



ESSHI Contractor Manual

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I. ESSHI General Info

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Request for Proposals (RFP)

The Empire State Supportive Housing Initiative (ESSHI) was developed as part of New York State's plan to create 20,000 new units of permanent supportive housing over a 15-year period and its first Request for Proposal (RFP) was released in 2016. ESSHI has been renewed annually through the Governor's comprehensive plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The State issues a Request for Proposals (RFP) to advance the goal of developing new units of supportive housing annually for persons identified as homeless with special needs, conditions, or other life challenges.

Current Priorities

The State has continuously assessed the breakdown of units awarded by region of the state and special needs groups served to ensure that awards are being disbursed according to areas and groups with greatest need. Based on this assessment, the most recent RFP emphasizes the development of permanent supportive housing for underserved populations including chronically homeless persons, families, individuals, and/or young adults that have mental health and/or substance use disorders, and victims/survivors of domestic violence.

Interagency Workgroup

The New York State Office of Mental Health (OMH) serves as the lead procurement agency under the guidance of the ESSHI Interagency Workgroup (the "Workgroup"). The Workgroup meets every Tuesday afternoon virtually and includes representatives from several State agencies including:

- Department of Health (DOH) including the AIDS Institute
- New York State Homes and Community Renewal (HCR)
- Office of Addiction Services and Supports (OASAS)
- Office of Children and Family Services (OCFS)

- Office of Mental Health (OMH)
- Office for the Prevention of Domestic Violence (OPDV)
- Office of Temporary and Disability Assistance (OTDA)
- Office for People With Developmental Disabilities (OPWDD)

Please refer to the ESSHI RFP for definitions on homelessness and eligible target populations.

ESSHI RFPs are available on OMH's website at the following link:

[Empire State Supportive Housing Initiative \(ESSHI\)](#)

II. Conditional Awards and Lock-in

Conditional Award

When an ESSHI application receives a passing score, the applicant receives a conditional award. A conditional award still needs to be "locked-in" to become a permanent award. A conditional award means that service and operating funds are considered reserved, just not yet committed. Having reserved service and operating funding can help a conditional awardee attract and secure capital funding.

Note that after an award has been "locked-in", contract negotiation will still be needed, budget items may need to be adjusted, and MWBE required spending must be met.

ESSHI conditional awards expire two years after award.

"Locking-In" = Commitment

For a conditional award to be "locked-in", awardees need to demonstrate that all capital funding for the project has been secured. Not all conditional awardees will be successful in securing capital funding and therefore will not be able to proceed on to final award. Conditional awards are good for up-to 24 months. If capital funding cannot be secured in that timeframe, a conditional awardee can re-apply to a later ESSHI RFP round with

another application. Documentation needed to demonstrate this consists of capital funding award, allocation, and/or soft commitment letters. Note that awardees do not need to have closed on funding.

Additional forms required include:

- OTDA Capital Funding Attestation form
 - Must be complete and signed by ESSHI conditional awardee (electronic signature is acceptable)
- Capital Funding Award(s)
 - Award letter (HHAP), allocation letter (HCR 9% tax credit), soft commitment letter, email confirmation (HFA 4% bond, HPD), signed letterhead (awardee/developer/sponsor), etc.
 - Total of all commitments should be, at least, equal to the total development budget to demonstrate the entire project is funded.
 - With tax credit projects, the final amounts are usually not determined until just before finance closing. Therefore, OTDA will accept a reasonable difference between the award amount and the development budget amount.
- Development Budget
 - Most recent version. Should align with capital sources listed and total amount.
- Pro-Forma (7 Year Revenue Projection)
 - This is mainly used to verify what anticipated rent increases will be. 2% is the standard rent increase, any higher increases will need to be justified.
 - It's important for each awardee to understand the rents will increase, and at what rate, as early in the project as possible since it's their ESSHI budget that may be affected, assuming there are rent subsidies included.
 - Example:

Project Name: IUV Phase 1A Kings County		Units: 386						
CASH FLOW								
Potential Gross Income	Inflation %	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	HFA Standards:							
Total Annual Rental Income	2%	\$6,037,488	6,158,238	6,281,403	6,407,031	6,535,171	6,665,875	6,799,192
Total Annual Rental Income - Excl. ESSHI	2%	\$4,562,844	4,654,101	4,747,183	4,842,127	4,938,969	5,037,748	5,138,503
Total Annual Rental Income - ESSHI	2%	\$1,474,644	1,504,137	1,534,220	1,564,904	1,596,202	1,628,126	1,660,689
Parking	2%	\$73,800	75,276	76,782	78,317	79,883	81,481	83,111
Commercial	2%	\$429,350	437,937	446,696	455,630	464,742	474,037	483,518
Community Facility	2%	\$0	-	-	-	-	-	-
Laundry	2%	\$46,320	47,246	48,191	49,155	50,138	51,141	52,164
Total Potential Gross Income:		\$6,586,958	6,718,697	6,853,071	6,990,133	7,129,935	7,272,534	7,417,985
Vacancy Allowance	91.7%							
Total Annual Rental Income	5.0%	(301,874)	(307,912)	(314,070)	(320,352)	(326,759)	(333,294)	(339,960)
Parking	10.0%	(7,380)	(7,528)	(7,678)	(7,832)	(7,988)	(8,148)	(8,311)
Commercial	10.0%	(42,935)	(43,794)	(44,670)	(45,563)	(46,474)	(47,404)	(48,352)
Community Facility	10.0%	-	-	-	-	-	-	-
Laundry	10.0%	(4,632)	(4,725)	(4,819)	(4,916)	(5,014)	(5,114)	(5,216)
Total Vacancy Allowance:		(356,821)	(363,958)	(371,237)	(378,662)	(386,235)	(393,960)	(401,839)
Effective Gross Income								
Total Annual Rental Income		5,735,614	5,850,326	5,967,332	6,086,679	6,208,413	6,332,581	6,459,232
Parking		66,420	67,748	69,103	70,485	71,895	73,333	74,800
Commercial		386,415	394,143	402,026	410,067	418,268	426,633	435,166

- When a conditional award is “locked-in”, the unit count, award amount, populations, and population split are all finalized. While the dollar amount per unit remains the same, the unit count can be adjusted up until the conditional award is “locked-in”.

Once the conditional award has been “locked-in”, an ESSHI commitment letter will be sent to the awardee shortly thereafter.

After commitment letters are received, awardees will also receive an email from OTDA notifying them who their ESSHI Program Manager (PM) will be. The PM will be the best point of contact for any questions or concerns regarding the ESSHI contract.

Construction Status Reporting

ESSHI awardees are required to submit monthly Construction Status Reports to their ESSHI PM via email once construction starts.

These Construction Status Reports keep ESSHI PMs in the loop and the anticipated dates help to plan when to start the contract negotiation process.

The Construction Status Report template can be found in section **VI. References – Construction Status Report.**

Property Management

Property Management should be a partnership between the ESSHI awardee/service provider and the Property Manager. It is important to consider the following when pursuing a partnership with property management for your ESSHI award:

- Rent Increases
 - When determining rent, it is important to consider rents beyond year one and factor in potential increases. Note that higher rents could take away from services provided because a higher ESSHI rental subsidy may be needed. The OTDA PM should be consulted prior to agreeing to higher rents for ESSHI tenants.
- Eligibility Requirements “Per Federal Tax Credit Regulations”
 - OTDA and/or HCR/HFA should confirm that each and every item property management says is “required” per federal tax credit regulation is indeed required. Anything that is not required is considered a barrier to entry by ESSHI and needs to be removed from your intake process.
- Annual Income Recertification vs. 30% Recalculation
 - Property Managers are required to perform annual income recertifications for tenants. Note however that ESSHI requires a recalculation of the tenant’s portion of the rent (no more than 30% of the tenant’s income) whenever an ESSHI tenant’s income is reduced, regardless of when the annual income recertification is completed.
 - This ensures that ESSHI tenants do not accrue arrears, eliminates added trauma to ESSHI tenants and is a requirement that typically falls on the service provider.

Contracting with NYS OTDA

The contracts awarded in response to the ESSHI RFP are for five-year terms. If it’s anticipated that ESSHI eligible expenses will be incurred prior to tenants moving in, such as expenses to ‘start-up’ the program, the five-year contract start date may begin

up to three (3) months before the move in date. Subject to the availability of State funding, once awarded, ESSHI funding is anticipated to continue for renewable five-year terms.

Using the application budget and workplan submitted, ESSHI PMs work closely with ESSHI awardees to develop every aspect of their contract to ensure timely execution. During this period, PMs work with the awardee to refine the budget, workplan, and documentation until the contract is ready to proceed to internal review.

Awardees should anticipate eight to nine months to execute their ESSHI contract.

*Note: All OTDA ESSHI contracts are reimbursement-based grants and there are no separate “Start-Up” contracts or funds.

Once contracts have been finalized, they are submitted for internal review to the following OTDA departments:

- MWBE
- Budget
- Contracts
- Legal

*Note: Depending on the populations being served, contracts may also be reviewed by the Office for the Prevention of Domestic Violence (OPDV) and/or the Office for Children and Family Services (OCFS).

After a contract has been approved in internal review, it is then signed by each of the following:

- ESSHI Awardee
- OTDA
- NYS Attorney General
- NYS Comptroller

Expenditure Budgets

The Expenditure Budget contains all budget line items, with calculations and justifications, and should equal the total award amount. The expenditure budget may go through multiple revisions and adjustments as the contract goes through the internal review process.

*Note: The final approved expenditure budget may be different from the budget provided at time of application.

For the salary section, each position title must include a job description, annual salary, grant funds requested, number of months funded, and the percentage of effort. Administrative staff should be listed in the "Other/Admin" section of the budget, not in the "Salary" section.

- Ex. Position Title Name (\$X Amount) – at least two or three sentences regarding job duties

The fringe section should detail the percentage of salary and the specific fringe benefits included.

