



GOVERNOR'S OFFICE OF STORM RECOVERY

Andrew M. Cuomo
Governor

James Rubin
Executive Director



HOUSING TRUST FUND CORPORATION

Governor's Office of Storm Recovery

Notice of Funding Availability

for

Disaster Recovery Workforce Training Program

Program Implementation and Administration Services

Tier 1 – Requests for Statements of Qualifications

**Responses must be received by
6:00 p.m. (Eastern), May 19, 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 and GOSR Monitoring and Compliance, to seek Statements of Qualifications (SOQs) from eligible participants¹ to provide program implementation and administration services required for implementation of the Disaster Recovery Workforce Training Program (the Program).

It is the intent of GOSR to provide the needed funding to cover implementation costs of the Program within New York City. This Program was recommended by the NYRCR Gravesend and Bensonhurst Planning Committee and is included in their NYRCR Plan available here:

http://stormrecovery.ny.gov/sites/default/files/crp/community/documents/gravesend_and_bensonhurst_nyrcr_plan_54mb.pdf (titled: “Create a Community Disaster Recovery Training and Workforce Development Program”)

1.2 Purpose:

GOSR has allotted up to \$200,000 to fund this program through the State of New York’s Community Development Block Grant-Disaster Recovery (CDBG-DR) Program administered by the U.S. Department of Housing and Urban Development (HUD). The overall purpose of the Program is to create an on the job training program for very low to low income New Yorkers – with the primary focus on serving individuals who are Section 3² residents - through the salvaging and deconstruction of vacant homes in the NY Rising Buyout and Acquisition Program, primarily located in Staten Island, New York.

The selected Program Administrator or Administrators will be expected to conduct disaster recovery training workshops in the Gravesend and Bensonhurst Community, and on the job training in the salvaging of salable appliances, fixtures, woodwork, cabinetry and other items within vacant State-owned homes prior to demolition. The Program Administrator/s will be allowed to repurpose this waste stream in order to fund the program past the one-year program period in which Community Development Block Grant-Disaster Recovery (CDBG-DR) funding will be provided.

¹ See Section 2.2: Eligible Participants include certified nonprofit organizations and public benefit corporations

² A section 3 resident is: 1) a public housing resident; or 2) a low- or very low-income person residing in the metropolitan area or non-metropolitan county where the Section 3 covered assistance is expended.

(http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/section3/section3)

The respondent or respondents selected through this NOFA process will be expected to provide all program implementation and CDBG-DR administrative services required in fulfilling the objectives of the Program.

The Program may include, but not limited to, the following training opportunities:

- Health and safety practices,
- Mold remediation,
- Sump pump operation and maintenance,
- Trap cleanout,
- Electrical, and
- Deconstruction

The Program Administrator/s is/are expected to offer transportation for trainees to and from Brooklyn and Staten Island.

1.3 Service Delivery Areas:

The Program will be based in New York City with a primary focus towards on-site training at NY Rising Buyout and Acquisition properties, primarily in Staten Island, New York. Recruitment of potential trainees should focus on Section 3 residents who have very low to low income from the planning boundary established for the NY Rising Community of Gravesend and Bensonhurst, Brooklyn and in addition to residents in Brooklyn Community Board Districts 11, 13 and 15. Proposals to serve Section 3 residents in Staten Island are also encouraged.

1.4 Funding Source:

GOSR has allotted up to \$200,000 to fund this Program through the State of New York's Community Development Block Grant-Disaster Recovery (CDBG-DR) Program. More specifically, these funds are being made available through the GOSR NY Rising Community Reconstruction (NYRCR) Program.

It is expected that up to two Program Administrators will be selected through this NOFA and will leverage other resources and continue operations past the one-year expiration of CDBG-DR funding by utilizing funds from salvage sales.

1.5 Period of Performance:

- Funds will be provided for a period of up to a one (1) year period
 - Estimated Project Start Date: 3rd Quarter, 2015

- Estimated Project End Date: 3rd Quarter, 2016

2.0 EVALUATION AND SELECTION

2.1 Review Information and Selection Criteria:

The selection of a successful respondent or respondents 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 the 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 SOQs from eligible, capable, and willing respondents describing their qualification to implement the Program consistently, for up to a one-year period.

