) 2015
- Estimated Project End Date: 2<sup>nd</sup> Quarter (CY) 2017

## 2.0 EVALUATION AND SELECTION

### 2.1 Review Information and Selection Criteria:

The selection of service providers will be conducted through a two-tier process:

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

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

- **Tier 1—Request for Statements of Qualifications:** The purpose of the Tier 1 process is to solicit SOQs from interested social- and public-service providers to implement programs within a selected NY Rising Community Center, consistently, for a two-year period. In the Tier 1 process, respondents are requested to complete Exhibit A, Qualifications Statement and provide the information requested. SOQs must be filed electronically in a Portable Document Format (.pdf) file, compatible with Adobe Reader XI, version 11.0.4. SOQs 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 selected respondents deemed qualified in the Tier 1 process to implement the programs designated in the respondent's SOQ.

Programs and/or services to be offered through the NY Rising Community Centers will be determined by the specific and unique needs of each participating Community as identified in the individual NYRCR Plans. SOQs should reflect the Project Profiles found within a specific Community’s NYRCR Plan. NYRCR Plans are available online at: <http://www.stormrecovery.ny.gov/nyrcr/final-plans>.

## 2.2 Threshold Eligibility Requirements:

- Certified nonprofit organizations;
- Community-Based Development Organizations (CBDO); and
- Public benefit corporations.

## 2.3 Evaluation Criteria for Potential Service Providers:

Organizations that GOSR determines to be qualified, based on the aforementioned requirements, will be evaluated and ranked on the following criteria: (Possible 100 Points)

### Financial Capacity:

Up to 20 Points

GOSR will review the SOQ to determine whether the respondent is solvent and has adequate resources to manage the proposed project for the two-year period. The respondent will also be evaluated on its experience in managing federal funding.

### Experience:

Up to 25 Points

GOSR will review the SOQ to determine the respondent’s experience and major accomplishments in providing services to populations that have been effected by a major disaster; the respondent’s capacity to track and monitor the progress of the services and/or activities utilizing CDBG-DR and/or other federal funds; and the capacity of the respondent to ensure compliance with federal policy and procedural requirements.

### Staffing:

Up to 20 Points

GOSR will review the SOQ to determine the experience and knowledge of key executive, management, and junior staff responsible for: (1) program implementation; (2) oversight of CDBG-DR expenditures, fiscal compliance, and/or reporting responsibilities; and (3) providing direct services.

### Facility Coordination:

Up to 25 Points

GOSR will review the SOQ to determine whether the respondent has coordinated with a NY Rising Community Center Facilities respondent, and/or has a long-term occupancy agreement with a potential NY Rising Community Center Facilities respondent.

### Regulation Compliance:

Up to 10 Points

GOSR will review the SOQ to determine respondent’s demonstrated commitment to complying with all applicable federal, State, and local regulations, including M/WBE and Section 3 income requirements.

Respondents that GOSR selects 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.

## 3.0 RESPONDENT REQUIREMENTS

### 3.1 Requests for Statements of Qualifications:

Respondents are requested to complete Exhibit A, and provide the supplemental documentation requested. SOQs will be reviewed to determine the eligibility of an organization to be considered for a NY Rising Community Center service provider. If an organization is selected, the organization will be required to provide social services in a Center for no less than twenty-four (24) months.

SOQ must be filed electronically in Portable Document Format (.pdf) file, 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 SOQs will be evaluated. In all instances, GOSR's determination regarding the completeness of any SOQ shall be final. Coordination between Facility Site Selection and Public Services Program respondents is strongly encouraged.

SOQs must be delivered by email no later than: **5:00 p.m. (Eastern) March 11, 2015**. Any SOQ delivered after 5:00 p.m. (Eastern) will be returned. Delivery delays shall not excuse late bid submissions. The respondent is responsible to ensure that emails and attachments are delivered on time in a legible format. Complete SOQs, including all multiple parts, must be received by the deadline in order for a SOQ to be considered submitted on time. Those submitting a SOQ assume all risks associated with delivery. The determination of whether any SOQ 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 SOQ Submittal Checklist (Page 1 of Exhibit A) is part of the official response to this NOFA; and
- Ensure all sections (see below) of SOQ Application are complete.