- Ex. Fringe (\$X Amount) – (calculated at x % of salary) Health Insurance, Workers Comp, Disability Insurance, etc.

In the contractual section, an identified subcontractor is necessary. If the subcontractor is a sole practitioner, state “currently contracted with a sole practitioner” instead of listing their name. For service provision, a detailed budget must be included and is subject to MWBE discretionary goals. Subcontracts over \$20,000 annually require subcontractor insurance, Vend Rep, and Charities Bureau certification.

- Ex. Snow Plowing (\$X Amount) – (calculation showing how this was calculated) snow plowing for project, currently contracted with “XYZ” vendor or sole practitioner.

- Ex. “XYZ” Service Provider Name (\$42,000.00) – (\$20,000 salary position name + \$10,000 additional salary position name + \$5,000 fringe + \$1,000 staff travel (calc included) + \$6,000 admin (admin breakdown, see below) “XYZ” providing support services to ESSHI tenants

The travel section may include various costs such as mileage, vehicle rental, gas, cab/taxi/rideshare transportation, bus passes, parking costs, tolls, and conference travel (including per diem and hotel rooms).

*Note: Vehicle maintenance or insurance should typically be listed in the "Operating" section of the budget and is subject to MWBE discretionary goals.

- Ex. Type of Travel (\$X amount) – (calculation supporting amount requested, mileage to not exceed state reimbursement rate and gas to not exceed current prices) justification explaining why type of travel is needed

For equipment, if cost is \$5,000 or more per unit, three written quotes are required, and prior approval should be obtained. All equipment purchases are subject to MWBE discretionary goals.

- Ex. Equipment Name (\$X amount) – (calculation supporting amount requested) justification elaborating on equipment and why it's needed.

Space and property costs should be divided into rent and ownership categories. Include office rent.

- Ex. Office Rent (\$X Amount) – (calculation supporting amount requested) office rent.

The utilities section should cover office utilities, ESSHI tenant utilities, and common area utilities at a prorated portion if applicable.

- Ex. Utility Type (\$X Amount) – (calculation supporting amount requested) justification clarifying utilities for office, tenants, common areas per above.

Operating expenses are varied and usually subject to MWBE discretionary goals. These expenses may include anything from supplies to insurance, employee training, and/or childcare.

- Ex. Staff Training (\$X Amount) – (calculation supporting amount requested) justification clarifying what kind of training expense.

Other expenses include Admin line items, rental subsidies and security deposits, if applicable.

Administrative expenses are capped at 15% of the award amount and should consist of a staff salary and fringe breakdown that equals the amount requested or be a federally approved indirect cost rate. Anything outside of staff salary and fringe may be subject to MWBE discretionary goals.

*Note: Subcontractor admin, if applicable, counts towards the 15% admin cap (e.g., a service provider subcontractor may include \$1,000 admin, which counts towards the overall 15% allowable admin cap).

- Admin (\$X Amount not to exceed 15% of award) – (\$Staff Position 1 + \$Staff Position 2 + \$Staff Position 3 + \$Fringe) admin.
- Ex. Rental Subsidies (\$X Amount) – (total unit rent FMR (Fair Market Rent) or under – anticipated ESSHI resident 30% * number of units * number of months) rental subsidies for x number of tenants.

MWBE Requirements

Any line items that “can be competed amongst vendors” will be considered MWBE discretionary. This does not include Salary, Fringe, Utilities, Rental Subsidy, Admin Salary and/or Admin Fringe.

Awardees are required to spend 30% of the total discretionary value with New York State Certified MWBE Vendors.

For example, if you have the following MWBE discretionary line items in your budget:

- Furniture = \$50,000
- Security Contractor = \$30,000
- Supplies = \$1,000

The MWBE discretionary total is $\$50,000 + \$30,000 + \$1,000 = \$81,000$. Thirty percent of this MWBE discretionary total (\$24,300) needs to be spent with NYS Certified MWBE vendors.

When identifying your NYS MWBE vendors, please consider Year 1 “Start-Up” expenditures vs. Y2 renewal expenses.

Using the example above, if your Year 1 NYS MWBE subcontractor is for furniture, while you will meet your Year 1 MWBE discretionary goals, if you do not require furniture in Year 2, you will not meet your Year 2 MWBE goals.

For example, if you have the following MWBE discretionary line items in your Y2 budget:

- Security Contractor = \$30,000
- Supplies = \$1,000

Then the MWBE discretionary total is $\$30,000 + \$1,000 = \$31,000$. Thirty percent of this MWBE discretionary total (\$9,300) will need to be met in Year 2 among your remaining MWBE discretionary line items.

To locate NYS certified MWBE vendors, ESSHI awardees can utilize the NYS MWBE Directory located at [NEW YORK STATE CONTRACT SYSTEM](#).

*Note: MWBE approval is needed for all budget modifications and annual renewals.

Additional Requirements

ESSHI awardees are required to:

- Ensure your agency's Document Vault has "Prequalified" status in the NYS State
- wide Financial System (SFS). More information on SFS in section **IV. The Statewide Financial System.**

*Note: Expired documents in the Document Vault will take your vault out of "Prequalified" status.

- Be current with Charities Registration
(https://www.charitiesnys.com/charities_new.html)
 - Subcontractors may also need to comply with this requirement
- Have "Certified" Vend Rep Profiles (http://www.osc.state.ny.us/vendrep/info_vrsystem.htm)
- Provide current proof of Workers' Compensation Insurance Coverage and Disability Insurance Coverage with NYS OTDA named as the Certificate Holder
 - Must be in one of the formats OTDA accepts (not an ACORD form), see list in template destination below
 - Note that if insurance expires during internal review or signature process, it will need to be updated before the contract can be executed

Grantee Required Uploads

Required uploads for new contracts include:

- Agency Contact List
 - This form lists out contact information for all contract areas including general, reporting, and claiming
- Workers Comp & Disability Insurance
 - Insurance must be one of the forms that OTDA accepts (not an ACORD form). See list in template destination below.
 - Insurance must list OTDA as Additional Insured and not be expired.
- Subcontractor Insurance (if applicable)

- If any subcontractors will exceed \$100,000 per five-year contract cycle or \$20,000 per year, subcontract workers comp and disability insurance will also be required.

*Note: Subcontractor insurance should list the awardee or OTDA as the Certificate Holder.

- MWBE Policy Statements

- EEO Policy Statement

- This form affirms that the ESSHI awardee will adopt and follow MWBE and EEO policies, names a designated MWBE liaison, and lists the MWBE contract goals

*Note: The designated MWBE liaison should complete all MWBE forms

- Staffing Plan

- This form documents the demographics of the workforce utilized on this ESSHI contract.

- Good Faith Efforts

- This form affirms that the ESSHI awardee will document their good faith efforts to secure MWBE subcontractors for their ESSHI contract.

- MWBE Utilization Plan (if applicable)

- This form documents all MWBE subcontractors who will be utilized on the ESSHI contract

*Note: All MWBE subcontractors need to be NYS certified, must correspond to ESSHI budget line items, must be equal to or less than the total budget line item, and must add up to equal or exceed the 30% MWBE goals identified by the ESSHI program manager during contract negotiation.

- MWBE Letter(s) of Intent (LOI), if applicable

- There should be one LOI for each MWBE subcontractor identified on the Utilization Plan above and they should match the Utilization Plan in description, subcontractor, dollar amount, etc.
- Each LOI needs to be signed by both the ESSHI awardee and the MWBE subcontractor to be accepted.

Templates for all the forms listed can be found in **Section VI References**.

Workplan

The workplan section of the contract is composed of two parts, a project narrative and objects/tasks that describe the project in its entirety.

The narrative section is then also split into three sections: project details, a project summary, and organizational capacity section.

The project details section should include all the following:

- ESSHI Project Site Address(s);
- Total Project Units;
- Total ESSHI Units & Unit Size;
- ESSHI Population(s);
- ESSHI Referral Source
- FMR Statement: "Note, ESSHI unit rent is capped at HUD Fair Market Rent (FMR) unless otherwise approved by the NYS Office of Temporary and Disability Assistance."

The project summary section should provide a high-level overview of the project, including the overall goal and desired outcomes. It should also include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

The second section, objectives and tasks consist of the following questions to be addressed:

1. Describe how your agency will measure housing stability
2. Describe an additional anticipated outcome for the residents and how your agency will measure
3. Describe an additional anticipated outcome for the residents and how your agency will measure
4. Describe an additional anticipated outcome for the residents and how your agency will measure

Workplan templates can be found in section **VI. References – Workplan**.

III. Executed Contracts

Advances

When a contract is executed, contractors can submit a request for an advance of up to 25% of their executed award amount. This advance is then typically recouped over the first nine months of the contract. An advance helps a contractor get immediate cash flow for their project which can be a great help as ESSHI is a reimbursement-based grant.

For example, if a contractor has an award of \$100,000.00, they can submit an advance request for \$25,000.00. Then we would recoup this over nine months of claims at \$2,777.78 for seven months and \$2,777.77 for the last two months.

This recoupment amount is then subtracted from the amount payable for claims submitted. For example, if a claim is finalized for \$20,000.00, the amount payable would be the \$20,000.00 claim minus the advance recoupment of \$2,777.77.

Claiming

Claims are how contractors request reimbursement for expenses incurred. These are typically submitted quarterly, no more than 20 days after the end of the quarter. All expenses being claimed should correspond to the approved program budgets.

Once a claim has been submitted by a contractor, the ESSHI PM must review the claim and either submit for processing or return for edits within five business days. The claim should be paid out to the contractor within 30 days of receipt of a complete and accurate claim package, inclusive of the quarterly program report.

