



**DEPARTMENT OF YOUTH AND COMMUNITY
DEVELOPMENT**

OFFICE OF CONTRACT PROCUREMENT
156 WILLIAM STREET
NEW YORK, NEW YORK 10038
TELEPHONE: (212) 442-5982/FAX: (212) 676-8129

JEANNE B. MULLGRAV
Commissioner

February 16, 2007

ADDENDUM #1

Re: Fatherhood Program
Request for Proposals
PIN: 26007FATHRFP

Dear Prospective Proposer:

Pursuant to Sections 3-02 (i) and 3-03 (f) (2) of the Procurement Policy Board (PPB) Rules, the Department of Youth and Community Development (DYCD) is issuing **Addendum #1** to the Fatherhood Program Request for Proposals (RFP) PIN: 26007FATHRFP.

ADDENDUM ITEMS

1. Table of Contents, page 2: This section is amended to delete the letter ‘s’ from the word “Attachments” to read “Attachment.”
2. Section II – Summary of the Request for Proposals, I, page 8, Voter Registration and Health Insurance Options Plan: This section is amended to add a new paragraph which reads as follows:

Pursuant to Section 9918(b)(2)(C) of Chapter 106 of Title 42, United States Code Service [42 USCS §9918(b)(2)(C)], programs such as those under this Fatherhood Program RFP, paid with Community Services Block Grant funds, are prohibited from engaging in any voter registration activity.

3. Section II – Summary of the Request for Proposals, I, page 9, Staff Screening: The first sentence in this section is amended to read as follows:

All staff members, paid and volunteer, *directly serving participants* under 21 years of age shall be fingerprinted.

4. Section III – Scope of Services, C4, page 12, Program Activities: This section is amended to add the following activity to the list of “essential activities”:

- o Family Budgeting and Consumer Education

5. Section III – Scope of Services, C4, page 12, Outcomes:

The third sentence is amended to read as follows:

The three milestones (steps on the way to outcome achievement) are 1) participates in assessment and attends first session, 2) indicates motivation and begins making progress, and 3) makes substantial progress toward achieving aims and goals.

6. Attachment: The Attachment has been amended, and a new Attachment section is provided with this addendum. It has also been posted on DYCD’s Web site. The amendments to the Attachment are listed below:

a. Attachment Page 2 and Page 5, Form 1 - Proposal Summary:

The information request for “City” is amended to read “Borough.”

b. Attachment Page 2, Form 1 - Proposal Summary, Proposed Service Option:

The qualification “16-24 years of age” should be deleted from the Option III check off to read, “Option III: Ex-Offender”.

c. Attachment Page 3, Service Information:

The expression “Annual DYCD Funding Per Participant” is amended to read “Annual DYCD *Price* Per Participant.”

d. Attachment Page 4, Targeted Recruitment Areas, Option III: Ex-offenders:

This list of targeted community districts is amended as follows:

Option III: Ex-offenders

- | | | | | |
|-----------------------------------|--------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Bronx 4 | <input type="checkbox"/> Brooklyn 3 | <input type="checkbox"/> Manhattan 9 | <input type="checkbox"/> Queens 1 | <input type="checkbox"/> Staten Island 1 |
| <input type="checkbox"/> Bronx 5 | <input type="checkbox"/> Brooklyn 4 | <input type="checkbox"/> Manhattan 10 | <input type="checkbox"/> Queens 3 | |
| <input type="checkbox"/> Bronx 9 | <input type="checkbox"/> Brooklyn 5 | <input type="checkbox"/> Manhattan 11 | <input type="checkbox"/> Queens 12 | |
| <input type="checkbox"/> Bronx 12 | <input type="checkbox"/> Brooklyn 16 | <input type="checkbox"/> Manhattan 12 | <input type="checkbox"/> Queens 13 | |
| | <input type="checkbox"/> Brooklyn 17 | | <input type="checkbox"/> Queens 14 | |
| | <input type="checkbox"/> Brooklyn 18 | | | |

e. Attachment Page 8, Item 3 chart:

An additional row “5)” has been added to the chart.

f. Attachment Page 19, Form 3 – Linkage Agreement Form:

A space for response has been provided below the instruction, “Describe the proposed programmatic linkage, including how referrals and follow-up services for individuals will be maintained.”

g. Attachment Page 35, Corporate Governance Certification:

The label at the top of the page should read “Form 6”.

CLARIFICATION ITEMS

7. Section III – Scope of Services, page 11, C2, Target Population:

In the first sentence, “low income” refers to persons and families living in households in New York City with an income of less than 150% of the national poverty index. Pursuant to the statutory provisions of the Community Services Block Grant (CSBG) under which the Fatherhood Program will be funded, CSBG services and funding are targeted to low income persons and families living at, or below, the national poverty index. However, CSBG also provides for adjustments to the national standard based on local economic indices. Based on these economic indices, the “low income” standard for New York City is set at 150% of the national poverty index. Contractors should target low-income persons for the Fatherhood Program but **not** use this low income standard as an eligibility requirement for enrollment.

Patricia Chabla / ABC

Patricia Chabla

Agency Chief Contracting Officer

REVISED ATTACHMENT

PROPOSAL FORMAT AND CONTENT FORMS

The pages of this Attachment should be used to prepare the proposal in response to this RFP, as instructed in Section IV (Format and Content of the Proposal) of the RFP.

PROPOSAL SUMMARY

RFP TITLE: FATHERHOOD PROGRAM

PIN: 26007FATHRFP

Proposer Name:

Address:

Borough

State

Zip Code

Tax Identification #

Contact Person:

Title:

Telephone #:

Fax No.:

E-Mail Address:

Authorized Representative:

Title:

Signature:

Date: ____/____/____

Compliance Certification: (Check the following items to indicate proposer is in compliance.)

Proposer is a not-for-profit incorporated entity in NYS (Attach a copy of the certificate.)

Or

has proof of filing with the Secretary of State for such status by the proposal submission due date indicated in this RFP. (Attach a copy of the application.)

Proposed Service Option: (Check one only.)

Option I: Young Fathers, Option II: Fathers over 24 years of age

Option III: Ex-Offenders

Organizations may propose to programs under more than one service option, but a separate and complete proposal must be submitted for each program.

Program Costs and Resources:

- a. Total annual DYCD funding request \$
- b. Annual cash contributions YES NO
(DYCD does not require cash contributions.) If YES, indicate amount \$
- c. In-kind contributions proposed YES NO
(DYCD does not require in-kind contributions.) If YES, indicate amount \$
- d. Total annual program cost (Sum of a+b+c) \$

Service Information:

Proposed Annual Enrollment: Annual DYCD Price Per Participant: \$
(= total annual DYCD funding request ÷ proposed annual enrollment)

Proposer has submitted additional proposals in response to this RFP. Yes No

If yes, how many?

Targeted Recruitment Areas: (For proposers planning to explicitly recruit participants from one or more of the targeted community districts, check all that apply.)

Option I: Young Fathers, 16-24 Years of Age

- Bronx 1 Brooklyn 3 Manhattan 9 Queens 3 Staten Island 1
- Bronx 4 Brooklyn 4 Manhattan 10 Queens 4
- Bronx 5 Brooklyn 5 Manhattan 11 Queens 5
- Bronx 9 Brooklyn 7 Manhattan 12 Queens 9
- Brooklyn 16 Queens 12
- Brooklyn 17

Option II: Fathers over 24 Years of Age

- Bronx 4 Brooklyn 3 Manhattan 9 Queens 3 Staten Island 1
- Bronx 5 Brooklyn 4 Manhattan 10 Queens 4
- Bronx 7 Brooklyn 5 Manhattan 11 Queens 5
- Bronx 9 Brooklyn 7 Manhattan 12 Queens 7
- Brooklyn 14 Queens 12
- Brooklyn 17

Option III: Ex-offenders

- Bronx 4 Brooklyn 3 Manhattan 9 Queens 1 Staten Island 1
- Bronx 5 Brooklyn 4 Manhattan 10 Queens 3
- Bronx 9 Brooklyn 5 Manhattan 11 Queens 12
- Bronx 12 Brooklyn 16 Manhattan 12 Queens 13
- Brooklyn 17 Queens 14
- Brooklyn 18

Proposed Site Location(s)

- a. Number of sites for this proposed program
- b. Site Name and Address. Please complete the following information for each site of the proposed program. (Copy this page as necessary to list the additional sites.)

SITE #		
Name:		
Address:		
Borough	State	Zip Code

SITE #		
Name:		
Address:		
Borough	State	Zip Code

SITE #		
Name:		
Address:		
Borough	State	Zip Code

PROPOSAL NARRATIVE

The Program Proposal is a clear, concise statement of the following:

A. Organizational Experience

1. As evidence of the proposer's experience in providing services to families, list up to 5 programs within the last 5 years and provide the information requested below.

Name of Program	Dates of Operation	Annual Target Population(s)	Enrollment
1)			
2)			
3)			
4)			
5)			

2. Describe each of the listed programs above and indicate the staffing, range of activities, and evidence of success. (Preferable page limit: 1½ page.)

3. As evidence of the proposer’s experience in providing services to males, 16 years and older, list up to 5 programs within the last 5 years and provide the information requested below.

DYCD encourages proposers to describe experience providing services specifically to non-custodial fathers.

Name of Program	Dates of Operation	Annual Target Population(s)	Enrollment
1)			
2)			
3)			
4)			
5)			

4. Describe each of the listed programs above and indicate the staffing, range of activities, and evidence of success. (Preferable page limit: 1½ pages)

5. As a hard-copy attachment, provide a job description with the required qualifications for each key staff position. For staff who have been identified, attach a resume and describe their qualifications and experience in delivering services to fathers in the last five years.

6. List at least two relevant references from funding sources for services similar to those described in Section III - Scope of Services. Include the name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title and telephone number of a contact person at the reference entity. (Preferable page limit: 1 page)

B. Organizational Capability

Demonstrate the proposer's organizational programmatic, managerial and financial capability to carry out the program described in Section III – Scope of Services of the RFP as follows:

1. Identify the members of the Board of Directors, including their names, addresses and telephone numbers, and describe their oversight of program management (including regular reviews of executive compensation, audits, and financial controls) and program operations and outcomes. (Preferable page limit: 1 page)

2. As a hard-copy attachment, provide an organizational chart of the proposer's organization and the proposed program. Describe below the proposer's capacity to integrate the proposed program into its overall operations, including how the proposed program and program staff will relate to the overall organization. (Preferable page limit: 1 page)

3. Does the proposer have a track record of providing services to families through successful collaborations with other organizations and agencies?

YES NO

4. If "Yes," then list up to three community-based organizations (CBOs) with which services were provided, the communities targeted by the services, and the type of families targeted by the services.

<u>Name of CBO</u>	<u>Communities Served</u>	<u>Type(s) of Families Served</u>
(1)		
(2)		
(3)		

5. Describe each of the collaborations listed above indicate range of services, the contribution of each collaborator, and evidence of success. (Preferable page limit: 1½ pages)

6. Describe the proposer's internal monitoring system and demonstrate how it is used to both assure quality and identify program, personnel and fiscal issues, including the organization's corrective action procedure. (Preferable page limit: 1 page)

7. As a hard-copy attachment, provide a copy of the most recent financial audit of the organization conducted by a Certified Public Accountant, indicating the period covered, OR, if no audit has been performed, the most recent financial statement, indicating the period covered AND an explanation of why no audited financial statement is available.

8. Is the proposer registered as a charitable organization in New York State?

YES NO

If "yes," then as a hard-copy attachment, provide a copy of the latest Form CHAR 500 and its required attachments filed with the New York State Attorney General Charities Bureau.

9. Is the proposer required to file with the federal Office of Management and Budget pursuant to Circular A-133?

YES NO

10. If "yes," then as a hard-copy attachment, provide a copy of the latest report filed with that office, indicating the period covered.

11. If the proposer has submitted more than one proposal in response to this RFP, describe the organization's capability (programmatic, managerial, and financial) to successfully provide **all** the proposed programs, as indicated on the Proposal Summary form (Form 1), **concurrently**. (Preferable page limit: 1 page)

C. Program Approach

Describe in detail how the proposer will provide the proposed program and demonstrate that the proposed program approach will fulfill DYCD's program goals and objectives in Section III – Scope of Services of the RFP by addressing each of the following:

1. Program Facility

Describe the program facility and demonstrate that it is adequate for program activities and demonstrate that the program facility is accessible by public transportation and in compliance with all requirements. If not the latter, describe the alternate measures used for making activities available. (Preferable page limit: ½ page)

2. Target Population

Justify the number of fathers to be served annually and describe the characteristics of the fathers and their needs. (Preferable page limit: ½ page)

Program Design

Review the required *target outcomes* for the program and select *activities* for the proposed program as described in Section III – Scope of Services of the RFP, then complete the Work Scope for FY2008 (Form 2) provided below and respond to the items (a-e) that follow.