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 format, 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 of the Tier 2 process is to secure cost proposals from qualified respondents to implement the program in accordance with the program scope of work to be performed within the service delivery area.

2.2 Eligible Participants:

- Certified nonprofit organizations (Having IRS 501(c)(3) status)
- Public benefit corporations

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 SOQs to determine whether the respondent is solvent and has adequate resources to manage the proposed project for up to a one-year period. The respondent will also be evaluated on its experience in managing federal funding. Respondents are encouraged to identify resources outside of this opportunity to leverage funds that will best serve the workforce in the identified service areas.

Experience:

Up to 25 Points

GOSR will review the SOQs to determine: (1) the respondent's experience and major accomplishments in providing the requested workforce training services; (2) the respondent's capacity to track and monitor the progress of the services and/or activities utilizing CDBG-DR and/or other federal funds; (3) the capacity of the respondent to ensure compliance with federal policy and procedural requirements; (4) the respondents willingness to work with local non-profit partners in the identified service areas and existing or proposed relationships with those organizations; and (5) experience selling salvaged household fixtures.

Proposed Preliminary Scope of Work:

Up to 20 Points

GOSR will review the SOQs to assess how the respondent will implement the requested services. Respondents are required to submit how they intend to operate the Program, engage unemployed or underemployed very low to low income New Yorkers who may not speak English as their primary language, primarily in the Gravesend and Bensonhurst, Brooklyn neighborhoods, Brooklyn Community Board Districts 11, 13 and 15, and Staten Island, and utilize this trained workforce through the salvaging and deconstruction of vacant homes. Training opportunities should lead to certification or licensing for participants.

Respondents may submit proposals specific to the Gravesend and Bensonhurst Community as well as the Staten Island Community.

Staffing:

Up to 20 Points

GOSR will review the SOQs 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 SOQs to determine respondent’s demonstrated commitment to complying with all applicable federal, state, and local regulations, including M/WBE and Section 3 utilization and hiring requirements. See Attachment 1 “Exhibit E: Supplementary Conditions for Contracts,” (http://stormrecovery.ny.gov/sites/default/files/uploads/gosr_exhibit_e_final_2.13.15.pdf) which is an exhibit to the GOSR Subrecipient Agreement required to be attached to and incorporated into contracts where CDBG-DR grant funds are utilized (please note that it is not anticipated that the ultimate recipient of this grant funding will enter into contracts to accomplish the purpose of this NOFA. Rather, the funds are intended to fund wages to be paid to the low-income workforce participating in the Program and/ or cover administrative costs associated with targeting unemployed or underemployed low income New Yorkers who may not speak English as their primary language, primarily in the Gravesend and Bensonhurst Community, Brooklyn and Staten Island). Respondents that demonstrate experience in administering contracts with similar requirements will be graded favorably. Please note that the forms included in Exhibit E do not have to be filled out as part of this SOQ and will only be required to be completed by those respondents that have been selected for funding.

Respondents that GOSR determines to be eligible, 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 Requests for Statements of Qualifications:

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

SOQs will be reviewed to determine the eligibility of an organization to be considered for participation in the Tier 2 Process.

SOQs 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, May 19, 2015 at 6:00**

p.m. (EDT). GOSR reserves the right to disqualify any statement delivered after 6:00 p.m. (EDT).

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 the 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 Administration Contact Information
- Statement of Qualifications (SOQ) Respondent Contact Information

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 to individuals, businesses, and/or organizations and the types of services the respondent currently provides to clientele.

4. Current Service Location/Project Site Information:

Provide all current locations/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 Statement of Qualifications (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;
- Respondent’s Procurement Policy; and
- Respondent’s Insurance 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 twelve (12) 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 the development and implementation of workforce training programs. Respondents are encouraged to highlight accomplishments in training workers, particularly with regard to health and safety practices, mold remediation, sump pump operation, trap cleanout, electric and deconstruction work. The respondent's experience working with newly trained workers to salvage and sell household appliances, fixtures, woodwork, cabinetry and other items of value should be highlighted.

3. Staffing:

Submit current organizational charts for entire respondent organization and for specific individuals/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 would be responsible for managing this Program.

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.