*Note: Once a claim has been submitted for processing, we are not able to track its progress towards payment or provide status updates to contractors. It's important to note that ESSHI operates on a reimbursement basis. Therefore, documentation such as check numbers, transaction numbers, or electronic payment numbers are essential to demonstrate payment for each line item, with some exceptions outlined below:

- Salary
 - Time certifications (either partial or 100%) and payroll records should be provided. Our calculation method is as follows: (gross pay * % of time spent on ESSHI = total employee claimable).

*Note: Some payroll programs have the ability to calculate payroll per program. If your payroll program can provide ESSHI program specific pay for employees, please contact your ESSHI program manager to determine if time certifications will be required for your claim submittals.

- Fringe
 - Invoices for healthcare, FICA, unemployment, etc., demonstrating employer expenses paid on behalf of employees (this does not need to be tied specifically to ESSHI staff) are required.

- Admin
 - Documentation such as admin salaries (not necessarily tied specifically to ESSHI staff), building rent paid by the agency, etc., or the federally approved indirect cost rate should be provided
- Rental Subsidy
 - The total rent, including utilities (up to the maximum Fair Market Rent), minus no more than 30% of resident income, constitutes the ESSHI Rent Subsidy claimable. Transaction numbers associated with this should be provided (refer to the attached template).

Claims for ESSHI contracts should be submitted via SFS or through email as a paper claim if previously required to do so. For more information on SFS, please see section **IV. The Statewide Financial System.**

Quarterly Reporting

All ESSHI contractors must submit quarterly reports after their contract has been executed and the first tenant has moved into the project. Quarterly reporting is based on the calendar year, not the ESSHI contract's contract year.

- First quarter is January to March
- Second quarter is April to June
- Third quarter is July to September
- Fourth quarter is October to December

Quarterly reports are also cumulative for each calendar year. Therefore, the second quarter reports on data from January to June, the third quarter reports on data from January to September, and the fourth quarter reports on data from the entire calendar year, January to December.

The quarterly report consists of two components, sections:

- VII. Quarterly Report Data, and

- VIII. Narrative.

The Quarterly Report Data consists of the following sections:

I. Census

- This section includes the number of unduplicated tenants served to date, units occupied, number of unduplicated household members served to date, number of months the project has been operational, occupancy rate, and reasons for tenant exit.

II. ESSHI Tenant Characteristics

- This section includes demographics including gender and ESSHI population characteristics.

III. Source of Income – Household

- This section includes income sources for the entire tenant household for all ESSHI units.

IV. Source of Referral

- This section includes all referrals received regardless of whether the person was admitted and includes referrals from prior calendar years.

V. Prior Living Situation

- This section includes the prior living situation of all ESSHI qualifying tenants.

VI. Agency Provided Services & Information & Referrals

- Agency Provided Services includes the number of agency provided services per type.
- Information & Referrals includes the number of information and referrals to external services provided by type

VII. Outcomes

- This section includes the positive outcomes achieved for all ESSHI tenants by category.

The second component or Narrative includes the following:

- Outreach, marketing and referral methods used to find appropriate tenants
- How ESSHI funds have assisted tenants of the program
- Any overall issues and/or concerns encountered in the quarter and any plan or action that will address the issue(s)
- ESSHI supported staffing information (i.e. staff hired, staff changes, staff training, staff vacancies)
- The ESSHI program/population/operation, emphasizing any noticeable:
 - Changes in demographics from previous quarters
 - Changes in services from previous quarters
 - Any tenant achievements and/or events of note
 - Any recommendations that contractors have to improve the quality of services delivered and/or will respond to any unmet tenant needs.

All quarterly reports are due 20 days after the end of each quarter and are submitted via email to the relevant ESSHI program manager.

Quarterly report submittal due dates:

- 1Q due April 20th
- 2Q due July 20th
- 3Q due October 20th
- 4Q due January 20th

MWBE Reporting

Contractors who have MWBE discretionary line items and MWBE discretionary goals in their budgets, are required to submit quarterly MWBE spending reports in the NYS Contract System at [NEW YORK STATE CONTRACT SYSTEM](#)

ESSHI Program managers are not responsible for any of the reporting in this system or responsible for accessing this system. Any queries on MWBE reporting, should be sent directly to MWBE staff.

Incident Reporting

All ESSHI projects are required to report serious incidents to their ESSHI PM. Incident reports should be submitted within five days of the incident.

Serious incident reports that require immediate notification include:

- Homicide or suicide
- Natural or unnatural death
- Serious or life-threatening injuries
- Any other serious incident impacting the safety and well-being of any resident or staff
- Hostage taking or abduction
- Possession or use of drugs with arrest of staff or resident
- Drug overdose
- Law enforcement involvement
- Use or possession of a firearm or weapon
- Significant building damage caused by a natural disaster or catastrophic event such as hurricane, tornado, flood, winter storm, etc.
- Arson, fire or explosion at facility
- Bomb threats
- Loss of utilities for more than 4 hours to all or significant portion of the building (heat, electricity, gas or water)
- Notification of code violations
- Discovery of any environmental hazard, such as toxic oil, lead paint or asbestos that threatens resident health or well-being
- Environmental concerns that may cause a life-threatening injury or the evacuation of an entire building, as directed by emergency personnel of Local Fire Department; or
- Any unscheduled visits by the media that may potentially result in negative press coverage

*Note: For projects that are both HHAP and ESSHI, the contractor should utilize the HHAP Serious Incident Report Form and submit it to the HHAP Incident Report mailbox at bhssincidentreport@otda.ny.gov with the ESSHI PM cc'd upon submittal.

Monitoring

It is the goal of OTDA's EESSHI Program to conduct monitoring visits one to two times in a five-year contract cycle for each individual contract. During a monitoring visit, OTDA reviews the project in its entirety. This includes:

- The physical property from the outside, down to the basement, up to the roof if accessible and everything in between including ESSHI tenant's units

*Note: Contractors should secure permission to access the units from ESSHI tenants prior to the monitoring visit.

- Case file review includes review of documentation of homelessness, documentation of population, application/intake and leases, income/tenant contribution toward rent, individual service plans and case notes
- Contractor policies, procedures, and services provided including intake, unit turnover, maintenance, safety, best practices, unit inspections, and contractor needs.
- Condition of building systems including security systems, boilers, elevators, and fire extinguishers.

The OTDA ESSHI monitoring report provides greater detail on everything OTDA reviews during the monitoring visit and can be found in section **VI. References – Monitoring**.

ESSHI Program Managers will reach out to confirm monitoring and then a formal monitoring confirmation letter will be sent via email. This letter contains a brief overview of what we will be reviewing when we monitor, forms to provide ahead of monitoring, all applicable OTDA BHSS contract numbers, all applicable OTDA BHSS site addresses, as well as the start location and time of the monitoring visit.

Budget Modifications

Because contracts are executed with a contractor's projected budget for expenses, contractors may need to modify their executed budget prior to the end of the calendar year to reconcile actual expenses.

Contractors can do this by requesting a budget modification to add new budget lines and/or move funds between different budget categories to account for actual expenses.

As when executing a new contract, any new line items need budget calculations and justifications, and any line items that are increasing and/or decreasing need updated budget calculations.

If a contractor is adding MWBE discretionary line items and/or increasing/decreasing any already existing MWBE discretionary line items, MWBE discretionary goals need to be reevaluated and updated. **MWBE Utilization Plan (UP) and Letter(s) of Intent (LOI)** are required to show the contractor is meeting revised 30% MWBE goals.

In addition to the updated budget, MWBE Utilization Plan and Letter(s) of Intent if applicable, updated workers comp and disability insurance are also required for budget modifications.

Budget modifications can be requested via email using the budget modification excel sheet.

If a contractor is moving more than 10% of their total five-year budget amount between different budget categories, then the modification qualifies as a contract amendment and requires AG and OSC review and approval.

Once the contract budget has been updated, and applicable updated insurance and updated MWBE forms have been received, the modification will be entered into SFS. After it has been entered into SFS, it is then submitted to internal review.

Once a modification has been approved by all internal reviewers, it is sent to the contractor for their signature, and then signed by OTDA. After it is signed by OTDA, it is

then executed and a claim can be submitted. Unlike new contracts, it does not need to go for AG and OSC approval unless it qualifies as a budget amendment per above.

Annual Renewals

As ESSHI contracts run in renewable five-year contract cycles, after a contract has been executed for the first time, it is then renewed through a renewal process for each of the next four years. Every year upon renewal, ESSHI contracts receive a 2% escalation to their award amount, rounded down to the nearest dollar.

For example, if the Year 1 award was \$500,000.00 then the award will increase as follows:

- Year 2: \$510,000.00
- Year 3: \$520,200.00
- Year 4: \$530,604.00
- Year 5: \$541,216.00

***Note:** After the first four years, a contract then goes through a “Legacy Renewal” process in Year 6 before going back through this simplified renewal process each year thereafter. Please refer to the section on **“Five Year Renewals”** for more information.

The renewal process is a simplified version of the contracting process utilized for new contracts.

- ESSHI contractor submits an updated budget that accounts for their 2% annual increase and any changes they wish to make to their program and/or contract budget
- Required uploads include updated workers compensation, disability insurance
- An updated agency contact list from the contractor
- If the budget includes MWBE line items and discretionary goals, then an updated Utilization Plan and Letter(s) of Intent are also required

Renewals go through a modified internal review process similar to new contracts.

Renewals, with the exception of legacy renewals, also go through a shortened signature process. Renewals are signed by the ESSHI contractor and then OTDA. They do not need to receive Attorney General or Comptroller approval.

Five Year Renewals (Legacy Renewals)

Although ESSHI contracts are five-year contracts, they are also renewable for additional five-year terms. While this is a continuation of an existing contract, a new five-year contract is created with a new contract number. These are known as legacy renewals. While the process shares similarities with the normal renewal process and contracting process outlined previously, there are additional steps with legacy renewals.

