**Kathy Hochul**

Governor

**Barbara C. Guinn**Commissioner

**RAJNI CHAWLA**Executive Deputy Commission

2025 Applicationfor Homeless Housing and Assistance Program (HHAP)Existing Emergency Shelter Repair Application

**Applications Accepted Beginning May 22, 2025**

## Homeless Housing and Assistance ProgramApplication Package

**Please read the RFP for general guidelines of the Homeless Housing and Assistance Program.**

### Before Completing the Application

**Due Date:** This RFP is an open RFP, meaning proposals will be accepted for consideration on a continuous basis until funds are no longer available for award or until HHAC terminates or suspends the open-ended RFP. ***Please note, however, that applications will not be accepted prior to May 22, 2025.***  When available funds are committed and/or HHAC decides to terminate or suspend the acceptance of applications, a notice will be posted on the Office of Temporary and Disability Assistance (OTDA) website ([Office of Temporary and Disability Assistance (ny.gov)](https://otda.ny.gov/)). Applicants are urged to check the website prior to completing and submitting an application to determine whether proposals are currently being accepted. The RFP and Application may be downloaded from OTDA’s website.

***Questions Regarding the* RFP *Should Be Directed to:*** Michael Washburn, Assistant Director, NYS Office of Temporary and Disability Assistance. E-mail: michael.washburn@otda.ny.gov.

Questions regarding this RFP will be accepted continuously. Questions will only be accepted via e-mail; no telephone inquiries will be accepted. Answers to all questions will be posted on OTDA’s website on an ongoing basis.

## EXHIBIT A-1: Project Summary Information

**Applicant Name**:      **Facility Name**:

County:

|  |
| --- |
|  |
| Contact Name:       Executive Director:       |
| Title:       Title:       |
| E-Mail:       E-Mail:      Mailing Address:       |
|       |
|       |
| County:       |
| Phone:       |
| Charities Registration Number:       |
| Federal Tax ID#:       | Federal Tax-Exempt Status Received?       |

|  |
| --- |
| Type (Check all that apply) |
| [ ]  City/ Town/ Village Government | [ ]  Native American Tribal Organization |
| [ ]  County Government | [ ]  Public Benefit Corporation |
| [ ]  Public Housing Authority | [ ]  Non-Profit Corporation |
| [ ]  Housing Development Fund Corporation |  |
| [ ]  Jointly-Owned Entity (describe, and identify the involved not-for profit): |

## EXHIBIT A-1: Project Summary Information

**Total Project Units**:       **Total Project Beds:**

**Is this an existing Operating HHAP Project**? [ ]  Yes [ ]  No

**Is this a Scattered Site Project?**  [ ]  Yes [ ]  No

**Number of Buildings:**        **Gross Square Footage:**

**Is this facility certified by OTDA or other state agency?** [ ]  Yes [ ]  No

**Date of Last Inspection:** **by OTDA**:      **by Local District:**       **by Other**:

**Site Address**:

Street City Zip

**Who currently owns this site (name, address)?**

**Provide the name, address, contact information and relationship of any other entity with an ownership, management, or other interest in the facility or its operations.**

**If the applicant currently does not own the site, explain the legal relationship between the owner and applicant (i.e., landlord/tenant) and provide documentation of the applicant’s rights in the facility.**

**Provide a short description of the of repairs needed to Shelter Facility and submit a detailed project plan as described in Exhibit B.**

**Enhancements Required (check all that apply):**

[ ]  to permit the safe continuation of a necessary public use or function.

[ ]  to protect the property of the State of New York.

[ ]  to protect the life, health and safety of any person.

**Please include photo documentation of the current site after Exhibit B-1 Project Plan.**

Are photos included for the shelter? If more than one site is proposed, provide photographs of each project site and make sure that the photos are clearly labeled.

[ ]  Yes [ ]  No

**Please indicate which has been included with Exhibit B-1 Project Plan\*:**

 [ ]  “As is” existing floor plans

 [ ]  Sketch Plans that demonstrate implementation of repairs.