FORM 2

RFP TITLE: FATHERHOOD PROGRAM
PROPOSED WORK SCOPE FOR FY2008
PIN: 26007FATHRFP

Agency Name

A. PLANNED UNDUPLICATED ENROLLMENT

	For Program Area				
	July - Sept	Oct - Dec	Jan - Mar	Apr - June	Total
Number of Participants to be Enrolled					

B. PROGRAM OUTCOMES

	Projected Number of Program Participants that Achieve BOTH Outcomes				
	July - Sept	Oct - Dec	Jan - Mar	Apr - June	Total
	<ol style="list-style-type: none"> 1. Increase engagement, availability, and responsibility in relationship with his child/children AND 2. Provide material and financial support to his child/children 				

C. SITES AND ACTIVITIES

Site Name	Site Enrollment by Activity*	Site Address	Activity Code	Activity	# of Cycles	Days of Week for Activity	Hrs. per Week for Activity	Average Daily Participation**
						<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		
						<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		
						<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		
						<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		

* Projected number of participants enrolled at the site for the listed activity.

** Projected number of participants attending the activity on any given day, as an average throughout the year. For example, if 50 participants are enrolled, the number of participants expected to attend the activity on any given day might be 38.

- a. *For each target outcome*, justify the number of fathers that will achieve the target outcome.
(Preferable page limit: 1 page)

Describe the essential and suggested support activities and demonstrate how they will be incorporated in the program. (Preferable page limit: 1 page)

b. For each activity (See Appendix A for program activity definitions), identify and describe:

- 1) Why the activity is appropriate for target population
- 2) Who is involved in the activity
- 3) Number of fathers involved in the activity
- 4) Frequency of the activity
- 5) Duration and scheduled time of the day
- 6) When the activity will occur, i.e., weekdays, weekends, holiday breaks, summer break
- 7) Type and number of staff assigned
- 8) How this activity will help participants achieve target outcomes.

(Preferable page limit: 2 pages)

c. Identify indicators for each milestone. While milestones are generic to all programs, indicators are the specific steps participants are expected to accomplish in order to achieve specific program outcomes. The milestones are: (1) participates in assessment and attends first session, (2) indicates motivation and begins making progress, and (3) makes substantial progress toward achieving aims and goals. (Preferable page limit: 2 pages)

d. Describe in detail each of the following program elements and how each will be implemented, including the process to be used, staff assigned and time frames.

1) Outreach and recruitment

2) Assessment

3) Enrollment and orientation

(Preferable page limit: 1 page)

4. Staffing

a. Describe the salaried and non-salaried, if any, staff positions that will be utilized to provide the proposed program and demonstrate that such staffing is sufficient to help the participants achieve the outcomes. (Preferable page limit: ½ page)

b. Demonstrate that the staffing level is appropriate to provide the proposed programs and activities. (Preferable page limit: ½ page)

c. Describe how all individuals, including volunteers, who will be part of the program, will provide the services in a manner that is sensitive to the characteristics of the target population.

(Preferable page limit: ½ page)

d. Describe the plan for recruiting, hiring and training staff. Identify how many staff members have a family development credential, and plans, if applicable, to train staff in Family Development Training and Credentialing Program (FDC) as provided by DYCD. (Preferable page limit: 1 page)

5. Linkages

a. Identify and describe the proposer's existing and proposed linkages for the proposed program and demonstrate how each linkage will enhance the ability of fathers to achieve their outcomes.

(Preferable page limit: 1 page)

b. Complete and attach a Linkage Agreement Form (Form 3) for each linkage described.

LINKAGE AGREEMENT FORM

Proposer : **RFP PIN: 26007FATHRFP**

INSTRUCTIONS: This agreement is a demonstration of a commitment to integrate service delivery through working relationships with other organizations. It is not a consultant agreement. Provide one Linkage Agreement for each organization with which you will be working. Duplicate this form as needed. Pursuant to the proposal submitted by **(Proposer Organization)** in response to the Fatherhood Program Request For Proposal from the Department of Youth and Community Development, the proposer, if funded, will establish programmatic linkages with **(Linked Organization)** in the form and manner described below.

Describe the proposed programmatic linkage, including how referrals and follow-up services for individuals will be maintained.

PROPOSER ORGANIZATION:

LINKED ORGANIZATION:

Authorized Representative

Authorized Representative

Title

Title

Signature

Work Address

Date

Work Telephone Number

Signature

Date

D. Price Proposal

1. Complete and submit the Budget Forms (Form 4) given below. Note that the Budget Forms below in this document are **not fillable**. Fillable budget forms may be downloaded from DYCD's website, www.nyc.gov/dycd.

2. Budget Justification

- a. Justify how the requested funds will be used to achieve program outcomes. Proposers should ensure that the budget and budget justification are consistent with the proposed program. (Preferable page limit: 1 page)

b. Identify the source of any in-kind and/or cash contributions. Indicate the amount and state how the contributions will be used to enhance the proposed program. For in-kind contributions other than cash, indicate the method used to determine the dollar amount. (Preferable page limit: 1 page)

c. Document the source of all in-kind and cash contributions by submitting as a hard-copy attachment, a Letter of Intent from the chairperson or executive director of each contribution source.

**Department of Youth and Community Development
REQUEST FOR PROPOSAL
PIN: 26007FATHRFP
PROGRAM BUDGET SUMMARY**

FORM 4

Form Revised 12/06

Proposer's Name _____
 Address: _____

Tel #: _____ Fax #: _____ E-mail: _____
 Ex. Director _____ Tel #: _____ E-mail: _____
 Fiscal Officer: _____ Tel #: _____ E-mail: _____
 EIN: _____ SUI #: _____
 Operating Period: _____ Through: _____

		(Column A+B=C)		
		A	B	C
		TOTAL FUNDING REQUEST	IN KIND / CASH CONTRIBUTION	TOTAL PROGRAM COST
Account Code	<u>PERSONNEL SERVICES</u>			
1100	Salaries and Wages			
1200	Fringe Benefits*			
1300	Central Insurance Program (CIP) **			
TOTAL PERSONNEL SERVICES				
<u>NON STAFF SERVICES</u>				
2100	Consultants			
2200	Sub-Contractors			
2300	Stipends			
2400	Vendors			
TOTAL NON-STAFF SERVICES				
<u>OTHER THAN PERSONNEL SERVICES</u>				
3100	Consumable Supplies			
3200	Equipment Purchases			
3300	Equipment Other			
3400	Space Rental			
3500	Travel			
3600	Utilities & Telephone			
3700	Other Operational Costs			
3900	Fiscal Agent Services			
TOTAL OTHER THAN PERSONNEL SERVICES				
TOTAL COST				

* The maximum rate is 30%; and the minimum rate is 7.65% of the total salaries.
 ** CIP rate is 4.50% of total budget for insurance coverage

Acct Code

FRINGE BENEFITS

1200 **FRINGE BENEFITS**

FICA @ 7.65%, Unemployment Insurance, Medical,
Workers' Compensation, Disability, Life insurance, & Pension.

The maximum fringe benefit rate is 30%; and the minimum rate is 7.65% of the total salaries.

If under the Fiscal Agent, the minimum fringe benefit rate is 12.65% of the total salaries.

1300 **CENTRAL INSURANCE PROGRAM (CIP)**

Central Insurance Package

4.5 % of Total Budgeted Amount

General Liability, Workers' Compensation,
Disability, Special Accident, and Property
Insurance are covered under the DYCD Central
Insurance Program.

NON STAFF SERVICES

2100 **CONSULTANTS (Total)**

(Total of all Consultants)

Description and amount for each Consultant (If additional space is required submit attachments)

2200 **SUB-CONTRACTORS (Total)**

(Total of Sub-Contractors)

Description and amount for each Sub-Contractor (If additional space is required submit attachments)

2300 **STIPENDS (Total)**

Description (If additional space is required submit attachments)

2400 **VENDORS (Total)**

Description (If additional space is required submit attachments)

Acct Code	FUNDING REQUESTED
OTHER THAN PERSONNEL SERVICES	
3100 CONSUMABLE SUPPLIES Office , Program and Maintenance Supplies	<input type="text"/>
3200 EQUIPMENT PURCHASES* <i>*Attach description or itemized equipment list.</i> Copiers, Computers, Printers, and Furniture Etc.	<input type="text"/>

3300 EQUIPMENT OTHER Maintenance, Repairs, Rentals, & Computer Software	<input type="text"/>
3400 SPACE RENTAL (Total of Lines 3410 & 3420)	<input type="text"/>
3410 Public School	<input type="text"/>
3420 Rent / Other	<input type="text"/>
3500 TRAVEL Staff Travel , Bus Trips, Other	<input type="text"/>
3600 TOTAL UTILITIES AND TELEPHONE	<input type="text"/>
3700 OTHER OPERATIONAL COSTS (Total of Lines 3710 & 3720) Postage, Admission tickets, Printing and Publications Bank Charges, Training and Conferences, Audit Fee, Internet Fee Food and Refreshments, Participant Costs, and Liability Ins, Etc.	<input type="text"/>
3710 Other Costs	<input type="text"/>
3720 Indirect Costs * % _____	<input type="text"/>
3900 FISCAL AGENT SERVICES See Fee Scale on Budget Instructions	<input type="text"/>

* Maximum rate is 10% of Total Budget.

Please note: All highlighted fields (Blue) are calculated automatically and cannot be changed manually.

DYCD Title Codes

AA	ADMINISTRATIVE ASSISTANT
AB	ASSISTANT BOOKKEEPER
AC	ACCOUNT SPECIALIST
AD	ADMINISTRATOR
AE	ASSISTANT EXECUTIVE DIRECTOR
AI	ARTISTIC INSTRUCTOR
AP	AFTER SCHOOL PROGRAM DIRECTOR
AR	ART SPECIALIST – ARTS PARTNER
AS	ACTIVITY SPECIALIST
AT	ATTENDANT
AX	ACTOR
BA	BA CASE PLANNER
BK	BOOKKEEPER
BM	BUDGET MANAGER
BS	BILINGUAL SPECIALIST
CA	COACHES
CC	CHILD CARE PROVIDER
CI	CAMP INSTRUCTOR
CK	COOK
CL	CLERK
CM	CONTRACT MANAGER
CO	COUNSELOR
CP	CASE PLANNER
CR	COORDINATOR
CS	COUNSELING SPECIALIST
CT	CONTROLLER
CU	CUSTODIAN
CW	CASE WORKER
CZ	COMPUTER SPECIALIST
DC	DRUG COUNSELOR
DD	DEPUTY DIRECTOR
DE	DIRECTOR
DF	DIRECTOR OF FINANCE
DI	DANCE INSTRUCTOR
DP	DIRECTOR OF PERSONNEL
DR	DOCTOR
DS	DEVELOPMENT SPECIALIST
DT	DIRECTOR OF PROGRAM AND JOB DEVELOPMENT
DV	DRIVER
EA	EDUCATIONAL ADVISOR
EC	EDUCATION COORDINATOR (TEACHER LICENSE)

DYCD Title Codes (Continued)

ED	EXECUTIVE DIRECTOR
EI	EDITOR
EP	EXHIBITION PREPARER
ES	EMPLOYMENT/EDUCATION SPECIALIST
FA	FACILITATOR
FC	FAMILY COUNSELOR
FD	FOSTER CARE DIRECTOR
FO	FISCAL OFFICER
FW	FAMILY WORKER
GL	GROUP LEADER
GW	GROUP WORKER
HC	HEALTH COUNSELOR
HM	HOUSE MANAGER
HP	HOUSE PARENT
HS	HOUSING/HOMELESS SPECIALIST
IC	IMMIGRATION COORDINATOR
IN	INSTRUCTOR
IS	IMMIGRATION SPECIALIST
JA	JANITOR
JC	JUVENILE COORDINATOR
JD	JOB DEVELOPER
JR	JOB READINESS COUNSELOR
LA	LITERARY ARTIST
LC	LATCHKEY COORDINATOR
LD	LEADERSHIP DEVELOPMENT SPECIALIST
LG	LIFEGUARD
LS	LEADERSHIP SPECIALIST
MA	MAINTENANCE
MC	MEDIATOR COUNSELOR
ME	MENTOR
MI	MUSIC INSTRUCTOR
MS	MSW CASE PLANNER
OM	OFFICE MANAGER
OW	OUTREACH WORKER
PA	PROGRAM DIRECTOR ASSISTANT
PB	PHYSICIAN'S ASSISTANT
PC	PROGRAM COORDINATOR
PD	PROGRAM DIRECTOR
PE	PARENT AIDE
PJ	PROJECT COORDINATOR
PL	PARALEGAL
PM	PROGRAM DIRECTOR (MD LICENSE)
PO	DIRECTOR OF PROGRAM OPERATIONS

DYCD Title Codes (Continued)

PR	PROGRAM AIDE
PS	PROGRAM SUPERVISOR
PT	PROGRAM DIRECTOR (TEACHER LICENSE)
RC	RECEPTIONIST
RD	REGIONAL DIRECTOR
RE	RELIEF
RN	REGISTERED NURSE
RR	RECREATION COORDINATOR
RS	RECREATION SPECIALIST
SA	STAFF ATTORNEY
SC	SERVICES COORDINATOR
SE	SECRETARY
SF	ADMINISTRATIVE SECRETARY
SG	SECURITY GUARD
SI	SHOP INSTRUCTOR
SN	SENIOR ACCOUNTANT
SS	SUMMER STAFF
ST	STREET WORKER
SU	SUPERVISOR
SW	SOCIAL WORKER (M.S.W.)
TA	TEACHER AIDE
TE	TEACHER (TEACHER LICENSE)
TH	THERAPIST
TL	TEAM LEADER
TM	TRAINING MONITOR
TS	TRAINING SPECIALIST
TU	TUTOR
TY	TYPIST/TEACHER AIDE
UD	UNIT DIRECTOR
UH	URBAN HOUSING SPECIALIST
VA	VISUAL ARTIST
VC	VOLUNTEER COORDINATOR
WF	WORKSHOP FACILITATOR
WI	WRITING INSTRUCTOR
WL	WORKSHOP LEADER
WS	WATER SAFETY INSTRUCTOR
YC	YOUTH COUNSELOR
YE	YOUTH EMPLOYMENT COORDINATOR
YW	YOUTH WORKER

RFP BUDGET INSTRUCTIONS

BUDGET FACE SHEET IDENTIFYING INFORMATION – Page 1 of 4

To assist with proper completion of the budget, DYCD has made the budget forms available for download (in Microsoft Excel and the Instructions in Microsoft Word) on the DYCD Website:

www.nyc.gov/dycd

- Indicate the official name of your organization, address, e-mail, telephone number and fax number.
- The **Executive Director** is the person responsible for this proposal, or in charge of the overall agency. Please include his/her e-mail and telephone numbers.
- The **Fiscal Officer** is the person responsible for preparing the financial documents for this contract, i.e., the Comptroller, Bookkeeper and/or Accountant. Please include his/her e-mail and telephone numbers.
- **Federal Employer Identification Number (EIN)**: Indicate the proposer's EIN #. (A copy of any official IRS document reflecting the Federal Employer Identification Number will be required before entering into contract with your organization.)
- **State Unemployment Insurance Number (SUI)**: A number appearing on all correspondence relating to State Unemployment Insurance. It is obtainable through the New York State Department of Labor (1-888-899-8810).
- **Operating Period**: The first 12 month period of your proposed contract should coincide with the dates that activities operate within the budget.