In addition to the documentation outlined in the prior renewal section, the following is also required:

- MWBE 4934 – Staffing Plan
- MWBE 4976 – Good Faith Effort
- MWBE 4970 – EEO Policy Statement

As noted above, legacy or 5-year renewals also require Attorney General and Comptroller signature.

Ninety days prior to the end of Year 5, contractors receive what is called a “90-day letter” notifying them that their contract is ending. This letter is just a formality as one five-year contract is ending; however a new 5-year contract will be executed to allow continuation of the ESSHI program.

IV. The Statewide Financial System (SFS)

SFS is NYS government’s accounting and financial management system used to manage contracts and payments. Grantees who provide goods and services to NYS agencies use the SFS Vendor Portal to transact online. All ESSHI contracts and payments will go through SFS.

Accessing the SFS Vendor Portal

SFS is accessible using a computer or mobile device with an internet connection.

SFS website: <https://www.sfs.ny.gov/>

Grantees doing business with NYS agencies access SFS by clicking the **Vendor Portal Login** section of the SFS public webpage.

The SFS Vendor Portal is currently available to:

- Sign up for electronic payments
- Review payment information
- Maintain addresses and contact information

On-Demand Training in SFS Coach

Training for all SFS functionality is available in SFS Coach.

Grants Management-related training material includes:

- Recordings of the virtual instructor led training sessions.
- A Grantee Handbook (Grantee Processing in SFS), which provides screenshots of SFS and step-by-step guidance on how to complete tasks in SFS.

To access SFS Coach, log into the SFS Vendor Portal and click the **SFS Coach** tile on My Homepage.

SFS Vendor Portal Access Reference Guide

Roles control what an individual has access to do and the tasks they can perform in SFS.

The **SFS Vendor Portal Access Reference Guide** is available in SFS Coach to help Grantees understand which Grants Management role(s) they need in the SFS Vendor Portal based on the work they are currently involved in.

Individuals who will be collaborating with the agency on the grant contract before it is approved must be assigned the **Grants Contract Collaborator** role in the SFS Vendor Portal.

Individuals who will be making changes to the grant contract budget and work plan must be assigned the **Grants Contract Editor** role in the SFS Vendor Portal.

Individuals who will be approving the grant contract must be assigned the **Grants Contract Approver** role in the SFS Vendor Portal.

Individuals who will be creating and submitting progress reports for agency review must be assigned the **Progress Report Processor** role in the SFS Vendor Portal.

SFS Help Desk

Questions regarding SFS functionality can be submitted to the SFS Help Desk. The SFS Help Desk is available Monday through Friday, from 8:00 a.m. –5:00 p.m.

Contact the SFS Help Desk:

Email: helpdesk@sfs.ny.gov

Phone: (518) 457-7717 or (855) 233-8363 (toll free)

Through the SFS Support Tile in the SFS Vendor Portal

*Note: Help Desk ticket responses will come from nyoscprod@service-now.com

V. ESSHI Best Practices

Case Management

ESSHI projects are expected to follow a Housing First model which has been shown to be an effective approach to reducing chronic homelessness. Housing First does not require people experiencing homelessness to address all of their problems, or to graduate through a series of services programs, before they can access housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter.

Consistent with the Housing First model, and as stated in the ESSHI Request for Proposals, client participation in all supportive services must be voluntary, as services have been found to be more effective when a person chooses to engage. Studies show that when residents are securely housed and live in a supported environment, they are significantly more likely to voluntarily engage in the services necessary to retain their housing. Supportive services may consist of mental health and substance use disorder treatment, medical care, financial assistance, legal assistance, transportation, employment training and placement, and any other services offered by the provider or requested by the residents. As the target beneficiaries differ among each ESSHI project, it is understood that the specific services offered by each ESSHI project also differ.

It should also be noted that participation in available services, or compliance with individual service plans, are not conditions for continuing in ESSHI supportive housing programs.

*Note: As ESSHI populations all have different needs, services will look different across different projects. Case Managers should still attempt to complete Individual Service Plans and meet with tenants monthly. If a tenant declines support services every time or occasionally, this should still be documented in case notes.

Case Files

Below is a sample best practices for case files.

Summary Page (Checklist of basic required information)

SECTION 1

- a. Housing Application
- b. Initial Lease/Housing Agreement- **showing move in date**
 - Copies of annually renewed leases
 - Tenant rent share needs to be clearly shown and must be no more than 30% of income.
 - HUD has forms available or this can be shown on their lease

*Note that ESSHI requires at least an annual recertification however, should a tenant income decrease within that year we require the 30% rental calculation to be revised.

- c. Subsidy- If applicable
- d. Tenant Handbook/House Rules.
 - *Note this should be signed by the ESSHI tenant

SECTION 2

- a. Documentation of Homelessness/Referral
 - Examples should include third-party documentation, including but not limited to shelter referrals, letters from case workers, etc.
 - *Note: If third-party documentation is unavailable, self-declarations can be accepted.
- b. Documentation supporting additional requirements for specialized populations.
 - *Note: Documentation should show that tenant meets applicable ESSHI population definition

SECTION 3

- a. Proof of Income

- Should be updated annually, at minimum
 - Ex. Tenant Income Cert (TIC)
- b. Tenant 30% Portion of Rent Calculation
 - Must be updated annually and if there is a decrease in income
- c. Copies of Identification
 - Can include non-driver's/driver's license, Birth Certificate, Passport, etc.
 - If serving families, it is suggested that pictures of any children be included.
 - Copy of Medicaid cards, health insurance card - if applicable

SECTION 4

- a. Release of Information forms-signed
 - Best practice is to have release forms updated annually at minimum.

SECTION 5

- a. Program Participation Agreement - if applicable
- b. Intake-Initial Assessment - if separate from Housing Application
- c. Individualized Service Plan (ISP)
 - ISPs should be completed after move-in and updated periodically. If tenant declines, still document the attempt to complete the ISP.
- d. Progress Notes- consecutive and aligning with ISP goals.
 - Staff should meet with tenants monthly at minimum and document this in progress notes. If unable to meet or tenant says they do not need services at this time, still document.

SECTION 6

- a. Tenant Related Incident Reports
 - Event
 - Resolution

VI. References

Lock-in Attestation Form



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

BARBARA C. GUINN
Commissioner

RAJNI CHAWLA
Executive Deputy Commissioner

EMPIRE STATE SUPPORTIVE HOUSING INITIATIVE (ESSHI) CAPITAL FUNDING ATTESTATION FORM

Organization

Name:

Project

Name:

Street Address, City:

County:

Total # of ESSHI Units:

Total # of Units in Project:

Total Capital Funding for Project:

Total ESSHI Funding Request:

ESSHI Rate Per Unit:

ESSHI Population(s) Being Served:

Referral Sources:

Anticipated Certificate of Occupancy Date:

Anticipated ESSHI Fund Need Date:

Acknowledgement that ESSHI unit rent is capped at HUD Fair Market Rent (FMR) unless otherwise approved by the NYS Office of Temporary and Disability Assistance (OTDA). ☐

Sources of Capital Funding

Source 1:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSH Units Funded:

Source 2:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSH Units Funded:

Source 3:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSH Units Funded:

Source 4:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSHI Units Funded:

Source 5:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSHI Units Funded:

Source 6:

Amount:

Number of ESSHI Units Funded:

Number of Non-ESSHI Units Funded:

Comments:

If additional space is required, please use another sheet.

I am attesting to the validity of the documentation submitted and that the information provided by is true and accurate to the best of my knowledge.

Name (Printed):

Title:

Authorized Signatory:

Date:

For OTDA Use Only

Date:

Time:

Capital Funding Attestation Form

This form must be completed for each ESSHI project and accompany all capital funding documentation.

1. Complete the information requested in the Organization section.
 2. Complete the information requested in the Project section.
 3. Complete the information requested in the Sources of Capital Funding section.
 4. The sum of all sources listed should equal "Total Capital Funding for Project:" in the Project section.
 5. Complete Name, Title, then Sign, and Date.
 6. Submit form to your OTDA Contract Manager with all required documentation.
-

Construction Status Report



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

BARBARA C. GUINN
Commissioner

RAJNI CHAWLA
Executive Deputy Commissioner

NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE CONSTRUCTION STATUS REPORT

Sponsor Name	_____	Report Date	_____
Facility Name/Site	_____	ESSHI Application #	_____
Address	_____	ESSHI Annual Amount	\$ _____
Architect	_____	Total Project Units	_____
Contractor	_____	Total ESSHI Units	_____
Construction Start:		Temp or Perm CO:	_____
Projected	_____	Projected	_____
Actual	_____	Actual	_____
Construction Complete:		Move In Date:	_____
Projected	_____	Projected	_____
Actual	_____	Actual	_____
Approx. Percent Complete	_____ %		

Work Completed Since Last Report

Notes

Submitted By _____
Date _____

Contract

Insurance Requirements

PROOF OF COVERAGE REQUIREMENTS

The Workers' Compensation Board has developed several forms to assist State contracting entities in ensuring that businesses have the appropriate workers' compensation and disability insurance coverage as required by Sections 57 and 220(8) of the WCL.

Proof of Workers' Compensation Coverage

To comply with coverage provisions of the WCL, the Workers' Compensation Board requires that a business seeking to enter into a State contract submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate workers' compensation insurance coverage:

- **Form C-105.2** – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or **Form U-26.3** issued by the State Insurance Fund³; or
- **Form SI-12⁴** – Certificate of Workers' Compensation Self-Insurance; or **Form GSI-105.2⁵** Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- **CE-200⁶** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

On forms where a certificate holder can be indicated, the State contracting entity should ensure the carrier has entered the name of the State contracting entity in this field, as the insurance carrier will notify the certificate holder if a policy is canceled.