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

1. Proposed Preliminary Scope of Work:

Respondents should describe how they intend to implement the Disaster Recovery Workforce Training Program. Responses should focus on how they will engage unemployed or underemployed very low to low income New Yorkers and Section 3 residents who may not speak English as their primary language, primarily in the Brooklyn Communities of Gravesend and Bensonhurst, Brooklyn as well as residents residing in Brooklyn Community Board Districts 11, 13 and 15, to learn skills that could lead to long term employment in disaster recovery, construction, salvage and resiliency based jobs. Respondents should also state their willingness to transport workers to and from Brooklyn and Staten Island. Opportunities for certification or licensing in trades should be discussed.

4.0 ADMINISTRATION INFORMATION

4.1 Respondents' Conference and Questions:

On **Wednesday, May 6, 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 GOSR "Procurement Opportunities" webpage:

<http://stormrecovery.ny.gov/procurement-opportunities>

GOSR strongly encourages interested respondents to check the Procurement Opportunities webpage frequently for updates and additional information pertaining to this NOFA: <http://stormrecovery.ny.gov/procurement-opportunities>

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 – Disaster Recovery Workforce Training Program*. All substantive questions and answers, including any substantive questions arising from the respondents' conference, will be posted on the GOSR "Procurement Opportunities" webpage listed above as soon as practical following the deadline for question submission.

4.2 Disaster Recovery Workforce Training 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 that may change:

TARGET DATE	EVENT
April 22, 2015	Release of NOFA
May 6, 2015	Anticipated Respondents' Conference (time TBA)
May 7, 2015	Last Day to Submit Questions – 6:00 p.m. (Eastern)
May 8, 2015	Issuance of Answers to Questions
May 19, 2015	SOQ Submission Deadline – 6:00 p.m. (Eastern)
May, 2015	Tier 1 Finalist Interviews (if applicable)
June, 2015	Target Date for Tier 2 Selection

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 the NOFA.

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:

Disaster Recovery Workforce Training 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**

**DISASTER RECOVERY WORKFORCE TRAINING PROGRAM
PROGRAM IMPLEMENTATION AND ADMINISTRATION SERVICES**

**STATEMENT OF QUALIFICATIONS (SOQ)
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
	Insurance Policy

RESPONDENT DOCUMENTS: Required of All Respondents

	Respondent Organization Chart (Entire Organization)
	Respondent Organization Chart (Each Division/Section that will administer the Disaster Recovery Workforce Training 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 Disaster Recovery Workforce Training 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:	Disaster Recovery Workforce Training Program Gravesend and Bensonhurst, Brooklyn and/or Staten Island Program Implementation and Administration Services	SOQ Number: <i>(GOSR Use Only)</i>
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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:	

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 to individuals, businesses, and/or organizations, and the types of services the respondent currently provides to clientele.

4. Neighborhood/Communities Served

Provide all current locations/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
- 7) Insurance Policies

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).

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 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 in workforce training programs.

Describe your organization's experience implementing workforce training activities and salvage for sale programs.

Describe the fair marketing campaign the organization will use to advertise and market the program to potential trainees. Include a description of the efforts to be undertaken to ensure maximum participation by potential program participants with focus on low income New Yorkers, including those that may not speak English as a second language.

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

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

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 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 submit how they intend to operate the Program, engage unemployed or underemployed very low to low income New Yorkers and section 3 residents who may not speak English as their primary language, primarily in the Gravesend and Bensonhurst Community, Brooklyn, as well as residents from Brooklyn Community Board Districts 11, 13 and 15, and Staten Island. Respondents should explain how they will utilize this trained workforce through the salvaging and deconstruction of vacant homes. Respondents should also state their willingness to transport workers to and from Brooklyn and Staten Island. Opportunities for certification or licensing in trades should be discussed.

Describe how you intend to implement the Disaster Recovery Workforce Training Program. Your response should focus on the training aspect of the Program and on-site training opportunities utilizing vacant NY State owned homes. Outreach to the target population and willingness to transport trainees to and from the training site should be mentioned.

If you are selected to implement the Program, explain how you would utilize the trained workforce to support the salvage of household fixtures in NY State owned properties. Briefly describe how these skills could lead to long term employment in disaster recovery and resiliency based jobs for trained workers, as well as certification or licensing.

Describe how you intend to repurpose this waste stream in facilitation of funding the program past the one-year program period in which Community Development Block Grant-Disaster Recovery (CDBG-DR) funding will be provided.

[End of Form]