The budget is divided into three columns: A. Total Funding Request, B. In-Kind/Cash Contributions and C. Total Program Cost.

- A. Total Funding Request Budget Column is the funding requested from DYCD.
- B. In-Kind/Cash Contribution Column is the dollar value of all resources (cash, services, space, and equipment) applied to the proposed program, but not included in the funding requested from DYCD.
- C. Total Program Cost Column is the Grand Total of the proposed budget (Columns A + B).

BUDGET SUMMARY BY THE BUDGET CATEGORIES

To complete the remainder of Page 1 of the budget, first complete Pages 2, 3, and 4 as described below. For proposers completing the budget electronically, the appropriate totals for each budget category will automatically transfer into the corresponding box on Page 1.

For the **In-Kind/Cash Contribution** column, **you must** enter the amount contributed for each category on Page 1, where applicable.

I. BUDGET SALARIES AND WAGES SUPPORT SHEET- Page 2of 4

1100 The Salaries are divided in two categories:

Category 1 Full Time employees: Persons who work **35 hours or more** per week

Category 2 Part Time employees: Persons who work **less than 35 hours** per week

All required information should be entered on the budget, including all personnel, Full-Time (35 hours or more) and Part-Time (less than 35 hours), who will receive a salary from this program. For Full-Time employees, enter the title, salary, number of positions within the title and percent of salary that will be allocated to this contract. For Part-Time staff, enter the title, hourly wage rate, number of positions number of annual hours on the program per position, and the percent of the wages that will be allocated to this program.

Helpful Hints

To calculate the annual salary for FY 2008 multiply the hourly rate by 1827 hours per year (35 hours per week).

To calculate the number of hours per year multiply the number of hours worked per day by the number of days per year. (FY 2008=261 days)

To calculate the annual salary for FY 2008, multiply the hourly rate by 2088 hours per year (40 hours per week).

The minimum wage is \$7.15 effective January 1, 2007. This is subject to change. Part Time salaries should be calculated by consolidating same titles with the maximum hourly rate. The Sub-Total of all salaries should be calculated and transferred to Page 1, Salaries and Wages (1100) both boxes.

II. FRINGE BENEFITS – Page 3 of 4

1200 Fringe Benefits must include FICA. Charges to Fringe Benefits may also include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage as per your policies. Enter the Fringe Benefit rate as indicated on the budget summary page. Fringe rates must not be less than 7.65% or exceed 30% of total salaries. If the contractor uses the Fiscal Agent, the minimum rate for Fringe Benefits is 12.65%.

1300 **Central Insurance Program (CIP):** Proposers without general liability insurance at the time of selection have the option of purchasing insurance through CIP or other sources. CIP includes general liability, special accident, property insurance (equipment), worker's compensation and disability, at a cost of 4.5% of the total program cost. CIP only covers DYCD- funded programs and activities. **All funded programs must have general liability insurance of \$1 million, with a certificate naming DYCD and the City of New York as additional insureds, if they do not participate in CIP.**

CONSULTANTS/SUBCONTRACTORS/STIPENDS/VENDORS

- 2100 Consultant:** An independent individual with professional and/or technical skills retained to perform specific tasks or complete projects related to the program that cannot be accomplished by regular staff. Consultant cannot be a salaried employee.
- 2200 Subcontractor:** An independent entity retained to perform program services. A subcontract will be part of the DYCD contract and will be registered with the NYC Comptroller. Each Subcontractor's EIN# must be listed on the subcontract and on its budget.
- 2300 Stipend:** An incentive allowance **ONLY** for the benefit of a participant and/or client.
- 2400 Vendor:** An independent business entity retained to provide non-program services. Examples: Cleaning Services, Security and Accounting Services.

OTHER THAN PERSONNEL SERVICES (OTPS) - Page 4 of 4

- 3100 Consumable Supplies:** Supplies that are not lasting or permanent in nature, such as office, program and/or maintenance supplies.
- 3200 Equipment Purchase:** Purchase of equipment that is durable or permanent, such as furniture, printers, calculators, telephones, computers. All equipment and/or furniture purchased with DYCD funds at a cost of \$200 or more become the property of The City of New York/DYCD. If the program is terminated, all such items must be returned to DYCD. Indicate items being purchased.
- 3300 Equipment Other:** The rental, lease, repair and maintenance of office/programmatic equipment utilized in the program's operation. This category also includes Computer Software.
- 3400 Space Rental:** This category is separated into two subcategories (3410 and 3420).
- 3410 Public School:** Opening fees and room rentals paid to the Department of Education (DOE).
- 3420 Rent/Other:** All other rent paid by a program for all sites utilized by that program. It also includes all related charges associated with the use of the site such as **minor** repairs and maintenance costs. **No** renovation or construction projects can be budgeted or paid for with DYCD program funds. After being selected, all contractors charging for rent are required to submit a Space Rental - Cost Allocation Plan. In addition, you will be required to submit a copy of your lease, DOE permit and/or month to month rental agreement at the time of the budget submission.
- 3500 Travel:** Local travel (i.e., bus and subway fares) by the employees of the program to and from sites that are being used for day-to-day programmatic functions. Expenditures for employees who use their personal automobile for business are reimbursed a maximum of \$0.35 per mile plus tolls. Charge to this account all participant related travel, such as bus trips and local travel.
- 3600 Utilities and Telephone:** Self-explanatory.
- 3700 Other Operational Costs:** This category is separated into two subcategories (3710 and 3720).
- 3710 Other Costs:** Items such as postage, printing and publications, subscriptions, internet fees, etc. Also include any other operating costs that cannot be classified in any other category. In addition, include costs associated with and for the benefit of the participants such as food,

refreshments, entrance fees, awards, T-shirts, uniforms, and sporting equipment. This category also includes general liability insurance for contractors not in the Central Insurance Program.

Please note regarding audit costs, DYCD will accept a portion of your audit fees for Fiscal Year 2008. If your organization receives additional funding besides that from DYCD, you may only include DYCD's proportionate share. The proportionate share should be calculated by dividing the total DYCD budget by the agency's total budget and applying that percentage to the total audit cost. You must submit an Audit Cost Allocation Plan with your budget.

3720 Indirect Cost: The purpose of Indirect Cost is to capture overhead costs incurred by a contractor operating several programs. The following guides are to be used to request Indirect Cost:

- A detailed justification and/or an analysis from a CPA or Audit detailing how the rate was determined must be provided.
- The maximum allowable rate is 10% of the total budget.

3900 Fiscal Agent Services: All contractors now have the option of purchasing the services of the Fiscal Agent. A contractor may also be required by DYCD to have its funds administered by the Fiscal Agent. An agency that chooses or is mandated to utilize the Fiscal Agent must have all DYCD contracts administered by the Fiscal Agent. The following is a brief description of services that will be offered by the Fiscal Agent:

- Establish financial records
- Maintain and report on available budget balance
- Verify invoices
- Provide payroll services and personnel reporting
- Be responsible for the timely filing and payments of employment related taxes.
- Maintain an Accounts Payable and Ledger system in accordance with generally accepted accounting practices and procedures.

Fiscal Agent services will be charged from your total budgeted amount at this scale:

<u>Budget \$ Value</u>	<u>Fiscal Agent Services Fee</u>
\$0 - \$25,000	\$1,200
\$25,001 - \$50,000	\$3,500
\$50,001 - \$100,000	\$5,100
\$100,001 - \$250,000	\$7,100
Over \$250,001	\$10,000

**CERTIFICATION REGARDING SUBSTANTIATED CASES
OF CLIENT ABUSE OR NEGLECT**

RFP TITLE: FATHERHOOD PROGRAM

PIN: 26007FATHRFP

Applicant Organization:

The City requires each organization with which it contracts for the provision of human client services to: 1) certify that no substantiated case of client abuse or neglect by any employee of the organization (including a foster parent, if applicable) occurred during the latest 12 month period; OR 2) disclose each such substantiated case and provide a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization. Complete the form below to certify or disclose, as applicable.

- This is to certify that no substantiated case of client abuse or neglect by any employee (including foster parents) of the organization named below has occurred during the latest 12 month period.

This is to disclose that _____ case(s) of client abuse or neglect by an employee(s) of the organization named below was/were substantiated as having occurred during the latest 12 month period. An attachment to this form provides for each such substantiated case: a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization.

Name of Organization (Print) _____

Name of Authorized Representative (Print) _____

Title of Authorized Representative (Print) _____

Signature of Authorized Representative _____

Date _____

E. Corporate Governance Certification

Complete the Corporate Governance Certification (Form 6) provided below.

CORPORATE GOVERNANCE CERTIFICATION

Fatherhood Program RFP

PIN 26007FATHRFP

To enter into a contract with DYCD, each organization must certify that its organizational capability is sufficient to support the services it has contracted to provide. To certify, complete the form below, including the attached list of the members of the Board of Directors, with the name, title, address, telephone number, and e-mail address of each member.

I, _____, am the Chairperson of the Board of _____ (“Proposer”), a not-for-profit organization that has proposed to provide certain youth or community development services. I hereby certify that the Proposer:

1. Is governed by a Board of Directors, whose names and addresses are fully and accurately set forth on the attached list.
2. Maintains its corporate books and records, including minutes of each meeting, at the Proposer address stated on the Proposal Summary Form (Form 1 to this RFP).
3. Has held in the past 12 months _____ meetings of the Board of Directors at which a quorum was present.
4. Reviews, at least annually, at a meeting of the Board of Directors and has reviewed in the past 12 months each of the following topics:
 - a. Executive compensation
 - b. Internal controls, including financial controls
 - c. Audits
 - d. Program operations and outcomes.

Name of Organization (Print)

Name of Board Chairperson (Print)

Signature of Board Chairperson

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

F. Acknowledgement of Addenda

The Acknowledgement of Addenda (Form 7) serves as the proposer's acknowledgement of the receipt of addenda to this RFP that may have been issued by DYCD prior to the Proposal Due Date and Time. The proposer should complete this acknowledgement as instructed on the form.

ACKNOWLEDGEMENT OF ADDENDA

Applicant Organization: **PIN: 26007FATHRFP**

DIRECTIONS: COMPLETE PART I OR PART II, WHICHEVER IS APPLICABLE.

PART I: Listed below are the dates of issuance for each addendum received in connection with this RFP:

- ADDENDUM #1 DATED:**
- ADDENDUM #2 DATED:**
- ADDENDUM #3 DATED:**
- ADDENDUM #4 DATED:**
- ADDENDUM #5 DATED:**
- ADDENDUM #6 DATED:**
- ADDENDUM #7 DATED:**
- ADDENDUM #8 DATED:**

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PROPOSER (NAME):

PROPOSER (SIGNATURE): _____

DATE _____



DEPARTMENT OF
YOUTH AND
COMMUNITY
DEVELOPMENT

Michael R. Bloomberg
Mayor

Jeanne B. Mullgrav
Commissioner

REQUEST FOR PROPOSALS (RFP)

**FATHERHOOD
PROGRAM**

PIN: 26007FATHRFP

RFP RELEASE DATE: January 30, 2007

DEADLINE FOR PROPOSALS: February 28, 2007

RETURN TO: Office of Contract Procurement
Department of Youth and Community Development
156 William Street, 2nd Floor
New York, New York 10038

ATTENTION: Ava B. Walker, Deputy Agency Chief Contracting Officer

PRE-PROPOSAL CONFERENCE: February 13, 2007

**PRE-PROPOSAL CONFERENCE
LOCATION:** 10:00 AM – 12:00 PM
Department of Youth and Community Development
2 Washington Street, Room 1980, 19th Floor
New York, NY 10004

This Request for Proposals (RFP) must be obtained directly from the Department of Youth and Community Development (DYCD) in person or by downloading it from DYCD's Web site, www.nyc.gov/dycd. If you obtained a copy of this RFP from any other source, you are not registered as a potential proposer and will not receive addenda DYCD may issue after release of this RFP, which may affect the requirements and/or terms of the RFP.

DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

REQUEST FOR PROPOSALS (RFP)

FATHERHOOD PROGRAM

PIN: 26007FATHRFP

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AUTHORIZED AGENCY CONTACT PERSONS

The authorized agency contact persons for all matters concerning this Request for Proposals are:

Procurement

Ava B. Walker
Deputy Agency Chief Contracting Officer
Office of Contract Procurement
Dept. of Youth and Community Development
156 William Street, 2nd Floor
New York, New York 10038
Telephone: (212) 788-9961
Facsimile: (212) 676-8129
Email: RFPquestions@dycd.nyc.gov

RFP Content

Adrienne Rhodes
Project Director
Planning, Research & Program Development
Dept. of Youth and Community Development
156 William Street, 2nd Floor
New York, New York 10038
Telephone: (212) 676-8127
Facsimile: (212) 676-8160
Email: RFPquestions@dycd.nyc.gov

NOTE ON EMAIL INQUIRIES: Proposers should enter “Fatherhood Program RFP – PIN 26007FATHRFP” in the subject line of the e-mail.

DYCD cannot guarantee a timely response to phoned-in and written questions regarding this RFP that are received less than one week prior to the RFP due date.

Proposer should note that any telephone or written response that may constitute a change to the RFP will not be binding unless DYCD subsequently issues such a change as a written addendum to the RFP.

SECTION II - SUMMARY OF THE REQUEST FOR PROPOSALS

A. Purpose of the RFP

Building on the success of a hallmark Fatherhood Initiative that began in 2002, the New York City Department of Youth and Community Development (DYCD) is seeking appropriately qualified organizations to operate Fatherhood Programs in New York City. Each Fatherhood Program will address the needs of non-custodial fathers aged 16 and over. There will be separate competitions to fund programming targeting three specific groups: young fathers (16 to 24 years of age), fathers over 24 years of age, and fathers who are ex-offenders.¹

While myriad factors may lead to father absence, extensive research² has documented the problems that arise, both in numbers that capture the scope of father absence and in the range of negative outcomes that reflect its impact on children. Father absence is strongly associated with poverty, high rates of school failure and dropout, early sexual activity and teen pregnancy, youth suicide, juvenile delinquency and adult criminality.

Often, father absence represents the disruption of a complex relationship. Whether preceded by the estrangement of unwed parents, separation or divorce, the assignment of child custody to the mother can discourage the active participation of fathers in the lives of their children. Court orders restricting access and mandating child support payments can exacerbate acrimony between the parents and lead to the father's withdrawal from the child.

Young fathers and older fathers each face unique individual barriers to full involvement in their children's lives. In the case of teenaged fathers, their emotional state is complicated by the need to reconcile the conflicting roles of adolescent and father and assume the responsibilities of adulthood before they are sufficiently mature.³ Less likely than older men to have graduated from high school, young fathers may be focused on efforts to complete schooling or find entry-level employment. By contrast, older fathers may have long-term hardships such as chronic unemployment or homelessness, compounded by poor health or substance abuse. Both young and old fathers may have difficulty resolving conflicts, which compounds the difficulty of reuniting with family members.⁴

In addition, more than half of the 1.4 million adults incarcerated in state and federal prisons are parents of children under the age of 18.⁵ Within impoverished neighborhoods, cycles of incarceration, reentry and recidivism are particularly pronounced.⁶ Incarceration may result

¹ Ex-offenders may be served through any of the three program options in this RFP.

² For an overview of existing research, see "Promoting Responsible Fatherhood" (2005). Annie E. Casey Foundation: http://www.aecf.org/initiatives/mc/readingroom/documents/Fatherhood_pages.pdf. See also "HHS Fact Sheet: Promoting Responsible Fatherhood" (2001). U.S. Department of Health and Human Services: <http://fatherhood.hhs.gov/factsheets/fact20010607.htm>.

³ See Schwartz, Wendy (1999). *Young Fathers: New Support Strategies*. New York: ERIC Clearinghouse on Urban Education.

⁴ Research shows that increased involvement of non-custodial parents often results in parental conflict. Miller, Cynthia and Virginia Knox (2001). *The Challenge of Helping Low-Income Fathers Support Their Children: Final Lessons From Parents' Fair Share*. New York: Manpower Demonstration Research Corporation.

⁵ See Travis, Jeremy, et al. (October 2003, Revised June 2005). *Families Left Behind: The Hidden Costs of Incarceration and Reentry*. The Urban Institute, Justice Policy Center.

⁶ See Cadora, Eric, et al. (2002). *Criminal Justice and Health and Human Services: An Exploration of Overlapping Needs, Resources, and Interests in Brooklyn Neighborhoods*. Paper produced for a conference funded by the U.S. Department of Health and Human Services.

in long-term father absence and further complicate employment, health and housing prospects. Thus, once released from prison, the father may have particular difficulty re-establishing a positive relationship with the child.

The circumstances confronting non-custodial fathers of any age or status must be addressed in order to empower them to establish a positive, healthy, supportive relationship with their children. DYCD is committed to enhancing children’s development through programs that encourage fathers to become personally involved with their children emotionally and, to the extent feasible, financially, and help fathers relate to their co-parents. Programs will integrate aspects of conflict management, violence prevention, and other support services to help fathers resolve issues and achieve economic security. Through this Request for Proposals (RFP), DYCD will contract with organizations to develop and operate programs that provide services to address multiple barriers and foster healthy parenting.

B. Anticipated Contract Term

It is anticipated that the term of the contracts awarded from this RFP will be a thirty-four month period from September 1, 2007 to June 30, 2010, with no option to renew.

C. Competitions/Service Options

Pursuant to this RFP, there will be separate competition pools for each of the following service options:

- Option I: Young fathers,16-24 years of age
- Option II: Fathers over 24 years of age
- Option III: Ex-offenders

Proposers may propose under one or more of the service options. **However, a separate and complete proposal must be submitted for each program proposed.** In the event that a proposer is eligible for award of more than one program from this RFP, DYCD reserves the right to determine, based on the proposer’s demonstrated capability and best interests of the City, respectively, how many and for which program(s) the proposer will be awarded a contract, and, at what level of services and dollar value.

D. Anticipated Maximum Available Funding

The anticipated total maximum available annual funding for the contracts awarded from this RFP is \$3,375,000. The funding allocations indicated in this RFP are based on availability of funding and are subject to change. DYCD reserves the right to award less than the full amount of funding requested by proposers and to modify the allocation of funds among service options in the best interests of the City. The anticipated maximum available annual funding for each service option is as follows:

Option I: Young Fathers,16-24 years of age	\$ 855,000
Option II: Fathers over 24 years of age	\$ 1,995,000
Option III: Ex-Offenders	\$ 525,000

DYCD has determined the maximum acceptable price per participant for a Fatherhood program is \$1,500. DYCD considers that a viable Fatherhood program cannot be provided for a price per participant of less than \$1,350.

Proposers are encouraged to provide in-kind and/or cash contributions from sources other than DYCD to enhance the proposed program. Proposers must document and confirm all in-kind and/or cash contributions by submitting a Letter of Intent from a duly authorized representative.

E. Geographic Areas to be Served

Proposers are encouraged to serve fathers who reside in high need community districts (CDs). Each competition uses a different indicator to identify the high need CDs. These targeted CDs are listed below by competition and in **Appendix B, Targeted Community Districts**. Appendix B also describes the methodology and sources of data.

Young Fathers,16-24 Years of Age⁷

Bronx 1	Brooklyn 3	Manhattan 9	Queens 3	Staten Island 1
Bronx 4	Brooklyn 4	Manhattan 10	Queens 4	
Bronx 5	Brooklyn 5	Manhattan 11	Queens 5	
Bronx 9	Brooklyn 7	Manhattan 12	Queens 9	
	Brooklyn 16		Queens 12	
	Brooklyn 17			

Fathers over 24 Years of Age⁸

Bronx 4	Brooklyn 3	Manhattan 9	Queens 3	Staten Island 1
Bronx 5	Brooklyn 4	Manhattan 10	Queens 4	
Bronx 7	Brooklyn 5	Manhattan 11	Queens 5	
Bronx 9	Brooklyn 7	Manhattan 12	Queens 7	
	Brooklyn 14		Queens 12	
	Brooklyn 17			

Ex-Offenders⁹

Bronx 4	Brooklyn 3	Manhattan 9	Queens 1	Staten Island 1
Bronx 5	Brooklyn 4	Manhattan 10	Queens 3	
Bronx 9	Brooklyn 5	Manhattan 11	Queens 12	
Bronx 12	Brooklyn 16	Manhattan 12	Queens 13	
	Brooklyn 17		Queens 14	
	Brooklyn 18			

⁷ Indicator = Number of live births to unmarried women where the father is 13-24 years of age.

⁸ Indicator = Number of live births to unmarried women where the father is over 24 years of age.

⁹ Indicator = Number of persons on probation.

F. Anticipated Payment Structure

It is anticipated that the payment structure of the contracts awarded from this RFP will be line-item budget reimbursement.

G. Minimum Qualification Requirements

Proposers who fail to meet any of these requirements will be determined to be non-responsive and will be disqualified.

- The proposing agency shall be incorporated as a not-for-profit organization or show proof of filing for such status with New York State Department of State, as documented by a copy of the application, by the proposal submission due date indicated in this RFP.

H. Subcontractors/Consultants

A contractor may not subcontract performance of program services to another organization. A contractor may, however, subject to DYCD approval, retain as a consultant one or more independent individual(s) with professional or technical skills to perform specific, limited program-related tasks that cannot be accomplished by Contractor's paid or unpaid staff.

I. Regulatory Requirements

Nondiscrimination. The contractor shall provide services to all persons regardless of actual or perceived race, color, creed, national origin, alien or citizenship status, gender (including gender identity), sexual orientation, disability, marital status, arrest or conviction record, status as a victim of domestic violence, lawful occupation, and family status.

Voter Registration and Health Insurance Options Plan. The contractor shall provide nonpartisan voter registration opportunities for participants and their families in accordance with Local Law 29 unless otherwise proscribed by federal law and participate in DYCD's Public Health Insurance Options Plan in accordance with Local Law 1. Copies of these local laws are available upon request from DYCD.

Liability Insurance. The contractor shall maintain, at a minimum, the following insurance:

- Commercial general liability insurance of \$1 million per occurrence and \$2 million aggregate;
- Motor vehicle liability insurance of \$5 million, if applicable.

Therefore, the contractor would demonstrate the possession of necessary insurance coverage by providing an **original** certificate of insurance naming DYCD and the City of New York as additional insureds prior to contract execution. DYCD will not release funds to any proposer awarded a contract until it has obtained the necessary insurance coverage.

Staff Screening. All staff members, paid and volunteer, in programs serving participants less than 21 years of age shall be fingerprinted. The cost of fingerprinting may be included under “Other Costs” in the program budget. The contractor shall use due diligence to determine whether any program staff member, paid or volunteer, has a criminal conviction record. If evidence of such history is found, the contractor would inform DYCD of the history and, in consultation with DYCD, would determine whether such history indicates a threat to program participants and, if appropriate, remove the staff member from the program.

Compliance with Legal Visitation Restrictions. The contractor shall use due diligence to determine whether program participants are subject to any court orders, rules, or regulations that would restrict their interactions with their children and/or their children’s guardians and provide services that comply with any such restrictions.

Program Facility. Program facilities must be easily accessible to people with disabilities, and should meet all requirements of the Americans with Disabilities Act (ADA). If they do not, DYCD-approved alternative measures, such as access to other suitable space, must be used to make activities accessible to persons with disabilities.

Contract Payments. All payments to contractors shall be made as reimbursements of expenses pursuant to a budget approved by DYCD, and no payments shall be made nor funds applied to other uses. All contract payments are subject to audit.

SECTION III - SCOPE OF SERVICES

A. DYCD's Goals and Objectives

DYCD's goals and objectives for the Fatherhood Program are:

- to promote positive involvement of fathers in the lives of their children, and
- to facilitate providing economic support for their children.

B. DYCD's Assumptions Regarding Organizational Capability

DYCD's assumptions regarding the contractor organization are:

- The Board of Directors would exercise active oversight of
 - program management, including regular reviews of executive compensation, audits, and financial controls; and
 - program operations and outcomes.
- The contractor would be fiscally sound and capable of managing the program.