Proof of Disability Benefits Coverage

To comply with coverage provisions of the WCL regarding disability benefits, the Workers' Compensation Board requires that a business seeking to enter into a State contract must submit appropriate proof of coverage to the State contracting entity issuing the contract. For each new contract or contract renewal, the contracting entity must obtain ONE of the following forms from the contractor and submit to OSC to prove the contractor has appropriate disability benefits insurance coverage:

- **Form DB-120.1³** - Certificate of Disability Benefits Insurance; or
- **Form DB-155⁴** - Certificate of Disability Benefits Self-Insurance; or
- **CE-200⁶** – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

For additional information regarding workers' compensation and disability benefits requirements, please refer to the New York State Workers' Compensation Board website at: <https://www.wcb.ny.gov/content/main/Employers/Employers.jsp>

MWBE Staffing Plan

Office of Temporary and Disability Assistance
40 North Pearl Street, Albany, NY 12243
www.otda.ny.gov

OTDA--4334 (Rev. 12/2015)

STAFFING PLAN

Submit with Bid or Proposal—Instructions on page 2

Solicitation No.:	Reporting Entity:	Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Workforce to be utilized on this contract
Offeror's Name:	<input type="checkbox"/> Offeror <input type="checkbox"/> Subcontractor	
Offeror's Address:	Subcontractor's name _____	

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Workforce by Gender		Workforce by Race/Ethnic Identification										Disabled		Veteran	
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		(M) (F)	(M) (F)		
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
Totals																	
PREPARED BY (Signature):								TELEPHONE NO.:						DATE:			
								EMAIL ADDRESS:									
NAME AND TITLE OF PREPARER (Printer Type):												Submit completed with bid or proposal					

General instructions: All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (M/WBE 101) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

Instructions for completing:

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check the box acknowledging work force to be utilized on the contract.
3. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'.
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the OM/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity(ies)
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

GENDER Male or Female

MWBE EEO Policy Statement

OTDA – 4970 (Rev. 11/16)

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES- EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

M/WBE AND EEO POLICY STATEMENT

I, _____, the (awardee/contractor) _____ agree to adopt the following policies with respect to the project being developed or services rendered at _____

M/WBE

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the MWBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

- (1) Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.
- (2) Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.
- (3) Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.
- (4) Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.
- (5) Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. The Contractor will also maintain records of actions that its subcontractors have taken toward meeting MWBE contract participation goals.
- (6) Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that, if legally permissible, bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

EEO

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) The Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. The Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract

Agreed to this _____ day of _____, 2 _____

By _____

Print: _____ Title: _____

(Name of Designated Liaison)

M/WBE Contract Goals

% Minority and Women's Business Enterprise Participation

% Minority Business Enterprise Participation

% Women's Business Enterprise Participation

(Authorized Representative)

Certificate of Good Faith Efforts

Office of Temporary and Disability Assistance
40 North Pearl Street, Albany, NY 12243
www.otda.ny.gov

OTDA-4976 (Rev. 1/2016)

M/WBE GOAL REQUIREMENTS CERTIFICATION OF GOOD FAITH EFFORTS

Contractors (to include those who submit bids/proposals in an effort to be selected for contract award as well as those successful bidders/proposers with whom OTDA enters into State contracts) must document "good faith efforts" to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers/vendors in the performance of this contract.

The undersigned hereby acknowledges that he/she took or may need to take the following actions on behalf of the Contractor to demonstrate, and upon request by OTDA, to provide written verification to document the aforesaid good faith efforts:

- (a) The Contractor attended any pre-bid, pre-award, or other meetings scheduled by the contracting agency or the NYS Department of Economic Development or its designee to inform certified minority- or women-owned business enterprises of contracting and subcontracting opportunities available on the project, for purposes of complying with contract participation goal requirements;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to certified minority- and women-owned business enterprises in order to increase the likelihood of participation by such enterprises on the contract;
- (c) The Contractor undertook efforts to reasonably structure the contract scope of work for purposes of subcontracting with certified minority- and- women-owned business enterprises;
- (d) The Contractor advertised in a timely fashion and in appropriate general circulation, trade and minority- and women-oriented publications, if any, concerning the contracting or subcontracting opportunity;
- (e) The Contractor made written solicitations in a timely fashion to a reasonable number of certified minority- and women- owned business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development's Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity. The directory of certified businesses can be viewed at: <http://esd.ny.gov/index.html>
- (f) The Contractor can document if any timely responses to any such advertisements and solicitations were provided by certified minority- and women-owned business enterprises;
- (g) The Contractor followed-up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (h) The Contractor provided interested certified minority- and women-owned business enterprises in a timely fashion with adequate information about the plans, specifications or terms and conditions of the State contract and requirements for the contracting or subcontracting opportunity so as to prepare an informed response to a contractor solicitation;

MWBE Utilization Plan

OTDA – 4937 (Rev. 1/2016)

Office of Temporary and Disability Assistance
40 North Pearl Street, Albany, NY 12243
www.otda.ny.gov

M/WBE UTILIZATION PLAN

INSTRUCTIONS: This form must be submitted with any bid, proposal, or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Note – A dually certified firm cannot be counted toward both the MBE and WBE participation goals. Attach additional sheets if necessary.

Offeror's Name: Address: City, State, Zip Code: Telephone No.: Region/Location of Work:		Federal Identification No.: Solicitation Name/Contract No.: M/WBE Certified: Y/N M/WBE Participation Goals: MBE % WBE %		
1. Certified M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary)	5. Dollar Value of Subcontracts/Supplies/Services and intended performance dates of each component of the contract.
A.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD CERTIFIED <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
6. IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, OFFEROR MUST SUBMIT A REQUEST FOR WAIVER FORM - OTDA - 4969.				
PREPARED BY (Signature): DATE:		TELEPHONE NO.: EMAIL ADDRESS:		
NAME AND TITLE OF PREPARER (Print or Type):		FOR M/WBE USE ONLY REVIEWED BY: _____ DATE: _____		
SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE-REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND POSSIBLE TERMINATION OF YOUR CONTRACT.				
UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Contract No.: _____ Contract Award Date: _____ Estimated Date of Completion: _____ Amount Obligated Under the Contract: _____ Description of Work: _____				
NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NOTICE OF ACCEPTANCE ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____				

MWBE Letter of Intent

Office of Temporary and Disability Assistance
40 North Pearl Street, Albany, NY 12243
www.otda.ny.gov

OTDA – 4938 (Rev. 1/2016)

M/WBE SUBCONTRACTORS AND SUPPLIERS LETTER OF INTENT TO PARTICIPATE

Contractor:

Contract No.:

Address:

Federal ID#:

Dear Contractor:

I, _____ intend to perform work for _____
(Name of Subcontractor/Supplier) (Name of Prime Contractor)

My Minority/Women Business Enterprise (M/WBE) status as a MBE (☐) and/or WBE (☐) is certified as of _____
(Certification date)

_____ is prepared to do the following:
(Name of Subcontractor/Supplier)

(Describe work to be performed on the above project)	Unit Price	Total Amount

You have projected _____ for such work to start.
(Commencement Date)

_____ will sign a formal contract for the above work conditioned
(Name of Subcontractor/Supplier)

upon the approval of your executed contract with the contractor.

Please choose one of the following options:

MBE: Subcontractor [] **Supplier** []
WBE: Subcontractor [] **Supplier** []

Company Official's Name: _____
Company Official's Signature _____
Address: _____

Title: _____
Date: _____

*****This section is to be completed by the prime contractor*****

Company Official's Name: _____
Company Official's Signature _____
Telephone Number: _____

Title: _____
Date: _____
Fax Number _____

Agency Contact List

Contract #	
Agency Name	
Program Name	

	Name	Direct Phone #	Email Address
Executive Director			
Program Manager			
Claim for Payment			
Quarterly Program Report			
Other Contact Name & Title			

Workplan

ATTACHMENT C – WORK PLAN SUMMARY OUTLINE

Please use the following as an outline for completing the Attachment C – Work Plan Summary in NYS Grants Gateway.

ESSHI Project Site Address(s):

Total Project Units:

Total ESSH Units & Unit Size:

ESSHI Population:

***Note, ESSH unit rent is capped at HUD Fair Market Rent (FMR) unless otherwise approved by the NYS Office of Temporary and Disability Assistance. ***

Project Summary: Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Claiming

100% Time Certification Log

ESSHI

100% Time Certification Log

For staff who spend 100% of their time on ESSHI activities.

Claim Period _____

This certifies that the employee(s) listed below and claimed in this period have spent 100% of their time on ESSHI activities.

Employee Name	Title/Position (as listed in your ESSHI contract)

I certify that these statements are true and correct.

(print name here)

Authorized Signatory signature, title, date

Partial Time Certification Log

ESSHI Partial Time Certification Log

Employee Name:

Title/Position:

Claiming Period:

Please record hours spent on ESSHI activities and hours spent on other program activities each month.

	ESSHI Hours	Other Program Hours
Month 1	0.00	0.00
Month 2	0.00	0.00
Month 3	0.00	0.00
Month 4	0.00	0.00

Total 0.00 0.00 0.00

Total ESSHI Hours: 0.00

Total All (ESSHI + Other) Hours: 0.00

% Time Spent on ESSHI: #DIV/0!

