



RFP APPENDIX A: Proposal to Provide Service

Department of Social Services

RFP#2024-032VF

All fields must be completed. If not applicable, list "N/A". Incomplete proposals may be considered non-responsive.

AGENCY INFORMATION

(If submitting electronically, this information will be completed upon upload)

Official Agency Name		
Agency Name –List another name if used.		
Agency Telephone Number		
Agency Mailing Address		
City	State	Zip
Website address (if applicable)		
Leadership - List the name of your agency's Chief Executive Officer, Executive Director, or President.		
Leader's E-mail Address		
Contact Person for proposal		
Contact Person's Telephone Number		
Contact Person's E-mail Address		
501(c)(3) not-for-profit entity <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontractors - List all subcontractors that your agency does business with related to this service.		
Amount of Funding Request to ECDSS for this proposed contract \$		
Unit of Service for this proposal (e.g.: hour):		
Number of units to be served		
Cost per unit of service for this proposal (county funding + in-kind)/# units:		



The Erie County Department of Social Services supports local Homeless Shelters in the effort to become certified by OTDA. Uncertified Shelters are no longer eligible to receive funds from Erie County in order to serve clients. The Department has funding available to support shelters' physical plant improvements in order to become certified.

Please complete this application. Projects will be rated and funded based on highest need and funding availability. Agencies must show commitment to the projects by providing a minimum of 15% of the cost with internal funding for each project.

Shelter Information	
Agency/Shelter Name - List the official name of your organization.	
Shelter Address	
Federal Employer ID# (FEIN) - Please provide your agency's Employer Identification Number.	
501(c)(3) not-for-profit entity - If non-profit, please provide date established as 501(c)(3).	
Erie County Employees - Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal.	
<input type="checkbox"/> Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) Certification Letter attached <input type="checkbox"/> Letter indicating agency is 51% or more veteran-owned attached	
Type of Shelter	
<input type="checkbox"/> Individual <input type="checkbox"/> Family	
Current OTDA Certified Bed Count	Population Type Served (i.e., women, men, families)
Funding Requested	
\$	
Funding Matched by Agency (Minimum 15% required)	
\$	
Have you submitted an Operational Plan to NYS OTDA Division of Shelter Oversight and Compliance for approval to begin the certification process?	
<input type="checkbox"/> Yes, when? _____	
<input type="checkbox"/> No. Are you a new shelter?	
<input type="checkbox"/> Yes, effective date: _____	
If you are a new shelter, has an application to open a new shelter been submitted to NYS OTDA?	
<input type="checkbox"/> Yes, when: _____ <input type="checkbox"/> No	
<input type="checkbox"/> No	
<i>For additional information: https://www.otda.ny.gov/programs/shelter</i>	

All OTDA Inspection Concerns or Recommendations for Certification:

Provide details about the concern and how they may be resolved. If additional concerns are noted, please submit additional pages.

1.

2.

3.

4.

5.

Projects Planned to address OTDA Inspection Concerns or Recommendations for Certification:

Describe the project in detail and provide estimates from 3 contractors/vendors to complete for each project. Attach copies of the estimates to this application. Only projects completed by licensed contractors will be considered.

1.

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

2.

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

3.

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

4.

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

5.

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

Contractor:

Estimate Amount:

If additional projects are noted, please submit additional pages

Proposed Project Timeline

Show the expected capacity changes from now to completed certification.

EXAMPLE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Active Beds	10	10	10	10	10	10	10	10	10	10	10	10
Planning	10	10	10	10	0	0	0	0	0	0	0	0
Construction	0	0	0	0	10	10	10	10	10	10	10	5
Certification	0	0	0	0	0	0	0	0	0	0	0	5
2024											NOV	DEC
Active Beds												
Planning												
Construction												
Certification												
2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Active Beds												
Planning												
Construction												
Certification												
2026	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Active Beds												
Planning												
Construction												
Certification												

Sustainability Plan:

It is the intention of the Department to provide one-time funding to our shelter partners in order to meet the requirements of OTDA certification. Describe your agency’s financial plan for long term sustainability and ongoing certification. Include necessary budget items including all anticipated income, salaries and other expenses. Provide a two-year plan 1/1/2025- 12/31/2027.

Insurance Requirements:

It is the intention of the Department to enter into new formal contracts with **certified shelters** on or about 1/1/2025. Please provide your agency’s current insurance coverage as well as a plan to meet the expectations. Costs for additional coverage should be included in sustainability plan outlined above. Insurance Coverage requirements for County vendors generally fall under Column C “Professional Services”.

Attestation

Upon receipt of funding from The Department of Social Services, *Agency Name* intends to complete the OTDA shelter certification process and provide shelter services for the Erie County Department of Social Services for at least five (5) years.

Signature

Date

Board of Directors

I the undersigned certifies on behalf of the Board of Directors, that the Board understands the expectations of the Erie County Department of Social Services as outlined in this request.

Board President Signature

Date

Financial Information
Payee Name of Agency (if different than Legal Name)
Financial Contact Person Name/Title
Street Address/City/State/Zip
Agency's Fiscal Year (Start date - End date)
Amount of Funding Request to ECDSS for this proposed contract
FY of Request (Start date - End date)

CERTIFICATION

The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

Signature

Date

Name/Title

SCHEDULE A
PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [] of this RFP), and that it will be complete and acceptable to Erie County.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Agency Name

By:

Signature

Name and Title