C. DYCD's Assumptions Regarding Program Approach

DYCD's assumptions regarding which approach will best achieve the goals and objectives set out above are the following:

1. Contractor/Staff Qualifications

- The contractor would have at least five years of experience providing services to families.
- The contractor would have at least five years of experience providing services to males 16 years and older.
- The contractor would ensure that key staff are qualified and appropriately trained in family development and responsible fatherhood.
- At least one key staff member would have a clinical background and a Master's degree in social work, counseling, psychology, or education.
- If volunteers are utilized, the contractor would ensure that they are appropriately trained.

2. Target Population

Overall, services are targeted to low-income, non-custodial City resident fathers aged 16 and over, who are not currently involved with their children. Each service option has a specific target group:

Option I: Young fathers, 16-24 years of age

Option II: Fathers over 24 years of age

Option III: Ex-offenders

3. Program Facility

- The program facility would be appropriate in size and design to accommodate program staff, participants, their children, and program activities.
- The program facility would be easily accessible by public transportation.

4. Program Design

Anticipated Level of Service

The contractor would serve a minimum of 100 fathers and their children annually.

Participant Orientation, Assessment, and Individual Service Plans

All participants would receive an orientation to the program. Orientation includes, but is not limited to, program rules of participation and codes of conduct.

All participants would be assessed to determine strengths and needs and to establish goals, including increased active involvement with the child/children. An Individual Service Plan related to improving the father/child relationship would be developed for each participant. Individual needs and goals would be identified and prioritized, as would strategies to achieve those goals. Modifications to the Individual Service Plans would be made as additional needs arise.

The contractor would provide program services directly as well as through linkage agreements and referrals. The contractor would perform follow-up with each referral to ensure that services were received.

The contractor would conduct ongoing assessments to evaluate milestone and outcome achievement. The contractor would also maintain an individual participant record database to be developed in collaboration with DYCD. The types of data to be collected include registration, attendance, qualitative records, participant goals, demographic information, and outcome data.

Program Activities

The program activities are designed to target all areas of responsible fatherhood in need of development. Contractors would be required to provide **all** of the following essential activities (program activity definitions are provided in the Appendix A):

- individual or family counseling,
- group counseling,
- mediation and conflict resolution training,
- parent skills training,
- visitation arrangements assistance, and
- **either** peer counseling **or** father-to-father mentoring.

In addition to providing these essential activities, contractors are required to provide one or more of the following suggested support activities, either directly or through linkages:

- educational/employment counseling,
- General Educational Development (GED) classes,
- adult basic education (ABE) classes,
- English for Speakers of Other Languages (ESOL) instruction,
- college preparation classes,
- educational workshops,
- job-readiness skills,
- employment assistance,
- independent living skills training,
- health/nutrition instruction (including substance abuse and HIV/AIDS prevention),
- sexuality awareness, and
- individual/family housing assistance.

5. Outcomes

Contractors would accomplish the two target outcomes listed below. Proposers are expected to project the number of participants who will meet each outcome and specify the criteria to indicate that the target outcomes have been met. Three milestones (steps on the way to outcome achievement) are listed on the Service Level Form (Form 2). Proposers are also expected to identify the indicators (specific descriptions of behavioral change at the milestone level) for each milestone. After contractors are selected, DYCD will work with them to refine these indicators and select assessment methods. The contractor would help each father in the program:

- Increase engagement, availability, and responsibility in relationship with his child/children.

AND

- Provide material and financial support to his child/children.

Father Engagement may be defined as the number of contacts, frequency and quality of communication with children, and as providing care to, playing with, teaching, coaching or disciplining a child. *Availability* may be defined as the number of hours or days that fathers are physically present and potentially available for activity or interaction with their children. *Responsibility* may be defined as the managerial functions of parenting, such as organizing opportunities for the children to participate in activities and experiences.

Material and financial support may range from provision of or payment for food, clothing, educational services, medical care, and toys; to regular payment of child support to the custodial parent.

6. Evaluation of the Fatherhood Program

Should an evaluation of the Fatherhood Program be implemented, the contractor would be required to participate in the evaluation process.

7. Linkages

The contractor would establish linkages with appropriate community organizations, government agencies and other service providers to help participants achieve program outcomes through supportive services such as counseling, legal, housing, medical, immigration, and job training and placement that are not directly provided by the program.

SECTION IV - FORMAT AND CONTENT OF THE PROPOSAL

Proposers have two alternatives for completing proposals in response to this RFP.

Alternative I

The proposer would complete the proposal electronically, using the fillable forms and Proposal Narrative response boxes found in the Attachment (Proposal Format and Content Forms). DYCD has set a preferred word limit for each response. Proposers who exceed these limits should create their own clearly marked continuation pages. When complete, the forms and proposal narrative should be printed out on both sides of 8 ½" X 11" white paper and signed where indicated. All requested attachments should be appended to the back of the proposal. A summary of the proposal package contents and the order in which the proposal materials should appear is given below.

Alternative II

The proposer would fill out hard copies of the forms found in the Attachment (Proposal Format and Content Forms) and create a separate, typed document for the proposal narrative section of the proposal. In this alternative, the proposer would provide all of the required information in the same order and respecting the same preferred page limits for each response as given in Alternative I. In addition:

- The proposal should be typed on both sides of 8 1/2" x 11" white paper.
- Lines should be double-spaced with 1" margins, using 12-point font size.
- Pages should be numbered and include a header or footer identifying the proposer.
- Copies of Forms 1-6 should also be completed and submitted with the relevant sections

Alternatives I and II

- All proposals must be submitted in hard copy with the appropriate signatures. DYCD will not accept e-mailed or faxed proposals.
- The City of New York requests that all proposals be submitted on paper with no less than 30% postconsumer material content, i.e., the minimum recovered fiber content level for reprographic papers recommended by the United States Environmental Protection Agency (for any changes to that standard, please consult: (<http://www.epa.gov/epg/products/printing.htm>)).

Note: Failure to comply with any of these instructions will not make the proposal non-responsive.

PROPOSAL PACKAGE CONTENTS

The proposal package should contain the following materials in the order in which they are listed. Proposers should use this section as a “**checklist**” to assure completeness prior to submitting their proposals to DYCD.

The proposal package should include one original set and **five** duplicate sets of the documents listed below **in the following order**:

- I. Proposal Summary (Form 1)
- II. Proposal Narrative
 - A. Organizational Experience
 - B. Organizational Capability
 - C. Program Approach,
Including Linkage Agreement Form(s) (Form 2) and
the Work Plan Service Level Form (Form 3)
 - D. Price Proposal,
Including Budget Forms (Form 4)
 - E. Certification Regarding Substantiated Cases of Client Abuse or Neglect (Form 5)
 - F. Corporate Governance Certification (Form 6)
- III. Acknowledgment of Addenda Form (Form 7)
- IV. Additional Attachments
 - A. Certification of Incorporation as a not-for-profit or proof of filing for such status
with the Secretary of State
 - B. Job Descriptions, Qualifications for all Staff Positions and Resumes, if Applicable
 - C. Organizational Chart
 - D. Audit Report or Certified Financial Statement (with Explanation)
 - E. If Applicable: latest Annual Audit, Annual Financial Review, and/or Form CHAR
500
 - F. Letters of Intent for In-Kind and Cash Contributions

For each proposal submitted, enclose the documents listed above in a sealed envelope and hand deliver to Attention: Ava B. Walker, Deputy Agency Chief Contracting Officer, Office of Contract Procurement, NYC Department of Youth and Community Development, 156 William Street, 2nd Floor, New York, NY 10038. Label the envelope with the proposer’s name and address, “Fatherhood Program RFP” and “PIN: 26007FATHRFP,” the geographic area(s) and service options being proposed, and the name and telephone number of the proposer’s contact person.

SECTION V - PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES

A. Evaluation Procedures

All proposals accepted by DYCD will be reviewed to determine whether they are responsive to the requisites of this RFP. Proposals that are determined by DYCD to be non-responsive will be rejected. DYCD's Evaluation Committee will evaluate and rate all remaining proposals based on the evaluation criteria prescribed below. DYCD reserves the right to conduct site visits, conduct interviews, and request that proposers make presentations, as DYCD deems applicable and appropriate. A site visit after award, but prior to contract execution may occur. Although discussions may be conducted with proposers submitting acceptable proposals, DYCD reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

B. Evaluation Criteria

- Demonstrated quantity and quality of successful relevant experience 50%
- Demonstrated level of organizational capability 10%
- Quality of proposed program approach 40%

C. Basis for Contract Award

DYCD will award contracts to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration the price and other factors or criteria set forth in this RFP, including geographic distribution of the programs in each borough of New York City.

Contract award will be subject to the following:

- Demonstration that the proposer is/will be by the contract start date certified as a New York State Not-for-Profit Corporation, if not previously demonstrated.
- In keeping with the New York City Comptroller's mandate that all contractors have the proper insurance, as indicated in Part II General Provisions Governing Contracts with Directly and Indirectly Funded Contract Agencies, demonstration of the possession of necessary insurance coverage by providing a certificate of insurance.
- Timely completion of contract negotiations between DYCD and the selected proposers.

DYCD reserves the right to determine, based on demonstrated organizational capability and the best interests of the City, for how many and which options the applicant will be awarded a contract.

SECTION VI - GENERAL INFORMATION TO PROPOSERS

A. Complaints. The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-3000. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. Applicable Laws. This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by contacting The Mayor's Office of Contracts at (212) 788-7820.

C. General Contract Provisions. Contracts shall be subject to New York City's general contract provisions, in substantially the form that they appear in "Appendix A—General Provisions Governing Contracts for with Directly and Indirectly Funded Contract Agencies" or, if the Agency utilizes other than the formal Appendix A, in substantially the form that they appear in the Agency's general contract provisions. A copy of the applicable document is available through the Authorized Agency Contact Person.

D. Contract Award. Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the requisite New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Affidavits of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. Proposer Appeal Rights. Pursuant to New York City's Procurement Policy Board Rules, proposers have the right to appeal Agency non-responsiveness determinations and Agency non-responsibility determinations and to protest an Agency's determination regarding the solicitation or award of a contract.

F. Multi-Year Contracts. Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Agency to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor's performance is not satisfactory. The Agency will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

G. Prompt Payment Policy. Pursuant to the New York City's Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.

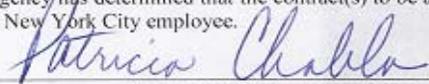
H. Prices Irrevocable. Prices proposed by the proposer shall be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Agency prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of the Agency to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

I. Confidential, Proprietary Information or Trade Secrets. Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by the City.

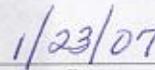
J. RFP Postponement/Cancellation. The Agency reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all proposals.

K. Proposer Costs. Proposers will not be reimbursed for any costs incurred to prepare proposals.

L. Charter Section 312(a) Certification.
The Agency has determined that the contract(s) to be awarded through this Request for Proposals will not directly result in the displacement of any New York City employee.



Agency Chief Contracting Officer



Date

APPENDIX A

PROGRAM ACTIVITY DEFINITIONS

I. Essential Activities

001 Individual/Family Counseling

Provide counseling to individuals/families in planned sessions dealing with issues such as substance abuse, mental and physical abuse and/or violence, and psychological and emotional issues; involve participants in the process of self-evaluation and assist participants in examining available solutions.

002 Group Counseling

Provide counseling to groups in planned sessions dealing with issues such as substance abuse, mental and physical abuse and/or violence, and psychological and emotional issues; involve participants in the process of self-evaluation and assist participants in examining available solutions.

004 Peer Counseling

Provide youth with interaction and socialization with other youth to discuss common problems and solutions, to establish common goals, and to provide support and guidance to one another. (Fatherhood programs must provide **either** 004 peer counseling **or** 005 mentoring.)

005 Mentoring

Foster one-to-one relationships for the purpose of motivating young people to stay in school and make successful transitions to adulthood. Mentors may be other youth or adults serving as positive role models and able to establish a one-to-one relationship with a young person. A mentoring program should include exposing young people to new educational, cultural, and social experiences; introducing young people to the mentors' careers and workplaces; assisting young people in the exploration of career opportunities and college preparation; and reinforcing positive behavior, attitudes, and ambitions. (Fatherhood programs must provide **either** 004 peer counseling **or** 005 mentoring.)

203 Mediation/Conflict Resolution Training

Provide basic learning steps in negotiation and understanding and identifying sources of conflict; recognizing and respecting differences in race, culture, ethnicity, class, age, and gender; using conflict resolution skills to enhance interpersonal interaction; applying conflict resolution skills to increase control of anger and/or aggression; learning to utilize neutral language and recognizing implication of nonverbal communication.

502 Parent Skills Training

Conduct parenting/child-rearing workshops on topics related to issues of understanding children as they progress through various developmental stages; provide practical and useful instruction in the art of parenting.

708 Family Budgeting and Consumer Education

Provide instruction in learning how to budget income to meet bills and daily and emergency needs (food, clothing, shelter), inform participants about their rights as consumers, and provide credit counseling.

800 Visitation Arrangements

Provide assistance to parents in exercising visitation arrangements for their children and provide services for monitored or supervised visitation.

II. Suggested Support Activities

003 Educational/Employment Counseling

Assist participants in the assessment of their educational and/or career goals; assist participants in the process of self-evaluation and future planning.