Employee Signature: _____

Date: _____

ESSHI Rental Subsidies Documentation

ESSHI Rental Subsidies

Contract #:

Dates: _____

[illegible]

Total Rental Subsidies Amount billed to ESSHI: \$ -

Authorized signatory: _____

Example Rent Calculation Worksheet

(1)		Annual Income from all sources
(2)		Income Exclusions
(3)	\$ -	Annual Income
Calculating Adjusted Income		
Dependent Allowance		
(4)		Number of Dependents
(5)	\$ -	Multiply Line 4 by \$480
Child Care Allowance		
(6)		Anticipated Unreimbursed Expenses for Care of Children
Disabled Assistance Allowance		
(7)		Disabled Assistance Expenses
(8)	\$ -	Multiply Line 3 by 0.03
(9)	\$ -	Subtract Line 8 from Line 7
(10)		Family Member Earnings which were dependent on the disabled assistance expenses
(11)	\$ -	Lesser of Lines 9 or 10
Medical Expenses/Elderly Family Allowances		
(12)		List Total for Medical Expenses
(13)	\$ -	If Line 9>0, enter amount from Line 12, otherwise add Line 7 and 12 and subtract Line 8.
(14)		Elderly/Disabled Allowance (Enter \$400, if applicable)
Adjusted Income		
(15)	\$ -	Total Income Adjustments (Add Lines 5, 6, 11,13, and 14)
(16)	\$ -	Adjusted Income (Subtract Line 15 from Line 3)
Resident Rent Determination		
(17)	\$ -	30% of Monthly Adjusted Income (Divide Line 16 by 12 and multiply by 0.3)
OR		
(18)		Portion of welfare payment designated by the agency to meet the family's housing cost, if applicable.
(19)		Enter either (17) OR (18) amount per month charged for resident rent.
Determining Resident Rent for Units where Utilities are not included in Rent		
(20)		Utility Allowance
(21)	\$ -	Resident Rent (Subtract Line 20 from Line 19)
(22)	\$ -	Utility Reimbursement (Only if Line 21<0, This is the amount that must be paid to the resident as a utility reimbursement.)

Annual income includes:

- | | |
|---|---|
| ✓ | (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services; |
| ✓ | (2) The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment; |
| ✓ | (3) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; |
| ✓ | (4) Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under program funded, separately or jointly, by Federal, State or local governments (e.g, Social Security Income (SSI) and general assistance available through state welfare programs); |
| ✓ | (5) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; |
| ✓ | (6) Net income from the operation of a business or profession; |
| ✓ | (7) Interest, dividends, and other net income of any kind from real and personal property; |
| ✓ | (8) All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay. |
| | |

	Income That Must Be Excluded
	Annual income does not include:
✓	(1) Income from employment of children (including foster children) under the age of 18 years;
✓	(2) Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
✓	(3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property;
✓	(4) Amounts received by the family, that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
✓	(5) Income of a live-in aide as defined in Sec. 813.102;
✓	(6) The full amount of student assistance paid directly to the student or to the educational institution;
✓	(7) Amounts received under training programs funded by HUD;
✓	(8) Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS); or
✓	(9) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
✓	(10) A resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the
	quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;
✓	(11) Compensation from state or local employment training programs and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance;
✓	(12) Temporary, non-recurring or sporadic income (including gifts);
✓	(13) For all initial determinations and reexaminations of income carried out on or after April 23, 1993, reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
✓	(14) Earnings in excess of \$480 for each full time student 18 years old or older (excluding the head of household and spouse);
✓	(15) Adoption assistance payments in excess of \$480 per adopted child;
✓	(16) Deferred periodic payments of SSI income and social security benefits;
✓	(17) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
✓	(18) Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;

(19)	Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that included assistance under the U.S. Housing Act of 1937:
	(a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
	(b) Payments to volunteers under the Domestic Volunteer Service Act of 1973 (42 U.S.C. 5044, 5058);
	(c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626);
	(d) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
	(e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
	(f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b));
	(g) Income derived from the disposition of funds of the Grand River Band of Ottawa Indians (Public Law 94-540, 90 Statute 2503-2504);
	(h) The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the Court of Claims (25 U.S.C. 1407-1408) or from funds held in trust for an Indian tribe by the Secretary of Interior (25 U.S.C. 117);
	(i) Scholarships funded under Title IV of the Higher Education Act of 1965 including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs that are
	made available to cover the costs of tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses of a student at an educational institution (20 U.S.C. 1087uu);
	(j) Payments received from programs funded under Title V of the Older Americans Act of 1965 (U.S.C. 3056(f));
	(k) Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); and
	(l) Payments received under Maine Indian Claims Settlement Act of 1980 (Pub.L. 96-420, 94 Statute 1785);
	(m) Earned income tax credit refund payments received from the Internal Revenue Service on or after January 1, 1991. Payments may be received in a resident's regular pay or as a single sum payment;
	(n) Payments received as AmeriCorps Living Allowances (29 U.S.C. Sec. 1552);
	(o) Payments received under WIC-Supplemental Food Program for Women, Infants, and Children;
	(p) Payments received under the National School Lunch Program (42 U.S.C. 175-176);
	(q) Payments received under the Child Nutrition Act (42 U.S.C. 1771-1778);
	(r) Payments received under the Child Care Block Grant Act of 1990.

Summary of Expenses

Summary of Expenses				
0		1/0/1900 TO 1/0/1900		
Personnel Title (as is in the contract)	Name of Employee	Pay Period		Amount Requested Against Grant
		From	To	
Total Personnel				\$0.00
Fringe				
Total Personnel Services				\$0.00
Contractual Services				
Line Item	Purpose/Description	Check/Transaction Number		Amount Requested Against Grant
Total			\$0.00	\$0.00
Travel				
Line Item	Purpose/Description	Check/Transaction Number		Amount Requested Against Grant

Total		\$0.00	\$0.00
Equipment			
Line Item	Purpose/Description	Check/Transaction Number	Amount Requested Against Grant
Total		\$0.00	\$0.00
Space/Property & Utilities			
Line Item	Purpose/Description	Check/Transaction Number	Amount Requested Against Grant
Total		\$0.00	\$0.00
Operating Expenses			
Line Item	Purpose/Description	Check/Transaction Number	Amount Requested Against Grant
Total		\$0.00	\$0.00
Other & Administrative Expenses			
Line Item	Purpose/Description	Check/Transaction Number	Amount Requested Against Grant
Personnel Title/Expense	Name of Employee	Pay Period To From	Amount Requested Against Grant

Total				\$0.00
Total Other Than Personnel Services				\$0.00
Total				\$0.00

Reporting

ESSHI Contractor Quarterly Report (blank)

ESSHI Quarterly Report			
Agency Name: Project Name/Address: ESSHI Application #: Contract #: Contact Person: Phone Number: Email Address: Quarter Ending:	<div style="display: flex; justify-content: space-around;"> March 31 <input type="checkbox"/> June 30th <input type="checkbox"/> September 30th <input type="checkbox"/> December 31st <input type="checkbox"/> </div>		
Except where indicated, all data is <u>Year to Date (YTD)</u> . Please make an entry for each and every item. Use "0" or "N/A" if none or not applicable. DO NOT use text characters unless directed to do so.			
I. CENSUS			
Please mark 'X' for the target population.			
Single Adults:	0		
Families:	0		
Young Adults:	0		
Number of ESSHI Units/Beds as per contract:	0	Total number of ESSHI Units/Beds as per contract: This number will match the number of units/beds listed in your executed contract Work Plan and should remain constant from quarter to quarter.	
Number of ESSHI Units/Beds Occupied at End of Quarter:	0	Number of ESSHI Units/Beds Occupied at END of QUARTER: This should accurately reflect the total number of units or beds that were occupied at the end of the quarter and should not be higher than the total number of ESSHI beds.	
OK			
Year to date <u>unduplicated</u> count of ESSHI Qualifying Tenants:	0	YTD <u>Unduplicated</u> Count of ESSHI Qualifying Tenants: Total number of ESSHI tenants served from January 1st of current year to current quarter being reported. If you served 20 ESSHI tenants in quarter one, this number would be 20. If you are still serving only the same 20 ESSHI tenants in quarter two, you would still report 20 for quarter two.	
Year to date <u>unduplicated</u> count of other household members aged 18 and above:	0	YTD <u>Unduplicated</u> Count of Other Household Members if applicable: Total number of non-ESSHI household members (does not include children under 18) served from January 1st of current year to current quarter being reported. If you served 20 other household members in quarter one, this number would be 20. If you are still serving only the same 20 other household members in quarter two, you would still report 20 for quarter two.	
Year to date <u>unduplicated</u> count of children (for family units only):	0	YTD <u>Unduplicated</u> Count of Children if applicable (family units only): Total number of children served (under 18 years of age) from January 1st of current year to current quarter being reported. If you served 20 children in quarter one, this number would be 20. If you are still serving only the same 20 children in quarter two, you would still report 20 for quarter two.	
Average Number of Months Permanently Housed:	0	Average Number of Months Permanently Housed: This amount is an average derived from the total number of months of all ESSHI tenants served to date.	
Number of Months Project has been Operational:	0		
Occupancy Rate (cell auto populates):	#####	If below 90% please explain why and how you will attempt to improve the rate moving forward:	
Provide the number of clients who exited for:		YTD Reasons for those exiting the ESSHI Program: Enter number exited YTD. Should equal difference between unduplicated count of ESSHI qualifying tenants minus ESSHI units/beds per contract.	
Deceased:	0		
Eviction:	0		
Higher Level of Care:	0		
Independent Housing:	0		
Jail/Prison:	0		
Reunited with Family:	0		
Other:	0	Explain Other:	
OK			
Explain why tenant(s) exited for Independent Housing. If more room is needed, please use the narrative section of the report:			
II. ESSHI TENANT CHARACTERISTICS			
Male:	0	Please report YTD ESSHI qualifying tenant characteristics for tenants served. Indicate the total number of male, female, non binary/other, and those that chose not to respond, ESSHI qualifying tenants served YTD.	
Female:	0		
Non Binary / Other:	0		