### 3.3 Respondent Information:

#### 1. General Respondent Information:

- Respondent Legal Name
- Respondent Administration Address
- Respondent Satellite Address, if applicable
- Type of Respondent
- Tax I.D. Number
- Date of Incorporation
- Respondent DUNS Number
- Years of Operation
- Head of Respondent Contact Information
- Head of Fiscal Contact Information
- Contact Information

## 2. **Current Target Population Information:**

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

## 3. **Current Service Delivery Information:**

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

## 4. **Current Service Location/Project Site Information:**

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

## 5. **Current Roster of Board Members & 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:

#### 1. **Financial Information:**

- Most current copy of respondent's Single Audit (required if respondent spent over \$500,000.00 in federal funds) or Audited Financial Statements with Unqualified Opinion, if applicable;
- 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 administer a CDBG-DR project from beginning to end in a twenty four (24) month period and whether the respondent has adequate financial management procedures for federal funding.*

#### 2. **Respondent Experience:**

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



### 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

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.

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 A.3. Staffing of this SOQ during the NOFA process. The new information will be evaluated to confirm the respondent is qualified before the SOQ will be reviewed.

### 3.5 Proposed Project Category Information:

#### 1. Public Services Projects:

Provide the information requested for each applicable Public Services section based on the types of activities the respondent plans to include in its SOQ, should the respondent be deemed eligible to proceed. Briefly describe each proposed public service for which the respondent is proposing to provide:

- Target Population(s);
- Service Delivery Area(s); and
- Estimated Budget.

#### 2. Facility Coordination:

Explain any relevant coordination with a NY Rising Community Center Facilities respondent, and/or if the respondent has a long-term occupancy agreement with a potential NY Rising Community Center Facilities respondent.

## 4.0 ADMINISTRATION INFORMATION

### 4.1 Respondents' Webinar and Questions:

A webinar has been scheduled to discuss this NOFA, accept questions, and provide preliminary responses. GOSR is in the process of finalizing details for the webinar and will post an update to the GOSR Procurement Opportunities webpage: <http://stormrecovery.ny.gov/procurement-opportunities>. We strongly encourage interested respondents to check the Procurement Opportunities webpage 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](mailto:NYRisingNOFA@stormrecovery.ny.gov). Answers to all substantive questions, including any substantive questions arising from the respondents' webinar, will be posted on the GOSR Procurement Opportunities webpage listed above as soon as practical following the deadline for question submission. All questions and correspondence must be sent to [NYRisingNOFA@stormrecovery.ny.gov](mailto:NYRisingNOFA@stormrecovery.ny.gov). Any correspondence or questions sent to any other email address regarding this NOFA will not be answered.

### 4.2 NY Rising Community Center NOFA Timeline:

Target Date	Event
February 10, 2015	Release of NOFAs
February 25, 2015	Anticipated Respondents' Conference
February 27, 2015	Last Day to Submit Questions – <b>5:00 p.m. (Eastern)</b>
March 4, 2015	Issuance of Answers to Questions
March 11, 2015	SOQ Submission Deadline – <b>5:00 p.m. (Eastern)</b>
April 2015	Target for Tier 2 Evaluation Process

Please note that the NOFA timeline includes target dates and may change. It is the responsibility of respondents to periodically review the GOSR and HTFC websites 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:

Governor's Office of Storm Recovery  
[NYRisingNOFA@stormrecovery.ny.gov](mailto:NYRisingNOFA@stormrecovery.ny.gov)

E-mail Subject Title: NY Rising Community Center NOFA\_(insert Community)\_Public Services