104 General Education Development (GED)

Conduct or sponsor course for participants preparing for the GED examination which is administered by the New York State Department of Education. Consists of classroom instruction in the subject areas of reading, math, writing, science, and social studies, provided by a New York City Department of Education teacher or other qualified instructor. Also includes administering a pre-test, periodic assessment in each subject area, and a practice GED post-test to all enrolled participants.

105 Adult Basic Education (ABE)

Provide or sponsor adult basic education classes for participants, including providing instruction by a New York City Department of Education teacher or other qualified instructor in areas of writing, reading, and/or math and administering of a pre-test, periodic assessments, and a post-test to each enrolled participant. Upon completion of the objectives, the contract agency will refer participants to GED preparation classes or other adult education programs, or promote them to other classes offered by the contract agency.

106 English for Speakers of Other Languages (ESOL)

Conduct or sponsor English for Speakers of Other Languages classes to enable participants to read, write, and/or speak English. Administer pre-test, periodic assessments, and post-test to all enrolled participants.

108 College Preparation

Provide participants with listings of colleges and scholarship opportunities, information on college fairs and visitations. Arrange meetings with college representatives and assist in filling out college, scholarship, and financial aid applications. Also, assist participants in writing college essays and preparing for SAT I, SAT II, Regents exams, and college entrance exams.

109 Educational Workshops

Plan, organize, and conduct educational workshops as part of a holistic approach. Designated topic areas could include leadership skills training, alternatives to drug use and violence, AIDS awareness, mental health awareness, multicultural awareness, performing arts, pre/postnatal care, child rearing, housing issues, economic development, entitlement assistance, and job-readiness skills

301 Job-readiness Skills

Provide employment assistance to participants, including assessing each participant's employment readiness and providing help in areas such as resume preparation, interview techniques, job applications, job search skills, and job retention skills, e.g., appropriate workplace conduct, work habits, and time management skills; provide information on labor market trends.

302 Employment Assistance

Provide employment assistance to individuals, including assessing each participant's employment readiness and providing help in areas such as job development, job placement, and job retention.

501 Independent Living Skills Training

Provide workshops and other services that focus on skills building and preparation for or promotion of independent and responsible living including, but not limited to, stress management, birth control/safe sex practices, healthy relationships, cooking/nutrition, establishing credit/money management, assertive communication, positive social skills, and substance abuse awareness and prevention.

505 Health/Nutrition Instruction

Provide instruction in mental and physical health and nutrition-related issues, including instruction on substance abuse, physical fitness, chronic illnesses, pre/postnatal care, emotional well-being and mental health awareness; utilize healthcare providers to conduct diagnostic tests such as blood pressure readings and blood tests. Emphasis should be placed on the awareness of immunization and prevention of tuberculosis, HIV-AIDS, and STDs and deal with other health concerns such as stress, hypertension, vision, hearing, lead poisoning, hygiene, and asthma.

510 Sexuality Awareness

Provide age-appropriate instruction on the anatomy of the female and male bodies. Provide youth with the opportunity to discuss issues related to dating, relationships, sexual identity, safe sex, pregnancy, and other sexual issues to enable them to make age-appropriate choices and promote healthy growth and development

705 Individual/Family Housing Assistance

Provide services to individuals and families including assistance in completing application forms for tenancy in New York City Housing or Section 8 housing, rent increase exemptions for senior citizens, homeowners' loan programs under HPD or HUD, rent stabilization;

provide housing advocacy in the areas of housing code violation complaints, dispossession, and evictions.

APPENDIX B

TARGETED COMMUNITY DISTRICTS

**FATHERHOOD PROGRAMS
REQUEST FOR PROPOSALS PIN: 26007FATHRFP**

The listing below shows targeted community districts with a high level of need for fatherhood services. DYCD encourages proposers to serve the non-custodial fathers in these community districts.

Service Option/Competition	Indicator of Need
Younger Fathers, 16-24 years of age	Number of live births to unmarried women where the father is 13-24 years of age <u>Source:</u> NYC Department of Health and Mental Health (2004).
Fathers over 24 years of age	Number of live births to unmarried women where the father is over 24 years of age <u>Source:</u> NYC Department of Health and Mental Health (2004).
Ex-offenders	Number of persons on probation <u>Source:</u> NYC Department of Probation (May 2006).

The method used to identify the targeted community districts is based upon an index of need, separately determined to reflect the target population in each of the three competitions. The statistics used to calculate the index of need and the sources are given above.

The community districts in each borough were ranked in descending order according to their index of need. In each borough, the community districts that ranked in the top 1/3 of the listing are designated the “targeted community districts.” They are listed below.

Young Fathers, 16-24 Years of Age

Bronx 1	Brooklyn 3	Manhattan 9	Queens 3	Staten Island 1
Bronx 4	Brooklyn 4	Manhattan 10	Queens 4	
Bronx 5	Brooklyn 5	Manhattan 11	Queens 5	
Bronx 9	Brooklyn 7	Manhattan 12	Queens 9	
	Brooklyn 16	Queens 12		
	Brooklyn 17			

Fathers over 24 Years of Age

Bronx 4	Brooklyn 3	Manhattan 9	Queens 3	Staten Island 1
Bronx 5	Brooklyn 4	Manhattan 10	Queens 4	
Bronx 7	Brooklyn 5	Manhattan 11	Queens 5	
Bronx 9	Brooklyn 7	Manhattan 12	Queens 7	
	Brooklyn 14		Queens 12	
	Brooklyn 17			

Ex-offenders

Bronx 4	Brooklyn 3	Manhattan 9	Queens 1	Staten Island 1
Bronx 5	Brooklyn 4	Manhattan 10	Queens 3	
Bronx 9	Brooklyn 5	Manhattan 11	Queens 12	
Bronx 12	Brooklyn 16	Manhattan 12	Queens 13	
	Brooklyn 17		Queens 14	
	Brooklyn 18			

ATTACHMENT

PROPOSAL FORMAT AND CONTENT FORMS

The pages of this Attachment should be used to prepare the proposal in response to this RFP, as instructed in Section IV (Format and Content of the Proposal) of the RFP.

PROPOSAL SUMMARY

RFP TITLE: FATHERHOOD PROGRAM

PIN: 26007FATHRFP

Proposer Name:

Address:

City State N.Y. Zip Code

Tax Identification #

Contact Person:

Title: Telephone #: -

Authorized Representative: Title:

Signature: _____ Date: _____

Compliance Certification: (Check the following items to indicate proposer is in compliance.)

Proposer is a not-for-profit incorporated entity in NYS (Attach a copy of the certificate.)

Or

has proof of filing with the Secretary of State for such status by the proposal submission due date indicated in this RFP. (Attach a copy of the application.)

Proposed Service Option: (Check one only.)

Option I: Young Fathers, Option II: Fathers over 24 years of age

Option III: Ex-Offender 16-24 years of age

Organizations may propose to programs under more than one service option, but a separate and complete proposal must be submitted for each program.

Program Costs and Resources:

- a. Total annual DYCD funding request \$
- b. Annual cash contributions YES NO
(DYCD does not require cash contributions.) If YES, indicate amount \$
- c. In-kind contributions proposed YES NO
(DYCD does not require in-kind contributions.) If YES, indicate amount \$
- d. Total annual program cost (Sum of a+b+c) \$

Service Information:

Proposed Annual Enrollment:

Annual DYCD Funding Per Participant:

(= total annual DYCD funding request ÷ proposed annual enrollment)

Proposer has submitted additional proposals in response to this RFP. Yes No

If yes, how many?

Targeted Recruitment Areas: (For proposers planning to explicitly recruit participants from one or more of the targeted community districts, check all that apply.)

Option I: Young Fathers, 16-24 Years of Age

- Bronx 1 Brooklyn 3 Manhattan 9 Queens 3 Staten Island 1
- Bronx 4 Brooklyn 4 Manhattan 10 Queens 4
- Bronx 5 Brooklyn 5 Manhattan 11 Queens 5
- Bronx 9 Brooklyn 7 Manhattan 12 Queens 9
- Brooklyn 16 Queens 12
- Brooklyn 17

Option II: Fathers over 24 Years of Age

- Bronx 1 Brooklyn 3 Manhattan 9 Queens 3 Staten Island 1
- Bronx 4 Brooklyn 4 Manhattan 10 Queens 4
- Bronx 5 Brooklyn 5 Manhattan 11 Queens 5
- Bronx 9 Brooklyn 7 Manhattan 12 Queens 9
- Brooklyn 16 Queens 12
- Brooklyn 17

Option III: Ex-offenders

- Bronx 4 Brooklyn 3 Manhattan 9 Queens 3 Staten Island 1
- Bronx 5 Brooklyn 4 Manhattan 10 Queens 4
- Bronx 9 Brooklyn 5 Manhattan 1 Queens 12
- Bronx 12 Brooklyn 26 Manhattan 1 Queens 13
- Brooklyn 1 Queens 14
- Brooklyn 18

Proposed Site Location(s)

- a. Number of sites for this proposed program
- b. Site Name and Address. Please complete the following information for each site of the proposed program. (Copy this page as necessary to list the additional sites.)

SITE #

Name:

Address:

City State N.Y. Zip Code

SITE #

Name:

Address:

City State N.Y. Zip Code

SITE #

Name:

Address:

City State N.Y. Zip Code

PROPOSAL NARRATIVE

The Program Proposal is a clear, concise statement of the following:

A. Organizational Experience

1. As evidence of the proposer's experience in providing services to families, list up to 5 programs within the last 5 years and provide the information requested below.

Name of Program	Dates of Operation	Annual Target Population(s)	Enrollment
1)			
2)			
3)			
4)			
5)			

2. Describe each of the listed programs above and indicate the staffing, range of activities, and evidence of success. (Preferable page limit: 1½ pages)

3. As evidence of the proposer’s experience in providing services to males, 16 years and older, list up to 5 programs within the last 5 years and provide the information requested below. **DYCD encourages proposers to describe experience providing services specifically to non-custodial fathers.**

Name of Program	Dates of Operation	Annual Target Population(s)	Enrollment
1)			
2)			
3)			
4)			

4. Describe each of the listed programs above and indicate the staffing, range of activities, and evidence of success. (Preferable page limit: 1½ pages)

5. As a hard-copy attachment, provide a job description with the required qualifications for each key staff position. For staff who have been identified, attach a resume and describe their qualifications and experience in delivering services to fathers in the last five years.

6. List at least two relevant references from funding sources for services similar to those described in Section III - Scope of Services. Include the name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title and telephone number of a contact person at the reference entity. (Preferable page limit: 1 page)

B. Organizational Capability

Demonstrate the proposer's organizational programmatic, managerial and financial capability to carry out the program described in Section III – Scope of Services of the RFP as follows:

1. Identify the members of the Board of Directors, including their names, addresses and telephone numbers, and describe their oversight of program management (including regular reviews of executive compensation, audits, and financial controls) and program operations and outcomes. (Preferable page limit: 1 page)

2. As a hard-copy attachment, provide an organizational chart of the proposer's organization and the proposed program. Describe below the proposers capacity to integrate the proposed program into its overall operations, including how the proposed program and program staff will relate to the overall organization. (Preferable page limit: 1 page)

3. Does the proposer have a track record of providing services to families through successful collaborations with other organizations and agencies?

YES NO

4. If “Yes,” then list up to three community-based organizations (CBOs) with which services were provided, the communities targeted by the services, and the type of families targeted by the services.

<u>Name of CBO</u>	<u>Communities Served</u>	<u>Type(s) of Families Served</u>
(1)		
(2)		
(3)		

5. Describe each of the collaborations listed above indicate range of services, the contribution of each collaborator, and evidence of success. (Preferable page limit: 1½ pages)

6. Describe the proposer’s internal monitoring system and demonstrate how it is used to both assure quality and identify program, personnel and fiscal issues, including the organization’s corrective action procedure. (Preferable page limit: 1 page)

7. As a hard-copy attachment, provide a copy of the most recent financial audit of the organization conducted by a Certified Public Accountant, indicating the period covered, OR, if no audit has been performed, the most recent financial statement, indicating the period covered AND an explanation of why no audited financial statement is available.

8. Is the proposer registered as a charitable organization in New York State?

YES NO

If "yes," then as a hard-copy attachment, provide a copy of the latest Form CHAR 500 and its required attachments filed with the New York State Attorney General Charities Bureau.

9. Is the proposer required to file with the federal Office of Management and Budget pursuant to Circular A-133?

YES NO

10. If "yes," then as a hard-copy attachment, provide a copy of the latest report filed with that office, indicating the period covered.

11. If the proposer has submitted more than one proposal in response to this RFP, describe the organization's capability (programmatic, managerial, and financial) to successfully provide **all** the proposed programs, as indicated on the Proposal Summary form (Form 1), **concurrently**. (Preferable page limit: 1 page)

C. Program Approach

Describe in detail how the proposer will provide the proposed program and demonstrate that the proposed program approach will fulfill DYCD's program goals and objectives in Section III – Scope of Services of the RFP by addressing each of the following:

1. Program Facility

Describe the program facility and demonstrate that it is adequate for program activities and demonstrate that the program facility is accessible by public transportation and in compliance with all requirements. If not the latter, describe the alternate measures used for making activities available. (Preferable page limit: ½ page)

2. Target Population

Justify the number of fathers to be served annually and describe the characteristics of the fathers and their needs. (Preferable page limit: ½ page)

3. Program Design

Review the required *target outcomes* for the program and select *activities* for the proposed program as described in Section III – Scope of Services of the RFP, then complete the Work Scope for FY2008 (Form 2) provided below and respond to the items (a-e) that follow.