Chose not to respond:	0	For the remaining categories, ESSHI qualifying tenants may fall into more than one area. You should indicate all categories that apply to each tenant. For example, if a tenant is a young adult with substance abuse history, they would be counted in both of those categories.
Total	0	
OK		
Adults, youth or young adults reentering the community from incarceration or juvenile justice placement, particularly those with disabling conditions:	0	
Chronic homelessness as defined by HUD (including families, and individuals experiencing street homelessness or long-term shelter stays):	0	
Elderly:	0	
Frail or disabled seniors:	0	
Homeless young adults between 18 and 25 years old, including those aging out of a residential school for people with intellectual or developmental disability (I/DD):	0	
Individuals diagnosed with HIV:	0	
Individuals with intellectual or developmental disability (I/DD):	0	
Military service with disabilities (including veterans with other than honorable discharge):	0	
MRT: Individuals who are Medicaid Redesign Team (MRT) high cost Medicaid populations (MRT Eligible):	0	
Serious Mental Illness (SMI):	0	
Substance Use Disorder (SUD):	0	
Victims/Survivors of domestic violence:	0	
Youth / young adults who left foster care within the prior five years and who were in foster care at or over age 16:	0	
Total:	0	
OK		
III. SOURCE OF INCOME - HOUSEHOLD		
Child Support:	0	For each household served YTD, please indicate source(s) of income. For this section an ESSHI qualifying tenant or other household member may fall into more than one category. For example, if an ESSHI qualifying tenant receives income from employment and disability, they would be counted in both. At minimum the total should equal the number of unduplicated ESSHI qualifying tenants plus the number of unduplicated other household members aged 18 and above.
Disability:	0	
Employment:	0	
Family:	0	
No Income:	0	
Pension:	0	
Public Assistance:	0	
SSI/Social Security:	0	
Unemployment Insurance (UIB):	0	
VA Benefits:	0	
Workers Compensation:	0	
Other:	0	Explain Other:
Total Sources of Income YTD:	0	
OK		
IV. SOURCE OF REFERRAL		
Community-based Organization:	0	Please indicate the YTD source of referrals received, including referrals for ESSHI qualifying tenants continuing to be served from the prior calendar year. All referrals should be counted regardless of whether or not the person being referred was admitted to the program.
Coordinated Entry:	0	
Courts/Parole:	0	
Domestic Violence Shelter:	0	
Emergency Shelter:	0	
Hotel/Motel:	0	
Local DSS:	0	

Medical Facility:	0	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Prison/Jail Facility:	0	
Psychiatric Facility:	0	
Regional Office of NYS Agency	0	
Self Referral:	0	
Substance Abuse Treatment Facility	0	
Transitional Shelter:	0	
VA Facility:	0	
Other:	0	
Total Number of Referrals YTD:	0	
		<div style="background-color: green; color: white; text-align: center; padding: 2px;">OK</div>

V. PRIOR LIVING SITUATION		
Domestic Violence Shelter	0	<p>Upon intake, the prior living situation of the ESSHI qualifying tenant should be documented. Please indicate the appropriate category for all ESSHI qualifying tenants entered into the program to date.</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Emergency Shelter:	0	
ESSHI residence:	0	
Foster care home or foster care group home:	0	
Hospital (non-psychiatric facility):	0	
Hotel or motel paid for without emergency shelter voucher:	0	
House you own:	0	
Institutional Setting (e.g., ICF/DD or Developmental Center):	0	
Jail, prison or juvenile detention facility:	0	
Permanent housing for formerly homeless persons (such as CoC funded, etc.):	0	
Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside):	0	
Psychiatric hospital or other psychiatric facility:	0	
Rented room, apartment, or house:	0	
Staying or living in someone else's (family or friends) room, apartment, or house:	0	
Substance abuse treatment facility or detox center:	0	
Transitional housing for homeless persons:	0	
Other:	0	
Total	0	
		<div style="background-color: green; color: white; text-align: center; padding: 2px;">OK</div>

VL.a AGENCY PROVIDED SERVICES		VL.b INFORMATION & REFERRALS	
Alcoholism & Substance Abuse:	0	0	<p>Please report each instance YTD that an ESSHI qualifying tenant, or a member of their household. For example, if an ESSHI qualifying tenant receives counseling services once a week during the quarter, their total services would be 12. If an ESSHI qualifying tenant receives 3 separate physical health referrals during the quarter, their total referrals would be 3. Note the first column is for services, the second is for referrals.</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Benefit/Entitlement Assistance:	0	0	
Budgeting/Financial Assistance:	0	0	
Child Care	0	0	
Children Services	0	0	
Counseling:	0	0	
Educational Services:	0	0	
Employment Enhancement & Retention:	0	0	
ESSHI Rental Subsidy	0	0	
Financial Counseling/Education:	0	0	
Health Education/Prevention	0	0	
Housing Services:	0	0	
Legal Services:	0	0	
Mental Health Services:	0	0	
Parenting Skills Development	0	0	

Physical Health Services:	0	0	Explain Other:
Self Sufficiency Services:	0	0	
Social Services:	0	0	
Social/Recreational:	0	0	
Transportation Assistance:	0	0	
Other Onsite or Info/Referral Services:	0		Explain Meals: (i.e. 3 meals daily / as needed / at special functions / 2x month, etc.)
Does your agency directly provide food/meals for tenants? (Y or N):			

VII. OUTCOMES		
Accessing Benefits:	0	Please indicate the YTD categories where an ESSHI qualifying tenant showed noted improvement. A tenant may fall into more than one category and should be counted in all areas where improvement is shown. For example, if a tenant shows improvement in life skills, over-all stability, and mental health, you should count them in all three areas.
Education:	0	
Employment Income:	0	
Employment:	0	
Family Reunification:	0	
Financial Literacy:	0	
Life Skills:	0	
Maintain Sobriety:	0	
Mental Health:	0	
Over-all stability:	0	
Physical Health:	0	
Socialization/Engagement:	0	
Other Outcomes:	0	
Number of <u>unduplicated</u> ESSHI Qualifying Tenants that were previously, but are no longer, dependent on public assistance:	0	Please indicate the number of ESSHI qualifying tenants YTD who are no longer dependent on public assistance.

VIII. NARRATIVE

Please attach a narrative that includes discussion on:

- ⇒ outreach, marketing and referral methods used to find appropriate tenants,
- ⇒ how ESSHI funds have assisted tenants of the program,
- ⇒ any overall issues and or concerns encountered this quarter and any plan or action that will address the issue(s),
- ⇒ ESSHI supported staffing information – (i.e. staff hired, staff changes, staff training, staff vacancies),
- ⇒ the ESSHI program/population/operation, emphasizing any noticeable;
 - ★ changes in demographics from previous quarters,
 - ★ changes in services from previous quarters
- ⇒ any tenant achievements and/or events of note.

Please provide any recommendations that you may have to improve the quality of services delivery

NARRATIVE

Serious Incident Report



Office of Temporary and Disability Assistance

OTDA BHSS CONTACT INFORMATION

Report all serious incidents to:

Kaitlin Hallissey or Mary Crowley

Email: Kaitlin.Hallissey@otda.ny.gov

Mary.Crowley@otda.ny.gov

Please do not encrypt the report.

Bureau of Housing and Support Services SERIOUS INCIDENT REPORT

The Bureau of Housing and Support Services requires each Sponsor to report any serious incidents within 5 days of the incident utilizing this form. For all occurrences of a serious incident the provider must: (1) call or email this Office to report the serious incident immediately and (2) submit a copy of this Incident Report form to the Office within five business days. This Incident Report form must be used to report all Serious Incidents.

All fields of this report must be completed. Please check "Not Applicable" for areas in the form not relevant to the incident. The report is a fillable form and must be typed. All comment sections of the form will expand if more room is needed. The facility is required to submit the completed form to the Office of Temporary and Disability Assistance Bureau of Housing and Support Services attention Kaitlin Hallissey at Kaitlin.Hallissey@otda.ny.gov; or Mary Crowley Mary.Crowley@otda.ny.gov. Original signatures must be on all reports filed at the facility and be available for review by OTDA staff during monitoring visits.

When completing the report, provide a factual account of exactly what happened, when and where the incident occurred, and the cause of the incident. **The following is a list of serious incidents that require immediate notification.**

SERIOUS INCIDENTS: (Immediate reporting required)

- Homicide or suicide
- Natural or unnatural death
- Serious or life-threatening injuries
- Any other serious incident impacting the safety and well-being of any resident or staff
- Hostage taking or abduction
- Possession or use of drugs with arrest of staff or resident
- Sale or distribution of drugs with arrest
- Drug overdose
- Law enforcement involvement
- Use or possession of a firearm or weapon
- Significant building damage caused by a natural disaster or catastrophic event such as a hurricane, tornado, flood, winter storm, etc.
- Arson, fire or explosion at facility
- Bomb threats
- Loss of utilities for more than 4 hours to all or significant portion of the building (heat, electricity, gas or water)
- Notification of code violations
- Discovery of any environmental hazard, such as toxic mold, lead paint or asbestos that threatens resident health or well-being
- Environmental concerns that may cause a life-threatening injury or the evacuation of an entire site as directed by emergency personnel or Local Fire Department
- Any unscheduled visits by the media that may potentially result in negative press coverage



Office of Temporary and Disability Assistance

Please use tenant initials and/or
apartment #. Do not use full names.

Bureau of Housing and Support Services SERIOUS INCIDENT REPORT

HOUSING TYPE: Choose an item.

ESSHI CONTRACT #: C0

OCCURRENCE AND NOTIFICATION

Not for Profit Agency Name: Click here to enter text.		Phone: Click here to enter text.		Date: Click here to enter a date.
Address: Click here to enter text.				
Project Name: Click here to enter text.				
Type of Incident: Choose an item.		Other:		
<input type="checkbox"/> Code violation	<input type="checkbox"/> Police involvement	<input type="checkbox"/> Fire Department Involvement	<input type="checkbox"/> Media involvement	
<input type="checkbox"/> Utility Shut-off				
Date of Incident:	Time of Incident:	Location: Click here to enter text.		
Notifications made to:	<input type="checkbox"/> Agency Leadership	<input type="checkbox"/> OTDA HHAP	<input type="checkbox"/> OTDA Service Program Unit	
On this Date and Time:	Date:	Date:	Date:	
	Time:	Time:	Time:	
Other Notifications:			Date:	
			Time:	

RESIDENT INVOLVEMENT

☐ Not Applicable

Were any residents re-located? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

STAFF INVOLVEMENT

☐ Not Applicable

Name			
Last,	First	Title	Shift
Click here to enter text.		Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.	Click here to enter text.
Click here to enter text.		Click here to enter text.	Click here to enter text.
Was staff allowed to remain on site? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROVIDE A DESCRIPTION OF THE INCIDENT (Include who, what, where, when)

Click here to enter text.