## EXHIBIT A

### GOVERNOR'S OFFICE OF STORM RECOVERY NY RISING COMMUNITY RECONSTRUCTION PROGRAM

#### NOTICE OF FUNDING AVAILABILITY (NOFA) NY RISING COMMUNITY CENTERS PUBLIC SERVICES PROGRAM

### STATEMENT OF QUALIFICATIONS (SOQ)

#### Submittal Checklist

Respondent Name: \_\_\_\_\_

Corresponding NY Rising Community or Communities: \_\_\_\_\_

#### **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 respondent's SOQ response packet.

#### **SOQ: Required of All Respondents**

	SOQ Submittal Checklist (i.e., this form)
	SOQ Application

#### **FISCAL DOCUMENTS: Required of All Respondents**

	Signed copy of Audited FY 2012/CY 2012 Financial Statements with <u>Unqualified Opinion</u>
	Signed copy of FY 2012/CY2012 Single Audit Report (only required of respondents that spent <u>\$500,000 or more in federal funds during FY 2012/CY 2012 with Unqualified Opinion</u> )
	Signed copy of FY 2012/CY 2012 Federal Tax Form
	Signed copy of FY 2012/CY 2012 State Tax Form
	Signed copy of Audited FY 2013 Financial Statements with <u>Unqualified Opinion</u>
	FY 2013 Single Audit Report (only required of respondents that spent <u>\$500,000 or more in federal funds during FY 2012/CY 2012 with Unqualified Opinion</u> )
	Signed copy of FY 2013 Federal Tax Form
	Signed copy of FY 2013 State Tax Form

#### **FISCAL DOCUMENTS: Required of All Respondents**

	Assurance of Audit Requirements
	Respondent Financial Management Procedures
	Respondent Procurement Policy

**RESPONDENT DOCUMENTS: Required of All Respondents**

	Respondent Organization Chart (entire organization)
	Respondent Organization Chart (each division/section that will administer NY Rising Community Center services)
	Resume(s) of respondent’s key executive or management staff <ul style="list-style-type: none"> <li>• Title;</li> <li>• Tenure at current position;</li> <li>• Main responsibilities; and</li> <li>• Experience, skills and education.</li> </ul>
	Resume(s) of the responsible party(ies) 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"> <li>• Title;</li> <li>• Tenure at current position;</li> <li>• Main responsibilities; and</li> <li>• 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.</li> </ul>
	Resume(s) of the responsible party(ies) for the direct project management/administrative oversight, program compliance, and/or reporting for proposed CDBG-DR activities <ul style="list-style-type: none"> <li>• Title;</li> <li>• Tenure at current position;</li> <li>• Main responsibilities; and</li> <li>• Specific experience, skills and education related to program oversight, program compliance and/or the preparation and compilation/completion of program reports.</li> </ul>

Is this submission coordinated with a NY Rising Community Center Proposed Facility Statement of Interest submission(s)?

Yes  No  If yes, provide owner name(s)/facility address(es): \_\_\_\_\_

**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 Community Centers Public 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

Project Category:	<b>NY Rising Community Centers</b>	SOQ Number: <input type="text"/> <i>(GOSR Use Only)</i>
	Statement of Qualifications	
	Public Services	

# STATEMENT OF QUALIFICATIONS (SOQ)

## Application

### 1. GENERAL RESPONDENT INFORMATION

Respondent Legal Name:			
Respondent Administration Address:			
Respondent Satellite Address, if applicable:			
Respondent Satellite Address, if applicable:			
Type of Respondent:	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> CBDO	<input type="checkbox"/> Public benefit corporation
Tax ID number:		Date of Incorporation:	
Respondent 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:	

Respondent Mission Statement:
Type your response here.

## 2. Current Target Population Information

Check All That Apply	<input type="checkbox"/> Homeless	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Immigrant Populations	<input type="checkbox"/> Limited English Proficiency
	<input type="checkbox"/> Nonprofit Organizations	<input type="checkbox"/> Persons with Disabilities
	<input type="checkbox"/> Persons with Limited	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Renters	<input type="checkbox"/> Seniors
	<input type="checkbox"/> Small Businesses	<input type="checkbox"/> Targeted Neighborhoods/Communities
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Victims of Natural Disaster
	<input type="checkbox"/> Youth	<input type="checkbox"/> Other:

## 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"/> Child Care Services	<input type="checkbox"/> Counseling/Case Management		
	<input type="checkbox"/> Educational Services	<input type="checkbox"/> Emergency Planning/Preparedness & Recovery		
	<input type="checkbox"/> Employment Training/Services	<input type="checkbox"/> Energy Efficiency Improvements		
	<input type="checkbox"/> Health Services	<input type="checkbox"/> Housing Rehabilitation Services		
	<input type="checkbox"/> Informational/Referral Services	<input type="checkbox"/> Lead Based Paint Abatements		
	<input type="checkbox"/> Lead Based Paint Assessments	<input type="checkbox"/> Legal Services		
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Medical Services		
	<input type="checkbox"/> Neighborhood Services	<input type="checkbox"/> Public Safety Services		
	<input type="checkbox"/> Recreational Services	<input type="checkbox"/> Shelter Services		
<input type="checkbox"/> Street Improvements	<input type="checkbox"/> Transportation Services			
Other Current Services:				

## 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:	

## 5. Current Roster of Board Members & Professions

Provide a roster of the members of respondent Board of Directors and their professions by filling out the table below:

Name / Board Position	Current Term as Board Position	Duration as Board Member	Profession / Affiliation	Member of Respondent's Target Population	Member Resides in Respondent's Target Area
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## A. RESPONDENT 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 respondent's Single Audit (if required) or Audited Financial Statements with Unqualified Opinion
- 2) Most current signed copy of respondent's Federal Tax Form
- 3) Most current signed copy of respondent's State and Local Tax Forms
- 4) Assurance of Audit Requirements (original signature required)
- 5) Respondent's Financial Management Procedures
- 6) Respondent's Procurement Policy

The above documents will be reviewed to determine whether a respondent is solvent and has the financial capacity to administer the services from beginning to end in the twenty-four (24) months allowed and whether an respondent has adequate financial management for federal funding.

Provide respondent's Total Operating Budget:

Respondent's Final FY13/CY12 Operating Budget: \_\_\_\_\_

Respondent's Current FY14/CY13 Operating Budget: \_\_\_\_\_

Has respondent received other federal funds in any of the past three (3) fiscal years (Fiscal Years 2011 through 2013)? 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 performance of agencies previously awarded CDBG or other federal funds.**



## 2. Respondent Experience

Briefly highlight respondent'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.]

List the evaluation tools respondent currently employs to track and monitor the progress of the services and/or activities respondent provides.

[Type your response here.]

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

[Type your response here.]

### 3. Staffing

Submit current **organizational charts** for the entire organization and for specific divisions/sections that will administer respondent’s 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; and
4. Experience, skills and education.

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

1. Title;
2. Tenure at current position;
3. Main responsibilities; and
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 respondent’s proposed CDBG-DR activities (see SOQ Submittal Checklist). Resumes must include the following:

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

If respondent is awarded CDBG-DR funding, does respondent intend to hire additional staff to implement and complete the proposed CDBG-DR activities listed referenced in this SOQ? <b>If yes, respond to the following:</b>		<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 have occurred, respondent will need to resubmit section A.3. Staffing of this SOQ during the NOFA process. The new information will be evaluated to confirm the respondent is qualified before the SOQ will be reviewed.

## B. PROPOSED SERVICE CATEGORY INFORMATION

### 1. Public Services Projects

Briefly describe each proposed public service respondent is offering to provide:

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

Does respondent have direct experience in providing the proposed services listed above in Section B.1. Proposed Service Category Information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If Yes, respond to #1-4</b>				
1. When?				
2. How long?				
3. Total federal funds expended for duration listed above				
4. Total non-federal funds expended for duration listed above				

**If No, respond to #5**

5. Specify what steps/plans respondent will implement to demonstrate capacity to conduct the proposed services listed in Section B.1. Proposed Service Category Information.

[Type your response here.]

### 2. Facility Coordination

Explain any relevant coordination with a NY Rising Community Center Facilities respondent, and/or if the respondent has a long-term occupancy agreement with a potential NY Rising Community Center Facilities respondent.

[Type your response here.]

**\*\*GOSR USE ONLY\*\***

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