FORM 2

RFP TITLE: FATHERHOOD PROGRAM
PROPOSED WORK SCOPE FOR FY2008
PIN: 26007FATHRFP

Agency Name

A. PLANNED UNDUPLICATED ENROLLMENT

	For Program Area				
	July - Sept	Oct - Dec	Jan - Mar	Apr - June	Total
Number of Participants to be Enrolled					

B. PROGRAM OUTCOMES

1. Increase engagement, availability, and responsibility in relationship with his child/children AND 2. Provide material and financial support to his child/children	Projected Number of Program Participants that Achieve BOTH Outcomes				
	July - Sept	Oct - Dec	Jan - Mar	Apr - June	Total

C. SITES AND ACTIVITIES

Site Name	Site Enrollment by Activity*	Site Address	Activity Code	Activity	# of Cycles	Days of Week for Activity	Hrs. per Week for Activity	Average Daily Participation**

* Projected number of participants enrolled at the site for the listed activity.

** Projected number of participants attending the activity on any given day, as an average throughout the year. For example, if 50 participants are enrolled, the number of participants expected to attend the activity on any given day might be 38.

a. *For each target outcome*, justify the number of fathers that will achieve the target outcome.

(Preferable page limit: 1 page)

Describe the essential and suggested support activities and demonstrate how they will be incorporated in the program. (Preferable page limit: 1 page)

b. For each activity (See Appendix A for program activity definitions), identify and describe:

- 1) Why the activity is appropriate for target population
- 2) Who is involved in the activity
- 3) Number of fathers involved in the activity
- 4) Frequency of the activity
- 5) Duration and scheduled time of the day
- 6) When the activity will occur, i.e., weekdays, weekends, holiday breaks, summer break
- 7) Type and number of staff assigned
- 8) How this activity will help participants achieve target outcomes.

(Preferable page limit: 2 pages)

c. Identify indicators for each milestone. While milestones are generic to all programs, indicators are the specific steps participants are expected to accomplish in order to achieve specific program outcomes. The milestones are: (1) participates in assessment and attends first session, (2) indicates motivation and begins making progress, and (3) makes substantial progress toward achieving aims and goals. (Preferable page limit: 2 pages)

d. Describe in detail each of the following program elements and how each will be implemented, including the process to be used, staff assigned and time frames.

1) Outreach and recruitment

2) Assessment

3) Enrollment and orientation

(Preferable page limit: 1 page)

4. Staffing

a. Describe the salaried and non-salaried, if any, staff positions that will be utilized to provide the proposed program and demonstrate that such staffing is sufficient to help the participants achieve the outcomes. (Preferable page limit: ½ page)

b. Demonstrate that the staffing level is appropriate to provide the proposed programs and activities. (Preferable page limit: ½ page)

c. Describe how all individuals, including volunteers, who will be part of the program, will provide the services in a manner that is sensitive to the characteristics of the target population.

(Preferable page limit: ½ page)

- d. Describe the plan for recruiting, hiring and training staff. Identify how many staff members have a family development credential, and plans, if applicable, to train staff in Family Development Training and Credentialing Program (FDC) as provided by DYCD.
(Preferable page limit: 1 page)

5. Linkages

- a. Identify and describe the proposer's existing and proposed linkages for the proposed program and demonstrate how each linkage will enhance the ability of fathers to achieve their outcomes.
(Preferable page limit: 1 page)

- b. Complete and attach a Linkage Agreement Form (Form 3) for each linkage described.

LINKAGE AGREEMENT FORM

Proposer : **RFP PIN: 26007FATHRFP**

Instruction: This agreement is a demonstration of a commitment to integrate service delivery through working relationships with other organizations. It is not a consultant agreement. Provide one Linkage Agreement for each organization with which you will be working. Duplicate this form as needed.

Pursuant to the proposal submitted by

(Proposer Organization)

in response to the Fatherhood Program Request For Proposal from the Department of Youth and Community Development, the proposer, if funded, will establish programmatic linkages with

in the form and manner described below.

(Linked Organization)

Describe the proposed programmatic linkage, including how referrals and follow-up services for individuals will be maintained.

Proposer Organization:

Linked Organization:

Authorized Representative

Authorized Representative

Title

Title

Signature

Work Address

Date

____ - ____

Work Telephone Number

Signature

Date

D. Price Proposal

1. Complete and submit the Budget Forms (Form 4) given below. Note that the Budget Forms below in this document are **not fillable**. Fillable budget forms may be downloaded from DYCD's website, www.nyc.gov/dycd.

2. Budget Justification

- a. Justify how the requested funds will be used to achieve program outcomes. Proposers should ensure that the budget and budget justification are consistent with the proposed program. (Preferable page limit: 1 page)

- b. Identify the source of any in-kind and/or cash contributions. Indicate the amount and state how the contributions will be used to enhance the proposed program. For in-kind contributions other than cash, indicate the method used to determine the dollar amount. (Preferable page limit: 1 page)

- c. Document the source of all in-kind and cash contributions by submitting as a hard-copy attachment, a Letter of Intent from the chairperson or executive director of each contribution source.

**Department of Youth and Community Development
REQUEST FOR PROPOSAL
PIN: 26007FATHRFP
PROGRAM BUDGET SUMMARY**

FORM 4

Form Revised 12/06

Proposer's Name _____
 Address: _____

Tel #: _____ Fax #: _____ E-mail: _____
 Ex. Director _____ Tel #: _____ E-mail: _____
 Fiscal Officer: _____ Tel #: _____ E-mail: _____
 EIN: _____ SUI #: _____
 Operating Period: _____ Through: _____

		(Column A+B=C)		
		A	B	C
		TOTAL FUNDING REQUEST	IN KIND / CASH CONTRIBUTION	TOTAL PROGRAM COST
Account Code	<u>PERSONNEL SERVICES</u>			
1100	Salaries and Wages			
1200	Fringe Benefits*			
1300	Central Insurance Program (CIP) **			
TOTAL PERSONNEL SERVICES				
<u>NON STAFF SERVICES</u>				
2100	Consultants			
2200	Sub-Contractors			
2300	Stipends			
2400	Vendors			
TOTAL NON-STAFF SERVICES				
<u>OTHER THAN PERSONNEL SERVICES</u>				
3100	Consumable Supplies			
3200	Equipment Purchases			
3300	Equipment Other			
3400	Space Rental			
3500	Travel			
3600	Utilities & Telephone			
3700	Other Operational Costs			
3900	Fiscal Agent Services			
TOTAL OTHER THAN PERSONNEL SERVICES				
TOTAL COST				

* The maximum rate is 30%; and the minimum rate is 7.65% of the total salaries.
 ** CIP rate is 4.50% of total budget for insurance coverage

Acct Code

FRINGE BENEFITS

1200 **FRINGE BENEFITS**

FICA @ 7.65%, Unemployment Insurance, Medical,
Workers' Compensation, Disability, Life insurance, & Pension.

The maximum fringe benefit rate is 30%; and the minimum rate is 7.65% of the total salaries.

If under the Fiscal Agent, the minimum fringe benefit rate is 12.65% of the total salaries.

1300 **CENTRAL INSURANCE PROGRAM (CIP)**

Central Insurance Package

4.5 % of Total Budgeted Amount

General Liability, Workers' Compensation,
Disability, Special Accident, and Property
Insurance are covered under the DYCD Central
Insurance Program.

NON STAFF SERVICES

2100 **CONSULTANTS (Total)**

(Total of all Consultants)

Description and amount for each Consultant (If additional space is required submit attachments)

2200 **SUB-CONTRACTORS (Total)**

(Total of Sub-Contractors)

Description and amount for each Sub-Contractor (If additional space is required submit attachments)

2300 **STIPENDS (Total)**

Description (If additional space is required submit attachments)

2400 **VENDORS (Total)**

Description (If additional space is required submit attachments)

Acct Code	FUNDING REQUESTED
OTHER THAN PERSONNEL SERVICES	
3100 CONSUMABLE SUPPLIES Office , Program and Maintenance Supplies	<input type="text"/>
3200 EQUIPMENT PURCHASES * <i>*Attach description or itemized equipment list.</i> Copiers, Computers, Printers, and Furniture Etc.	<input type="text"/>

3300 EQUIPMENT OTHER Maintenance, Repairs, Rentals, & Computer Software	<input type="text"/>
3400 SPACE RENTAL (Total of Lines 3410 & 3420)	<input type="text"/>
3410 Public School	<input type="text"/>
3420 Rent / Other	<input type="text"/>
3500 TRAVEL Staff Travel , Bus Trips, Other	<input type="text"/>
3600 TOTAL UTILITIES AND TELEPHONE	<input type="text"/>
3700 OTHER OPERATIONAL COSTS (Total of Lines 3710 & 3720) Postage, Admission tickets, Printing and Publications Bank Charges, Training and Conferences, Audit Fee, Internet Fee Food and Refreshments, Participant Costs, and Liability Ins, Etc.	<input type="text"/>
3710 Other Costs	<input type="text"/>
3720 Indirect Costs * % _____	<input type="text"/>
3900 FISCAL AGENT SERVICES See Fee Scale on Budget Instructions	<input type="text"/>

* Maximum rate is 10% of Total Budget.

Please note: All highlighted fields (Blue) are calculated automatically and cannot be changed manually.

DYCD Title Codes

AA	ADMINISTRATIVE ASSISTANT
AB	ASSISTANT BOOKKEEPER
AC	ACCOUNT SPECIALIST
AD	ADMINISTRATOR
AE	ASSISTANT EXECUTIVE DIRECTOR
AI	ARTISTIC INSTRUCTOR
AP	AFTER SCHOOL PROGRAM DIRECTOR
AR	ART SPECIALIST – ARTS PARTNER
AS	ACTIVITY SPECIALIST
AT	ATTENDANT
AX	ACTOR
BA	BA CASE PLANNER
BK	BOOKKEEPER
BM	BUDGET MANAGER
BS	BILINGUAL SPECIALIST
CA	COACHES
CC	CHILD CARE PROVIDER
CI	CAMP INSTRUCTOR
CK	COOK
CL	CLERK
CM	CONTRACT MANAGER
CO	COUNSELOR
CP	CASE PLANNER
CR	COORDINATOR
CS	COUNSELING SPECIALIST
CT	CONTROLLER
CU	CUSTODIAN
CW	CASE WORKER
CZ	COMPUTER SPECIALIST
DC	DRUG COUNSELOR
DD	DEPUTY DIRECTOR
DE	DIRECTOR
DF	DIRECTOR OF FINANCE
DI	DANCE INSTRUCTOR
DP	DIRECTOR OF PERSONNEL
DR	DOCTOR
DS	DEVELOPMENT SPECIALIST
DT	DIRECTOR OF PROGRAM AND JOB DEVELOPMENT
DV	DRIVER
EA	EDUCATIONAL ADVISOR
EC	EDUCATION COORDINATOR (TEACHER LICENSE)

DYCD Title Codes (Continued)

ED	EXECUTIVE DIRECTOR
EI	EDITOR
EP	EXHIBITION PREPARER
ES	EMPLOYMENT/EDUCATION SPECIALIST
FA	FACILITATOR
FC	FAMILY COUNSELOR
FD	FOSTER CARE DIRECTOR
FO	FISCAL OFFICER
FW	FAMILY WORKER
GL	GROUP LEADER
GW	GROUP WORKER
HC	HEALTH COUNSELOR
HM	HOUSE MANAGER
HP	HOUSE PARENT
HS	HOUSING/HOMELESS SPECIALIST
IC	IMMIGRATION COORDINATOR
IN	INSTRUCTOR
IS	IMMIGRATION SPECIALIST
JA	JANITOR
JC	JUVENILE COORDINATOR
JD	JOB DEVELOPER
JR	JOB READINESS COUNSELOR
LA	LITERARY ARTIST
LC	LATCHKEY COORDINATOR
LD	LEADERSHIP DEVELOPMENT SPECIALIST
LG	LIFEGUARD
LS	LEADERSHIP SPECIALIST
MA	MAINTENANCE
MC	MEDIATOR COUNSELOR
ME	MENTOR
MI	MUSIC INSTRUCTOR
MS	MSW CASE PLANNER
OM	OFFICE MANAGER
OW	OUTREACH WORKER
PA	PROGRAM DIRECTOR ASSISTANT
PB	PHYSICIAN'S ASSISTANT
PC	PROGRAM COORDINATOR
PD	PROGRAM DIRECTOR
PE	PARENT AIDE
PJ	PROJECT COORDINATOR
PL	PARALEGAL
PM	PROGRAM DIRECTOR (MD LICENSE)
PO	DIRECTOR OF PROGRAM OPERATIONS

DYCD Title Codes (Continued)