 *\*at this stage need not be completed by an architect but may be required at a later date.*

**Has the Local Social Services District has been notified of the funding request for the project?**

[ ]  Yes [ ]  No

**Is the Applicant Prequalified in The Statewide Financial System of New York?**

[ ]  Yes [ ]  No

## EXHIBIT B-1Project Plan

**Provide a detailed Narrative Description of the Work to be Undertaken and the Manner in which it will be Completed. Please provide a description of the items and/or scope of work.** **Provide a detailed narrative identifying the level of construction work required, if any. The scope of work and cost estimate must be reasonable and limited to those enhancements necessary to mitigate the emergency. Items that could be considered as upgrades or deferred maintenance should be avoided.**

**In addition, please provide site photos and an “As Is” existing floor plan and/or sketch plan. A detailed cost estimate should be provided in Exhibit C-1 for proposed work.**

## EXHIBIT C-1Budget Summary

**Please include an itemized budget for the funding request. Include the basis for determining the cost of all requested costs. Specifically include how the amounts requested were determined. For items in excess of $10,000 three comparative quotes are required. Quotes may be obtained via the internet.**

|  |
| --- |
| **Budget Summary** |
| Source | Amount |
| 1. HHAP Funds Requested | $       |
| 2.       | $       |
| 3.       | $       |
| Total Funds From All Sources | $0.00  |

## EXHIBIT D-1Certifications

### Faith-based certification

I certify that, pursuant to page 49 of the Homeless Housing and Assistance Program Application, the applicant is:

[ ]  Not a faith-based (sectarian) organization.

[ ]  A faith-based (sectarian) organization and that none of the services proposed in this application sectarian in nature, that the proposed services be not provided on the basis of race, religion, color or national origin or to further a sectarian purpose.

### Vendor Responsibility Questionnaire (AC 3291-S)

I certify that, pursuant to page 31 of the RFP and page 65 of the Homeless Housing and Assistance Program Application, the applicant is:

[ ]  Current with the Office of the State Comptroller’s required filing.

[ ]  Will complete the required AC 3291-S form and append to this application.

### MacBride Fair Employment Principles certification

I certify that, pursuant to page 31 of the RFP and page 72 of the Homeless Housing and Assistance Program Application, the applicant:

[ ]  Compliant with the MacBride Fair Employment Principles

[ ]  Not compliant with the MacBride Fair Employment Principles

### Non-Collusive Bidding Certification Required by Section 139-D of the State Finance Law

By submission of this bid, bidder and each person signing on behalf of bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty or perjury that to the best of their knowledge and belief is in compliance with the Non-Collusive bidding certification required by Section 139-D of the State Finance Law as set forth on page 31 of the RFP and page 73 of the Homeless Housing and Assistance Program Application.

[ ]  Compliant

[ ]  Not compliant

### Agreement

Applicant has read and concurs with the agreement contained on page 31 of the RFP and page 75 of the Homeless Housing and Assistance Program Application.

[ ]  Agree

[ ]  Disagree Vendor Assurance of No Conflict of Interest or Detrimental Effect

The Applicant certifies and attests, pursuant to page 31 of the RFP and Appendix L, page 77 of the Homeless Housing and Assistance Program Application, as a contractor, joint venture contractor, subcontractor, or consultant, that its performance of the services outlined in this application does not and will not create a conflict of interest as described in the RFP nor position the Applicant to breach any other contract currently in force with the State of New York.

[ ]  Agree, no conflict of interest

[ ]  Disagree, conflict of interest

Applicant has read and acknowledges completion of the State Historic Preservation Office online application pursuant page 40 of the RFP and page 93 of the Homeless Housing and Assistance Program Application.

[ ]  Completed online and proof is attached.

[ ]  Did not complete.

**The applicant and co-applicant, if any, certifies to the best of its knowledge the responses are true and correct, that if awarded funds will comply with any and all HHAP requirements.**

      **Date**

**Authorized Agency Representative Name**

**Authorized Agency Representative Title**

## *Note on the Completeness of the Application*

All proposals received must be in the form and contain the content as set out in this Application. Applications which are deemed incomplete or otherwise fail to meet the requirements of the RFP may be disqualified from consideration.

### *CHECKLIST*

|  |  |  |  |
| --- | --- | --- | --- |
|  **Exhibit** | **Check if****Provided** | **Page****Number(s)** | **Check if****Not****Applicable** |
| A-1 | Project Summary Information | [ ]  |       | [ ]  |
| B-1 | Project Plan | [ ]  |       | [ ]  |
| C-1 | Budget Summary | [ ]  |       | [ ]  |
| D-1 | Certifications | [ ]  |       | [ ]  |