PR	PROGRAM AIDE
PS	PROGRAM SUPERVISOR
PT	PROGRAM DIRECTOR (TEACHER LICENSE)
RC	RECEPTIONIST
RD	REGIONAL DIRECTOR
RE	RELIEF
RN	REGISTERED NURSE
RR	RECREATION COORDINATOR
RS	RECREATION SPECIALIST
SA	STAFF ATTORNEY
SC	SERVICES COORDINATOR
SE	SECRETARY
SF	ADMINISTRATIVE SECRETARY
SG	SECURITY GUARD
SI	SHOP INSTRUCTOR
SN	SENIOR ACCOUNTANT
SS	SUMMER STAFF
ST	STREET WORKER
SU	SUPERVISOR
SW	SOCIAL WORKER (M.S.W.)
TA	TEACHER AIDE
TE	TEACHER (TEACHER LICENSE)
TH	THERAPIST
TL	TEAM LEADER
TM	TRAINING MONITOR
TS	TRAINING SPECIALIST
TU	TUTOR
TY	TYPIST/TEACHER AIDE
UD	UNIT DIRECTOR
UH	URBAN HOUSING SPECIALIST
VA	VISUAL ARTIST
VC	VOLUNTEER COORDINATOR
WF	WORKSHOP FACILITATOR
WI	WRITING INSTRUCTOR
WL	WORKSHOP LEADER
WS	WATER SAFETY INSTRUCTOR
YC	YOUTH COUNSELOR
YE	YOUTH EMPLOYMENT COORDINATOR
YW	YOUTH WORKER

RFP BUDGET INSTRUCTIONS

BUDGET FACE SHEET IDENTIFYING INFORMATION – Page 1 of 4

To assist with proper completion of the budget, DYCD has made the budget forms available for download (in Microsoft Excel and the Instructions in Microsoft Word) on the DYCD Website: www.nyc.gov/dycd

- Indicate the official name of your organization, address, e-mail, telephone number and fax number.
- The **Executive Director** is the person responsible for this proposal, or in charge of the overall agency. Please include his/her e-mail and telephone numbers.
- The **Fiscal Officer** is the person responsible for preparing the financial documents for this contract, i.e., the Comptroller, Bookkeeper and/or Accountant. Please include his/her e-mail and telephone numbers.
- **Federal Employer Identification Number (EIN)**: Indicate the proposer's EIN #. (A copy of any official IRS document reflecting the Federal Employer Identification Number will be required before entering into contract with your organization.)
- **State Unemployment Insurance Number (SUI)**: A number appearing on all correspondence relating to State Unemployment Insurance. It is obtainable through the New York State Department of Labor (1-888-899-8810).
- **Operating Period**: The first 12 month period of your proposed contract should coincide with the dates that activities operate within the budget.

The budget is divided into three columns: A. Total Funding Request, B. In-Kind/Cash Contributions and C. Total Program Cost.

- A. Total Funding Request Budget Column is the funding requested from DYCD.
- B. In-Kind/Cash Contribution Column is the dollar value of all resources (cash, services, space, and equipment) applied to the proposed program, but not included in the funding requested from DYCD.
- C. Total Program Cost Column is the Grand Total of the proposed budget (Columns A + B).

BUDGET SUMMARY BY THE BUDGET CATEGORIES

To complete the remainder of Page 1 of the budget, first complete Pages 2, 3, and 4 as described below. For proposers completing the budget electronically, the appropriate totals for each budget category will automatically transfer into the corresponding box on Page 1.

For the **In-Kind/Cash Contribution** column, **you must** enter the amount contributed for each category on Page 1, where applicable.

I. BUDGET SALARIES AND WAGES SUPPORT SHEET- Page 2of 4

1100 The Salaries are divided in two categories:

Category 1 Full Time employees: Persons who work **35 hours or more** per week

Category 2 Part Time employees: Persons who work **less than 35 hours** per week

All required information should be entered on the budget, including all personnel, Full-Time (35 hours or more) and Part-Time (less than 35 hours), who will receive a salary from this program. For Full-Time employees, enter the title, salary, number of positions within the title and percent of salary that will be allocated to this contract. For Part-Time staff, enter the title, hourly wage rate, number of positions number of annual hours on the program per position, and the percent of the wages that will be allocated to this program.

Helpful Hints

To calculate the annual salary for FY 2008 multiply the hourly rate by 1827 hours per year (35 hours per week).

To calculate the number of hours per year multiply the number of hours worked per day by the number of days per year. (FY 2008=261 days)

To calculate the annual salary for FY 2008, multiply the hourly rate by 2088 hours per year (40 hours per week).

The minimum wage is \$7.15 effective January 1, 2007. This is subject to change. Part Time salaries should be calculated by consolidating same titles with the maximum hourly rate. The Sub-Total of all salaries should be calculated and transferred to Page 1, Salaries and Wages (1100) both boxes.

II. FRINGE BENEFITS – Page 3 of 4

1200 Fringe Benefits must include FICA. Charges to Fringe Benefits may also include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage as per your policies. Enter the Fringe Benefit rate as indicated on the budget summary page. Fringe rates must not be less than 7.65% or exceed 30% of total salaries. If the contractor uses the Fiscal Agent, the minimum rate for Fringe Benefits is 12.65%.

1300 **Central Insurance Program (CIP):** Proposers without general liability insurance at the time of selection have the option of purchasing insurance through CIP or other sources. CIP includes general liability, special accident, property insurance (equipment), worker's compensation and disability, at a cost of 4.5% of the total program cost. CIP only covers DYCD- funded programs and activities. **All funded programs must have general liability insurance of \$1 million, with a certificate naming DYCD and the City of New York as additional insureds, if they do not participate in CIP.**

CONSULTANTS/SUBCONTRACTORS/STIPENDS/VENDORS

- 2100 Consultant:** An independent individual with professional and/or technical skills retained to perform specific tasks or complete projects related to the program that cannot be accomplished by regular staff. Consultant cannot be a salaried employee.
- 2200 Subcontractor:** An independent entity retained to perform program services. A subcontract will be part of the DYCD contract and will be registered with the NYC Comptroller. Each Subcontractor's EIN# must be listed on the subcontract and on its budget.
- 2300 Stipend:** An incentive allowance **ONLY** for the benefit of a participant and/or client.
- 2400 Vendor:** An independent business entity retained to provide non-program services. Examples: Cleaning Services, Security and Accounting Services.

OTHER THAN PERSONNEL SERVICES (OTPS) - Page 4 of 4

- 3100 Consumable Supplies:** Supplies that are not lasting or permanent in nature, such as office, program and/or maintenance supplies.
- 3200 Equipment Purchase:** Purchase of equipment that is durable or permanent, such as furniture, printers, calculators, telephones, computers. All equipment and/or furniture purchased with DYCD funds at a cost of \$200 or more become the property of The City of New York/DYCD. If the program is terminated, all such items must be returned to DYCD. Indicate items being purchased.
- 3300 Equipment Other:** The rental, lease, repair and maintenance of office/programmatic equipment utilized in the program's operation. This category also includes Computer Software.
- 3400 Space Rental:** This category is separated into two subcategories (3410 and 3420).
- 3410 Public School:** Opening fees and room rentals paid to the Department of Education (DOE).
- 3420 Rent/Other:** All other rent paid by a program for all sites utilized by that program. It also includes all related charges associated with the use of the site such as **minor** repairs and maintenance costs. **No** renovation or construction projects can be budgeted or paid for with DYCD program funds. After being selected, all contractors charging for rent are required to submit a Space Rental - Cost Allocation Plan. In addition, you will be required to submit a copy of your lease, DOE permit and/or month to month rental agreement at the time of the budget submission.
- 3500 Travel:** Local travel (i.e., bus and subway fares) by the employees of the program to and from sites that are being used for day-to-day programmatic functions. Expenditures for employees who use their personal automobile for business are reimbursed a maximum of \$0.35 per mile plus tolls. Charge to this account all participant related travel, such as bus trips and local travel.
- 3600 Utilities and Telephone:** Self-explanatory.
- 3700 Other Operational Costs:** This category is separated into two subcategories (3710 and 3720).
- 3710 Other Costs:** Items such as postage, printing and publications, subscriptions, internet fees, etc. Also include any other operating costs that cannot be classified in any other category. In addition, include costs associated with and for the benefit of the participants such as food,

refreshments, entrance fees, awards, T-shirts, uniforms, and sporting equipment. This category also includes general liability insurance for contractors not in the Central Insurance Program.

Please note regarding audit costs, DYCD will accept a portion of your audit fees for Fiscal Year 2008. If your organization receives additional funding besides that from DYCD, you may only include DYCD's proportionate share. The proportionate share should be calculated by dividing the total DYCD budget by the agency's total budget and applying that percentage to the total audit cost. You must submit an Audit Cost Allocation Plan with your budget.

3720 Indirect Cost: The purpose of Indirect Cost is to capture overhead costs incurred by a contractor operating several programs. The following guides are to be used to request Indirect Cost:

- A detailed justification and/or an analysis from a CPA or Audit detailing how the rate was determined must be provided.
- The maximum allowable rate is 10% of the total budget.

3900 Fiscal Agent Services: All contractors now have the option of purchasing the services of the Fiscal Agent. A contractor may also be required by DYCD to have its funds administered by the Fiscal Agent. An agency that chooses or is mandated to utilize the Fiscal Agent must have all DYCD contracts administered by the Fiscal Agent. The following is a brief description of services that will be offered by the Fiscal Agent:

- Establish financial records
- Maintain and report on available budget balance
- Verify invoices
- Provide payroll services and personnel reporting
- Be responsible for the timely filing and payments of employment related taxes.
- Maintain an Accounts Payable and Ledger system in accordance with generally accepted accounting practices and procedures.

Fiscal Agent services will be charged from your total budgeted amount at this scale:

<u>Budget \$ Value</u>	<u>Fiscal Agent Services Fee</u>
\$0 - \$25,000	\$1,200
\$25,001 - \$50,000	\$3,500
\$50,001 - \$100,000	\$5,100
\$100,001 - \$250,000	\$7,100
Over \$250,001	\$10,000

**CERTIFICATION REGARDING SUBSTANTIATED CASES
OF CLIENT ABUSE OR NEGLECT**

RFP TITLE: FATHERHOOD PROGRAM

PIN: 26007FATHRFP

Applicant Organization:

The City requires each organization with which it contracts for the provision of human client services to: 1) certify that no substantiated case of client abuse or neglect by any employee of the organization (including a foster parent, if applicable) occurred during the latest 12 month period; OR 2) disclose each such substantiated case and provide a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization. Complete the form below to certify or disclose, as applicable.

- This is to certify that no substantiated case of client abuse or neglect by any employee (including foster parents) of the organization named below has occurred during the latest 12 month period.

This is to disclose that _____ case(s) of client abuse or neglect by an employee(s) of the organization named below was/were substantiated as having occurred during the latest 12 month period. An attachment to this form provides for each such substantiated case: a brief description of the case, the date of occurrence, level of severity and the case disposition, including an explanation of the action taken against the offender(s) and, if applicable, the organization.

Name of Organization (Print) _____

Name of Authorized Representative (Print) _____

Title of Authorized Representative (Print) _____

Signature of Authorized Representative _____

Date _____

E. Corporate Governance Certification

Complete the Corporate Governance Certification (Form 6) provided below.

CORPORATE GOVERNANCE CERTIFICATION

Fatherhood Program RFP

PIN 26007FATHRFP

To enter into a contract with DYCD, each organization must certify that its organizational capability is sufficient to support the services it has contracted to provide. To certify, complete the form below, including the attached list of the members of the Board of Directors, with the name, title, address, telephone number, and e-mail address of each member.

I, _____, am the Chairperson of the Board of _____ (“Proposer”), a not-for-profit organization that has proposed to provide certain youth or community development services. I hereby certify that the Proposer:

1. Is governed by a Board of Directors, whose names and addresses are fully and accurately set forth on the attached list.
2. Maintains its corporate books and records, including minutes of each meeting, at the Proposer address stated on the Proposal Summary Form (Form 1 to this RFP).
3. Has held in the past 12 months _____ meetings of the Board of Directors at which a quorum was present.
4. Reviews, at least annually, at a meeting of the Board of Directors and has reviewed in the past 12 months each of the following topics:
 - a. Executive compensation
 - b. Internal controls, including financial controls
 - c. Audits
 - d. Program operations and outcomes.

Name of Organization (Print)

Name of Board Chairperson (Print)

Signature of Board Chairperson

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

F. Acknowledgement of Addenda

The Acknowledgement of Addenda (Form 7) serves as the proposer's acknowledgement of the receipt of addenda to this RFP that may have been issued by DYCD prior to the Proposal Due Date and Time. The proposer should complete this acknowledgement as instructed on the form.

ACKNOWLEDGEMENT OF ADDENDA

Applicant Organization: **PIN: 26007FATHRFP**

DIRECTIONS: COMPLETE PART I OR PART II, WHICHEVER IS APPLICABLE.

PART I: Listed below are the dates of issuance for each addendum received in connection with this RFP:

- ADDENDUM #1 DATED:**
- ADDENDUM #2 DATED:**
- ADDENDUM #3 DATED:**
- ADDENDUM #4 DATED:**
- ADDENDUM #5 DATED:**
- ADDENDUM #6 DATED:**
- ADDENDUM #7 DATED:**
- ADDENDUM #8 DATED:**

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

PROPOSER (NAME):

PROPOSER (SIGNATURE): _____

DATE _____