IMMEDIATE ACTION TAKEN

Was immediate action required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the action(s) taken? <small>Click here to enter text.</small>	

RESOLUTION (Required)

<small>Click here to enter text.</small>
--

FOLLOW UP (Required)

<small>Click here to enter text.</small>
--

Insurance Company Notification (if applicable)

<small>Click here to enter text.</small>
--

Name and title of staff completing report: Click here to enter text.

Staff Signature: _____ **Date:** Click here to enter a date.

Supervisor: _____ **Date:** Click here to enter a date.

For email purposes, above names may be typed in.

Completed by OTDA Staff only:	
<input type="checkbox"/> Management notified	<input type="checkbox"/> Follow Up Required
Report Reviewed by: <small>Click here to enter text.</small>	Date: <small>Click here to enter a date.</small>

Monitoring Form (blank)

Bureau of Housing & Support Services Monitoring Form

Sponsor Information

Sponsor's Name:		
Date of visit:	Date to supervisor:	Date Submitted to Mailbox:
Project name (if applicable, enter into ProLink)		
HHAC contract number/HHID number		
HHAC contract end date		
Service contract number & end date (if applicable)		
Sponsor's mailing address		
County		
Executive Director/CEO		
Does this match ProLink? (Yes/No)		
ED Phone number / Email Address		
Contact name / Contact title		
Phone number/ Email Address		
Sponsor staff present (Include titles & email addresses)		
Type of project: Tier II, DV, Emergency shelter, etc.		

Date of last agency submitted AR: (HHAP only) _____ AFS year: _____

Is the sponsor current on AR based on their cycle? _____ (if not this must be addressed during monitoring).

The MOP/Policies & procedures manual, BOD, and Tenant Rules are in Procorem and were reviewed prior to the visit? (HHAP only) _____

Check NYC DOB (if NYC sites) for any building violations prior to visit. If a shelter check with DSOC.

OTDA Monitor's Name(s): _____

All reports to be within ten working days (HHAP), 30 days (ESSHI) of a site visit. Supervisor must be informed if this will be late.

Type of letter to be issued: _____

Specify if positive, minor, or follow up is required

Building/Site Information

Site Address(es):	# HHAP / TOTAL UNITS in FAA	# HHAP / TOTAL BEDS in FAA trans/emergency
1.	/	/
2.	/	/

Type of housing

	FAMILIES	SINGLES	BOTH*	HHAP MRT
PERM #				
TRANS #				
EMERG #				

Current Units Beds/ Occupied	Vacancy Rate (Shelters)	Occupancy Rate (Permanent)
#		
#		

*Both apply when there is a one-bedroom unit as it can be either for a single or a family.

Populations in APP B:

Name Pops (s) by number _____

By family type _____

Does this match the AR? _____ Does this match the current rent roll? _____

Subsidy source in APP B:

Name Source (s) by number _____

By family type _____

Does this match the AR? _____ Does this match the current rent roll? _____

Health and Safety issues observed during walkthrough? _____ (Yes/No)

If yes, outline the concern(s) with recommendations made to the sponsor:

If an immediate concern an AD must be notified:

Overall Description/Observation of building(s) and operation(s):

Describe the project:

Ask the sponsor to tell you a little about the project/ give a broad overview – document any changes/additional info from what is outlined above.

Are referrals via coordinated entry? If not, where do referrals come from?

Support services: (NYSSH/ESSHI/OSAH description with staffing) If provided by a third party ensure that BHSS has a copy of the MOU/MOA/Services Agreement between the sponsor and the support services agency.

Does the sponsor's agency provide services in the community that are also open to tenants?

Are wellness checks being completed? What would warrant a wellness check, and how would it be conducted?

Annual Report letter concerns (if sponsor had to address findings were these resolved, note what is outstanding)
(HHAP only)

How are Tenant complaints handled, what is the process?

Building condition (include code concerns/needs expressed in AR/capital needs discussed/observed during site visit)

Please ask the sponsor if they have identified any capital needs that will need to be addressed within the next two-five years, and what their plan is to address them. DOB in NYC <http://a810-bisweb.nyc.gov/bisweb/bispi00.jsp>
Note any capital needs you observe on the building walk-through. Remember to mention the **preservation funds** that are available.

Potential mergers/affiliations/name change?

According to the staff present, no potential name changes, affiliations, or mergers are planned at this time.

How long on average to reoccupy a unit? If more than 60 days account for this.

If currently there are multiple vacant units/beds what is the agency's plan to fill them?

Have there been any major changes/struggles in the last year?

Did you observe/learn of any best practices? Please note below:

Do you think there is anything that you think you do really well?

Are there any issues of a systemic nature that may affect homeless service provision and/or if addressed would assist providers with their work?

Is the sponsor aware that they should submit incident reports for any significant events at the project? Do they have the most current version?

Tenant files:

Please highlight anything that may be a concern to BHSS

EXTERIOR CONDITIONS				
Add further pages for additional sites	Condition			Comments
	Not Applicable	Satisfactory	Unsatisfactory	
Sidewalks/ramps				
Walls/Siding/Trim				
Roof/Flashing/Parapets/skylights/ drains & scuppers				
Chimneys				
Windows /Screens/Storms				
Doors				
Fire escape appears in good condition/ and free from obstruction				
Driveway/Parking Lot				
Lawn				
Fencing/gates intact				
Exterior Lighting				
Steps/Porch/stairs				
Mailboxes -Lockable				
Security of Building: Locks, Bell, Intercom System				
<i>Note if there is an issue or not</i>				
Trash/Recycling/Rubbish accumulation?				
Evidence of rodents In the yard/garden/around garbage				

INTERIOR CONDITIONS				
<i>NOTE: As there are a variety of buildings (shelters, apartments, SROs, safe havens etc.,) in our portfolio give a general classification below and note in comments which units/areas were not satisfactory.</i>	Condition		Comments	
Common/shared areas	N/A	Sat	Unsat	
Entrance/exits				
Hallways & stairways				
Walls/ceiling				
Flooring				
Doors & windows				
Lighting				
Kitchen (please note if congregate/not congregate)				
Walls/Ceiling				
Flooring				
Cabinets/Countertops				
Doors & windows				
Appliances/ lighting				
Bathrooms (please note if congregate/not congregate)				
Walls/Ceiling				
Flooring				
Doors, windows & ventilation				
Fixtures/ lighting				
Bedrooms/units				
Walls/Ceiling				
Flooring				
Doors & windows/ window guards				
Lighting				
Basement (Finished/Unfinished)				
Walls/Ceiling				
Flooring				

Doors & windows				
Interior Conditions (CONT.)	N/A	Sat	Unsat	Comments
Mechanical/utilities				
Storage Space				
Laundry Facility				
Appliances				
Ventilation				
Doors & windows				

INTERIOR CONDITIONS - MISC:	Yes or No	COMMENTS
Vents clean? if not, note location(s)		
Plumbing system & fixtures appear in working order?		
Electrical/plugs/cords/light fixtures appear safe?		
Hot & cold running water available?		
Water pressure appears adequate?		
If furniture if provided through a funding source is it in good condition?		
Are combustibles stored in the furnace or electrical room?		
Fueled equipment stored indoors?		
Evidence of pests or rodents in any apartment/ shared kitchen area etc?		
Evidence of mold in areas visited?		
Detect any fumes or complaints of such?		

MAINTENANCE-RELATED	Comments
How are work orders initiated and documented ? How does the sponsor know when they are completed?	
How does the sponsor plan for long-term capital needs?	
Are unit inspections completed? If yes, how often & by whom?	

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Safety/Security Systems Issues				
Add further pages for additional sites	Condition			Comments
	N/A	Sat	Unsat	
Does the sponsor have an Emergency/ Disaster Plan - on a unit/building level?				
Are space heaters permitted in the building? If so in what circumstances?				
Fire Extinguishers				Inspect date:
Fire System Test & Inspect Report – <i>Were any deficiencies noted in the report?</i>				Inspect date:
Sprinkler System (Wet or Dry)				Inspect date:
Fire drills conducted? If so how often?				
Elevator(s)				Inspect date:
Boiler inspection(s) current?				Inspect date
<ul style="list-style-type: none"> Residential furnaces/boilers Rooftop units Other heating/cooling sources served on what basis?				Service reports
Security cameras? Do any other areas need covering or are there other security needs?				
Are fire doors maintained in the closed position?				

Other/comments				
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Case File Review Documentation

SUPPORT SERVICES	Tenant 1	Tenant 2	Tenant 3	Tenant 4	Tenant 5
<i>File Identifier Insert additional sheets when reviewing more than five files.</i>	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:
<i>For projects with 1-5 units review all files, 6-100 units review 10% of files (no less than five) and 101 units and above review 10 files. Visit the same number of units.</i>					
How is case management data/info maintained?	HMIS	Hard Copy	Electronic		
What is the third-party verification of homelessness status source?					
Is documentation provided to substantiate any specific population requirements?	<i>State source.</i>				
At intake – is there proof of low income					
What is the source of income <u>currently</u> ?					
Is the tenant paying 30%, 40% with approval, or the PA rate?					
List rent subsidy source, if any					
Is there a Service Plan?					
Date of the last review					
What is the frequency of review?					
Do the progress notes align with the service plan – Yes or No					
Are there monthly progress notes?					
Is there a signed lease (PSH) that covers the current term? Yes, No, or N/A					
Is there a Tenant Handbook/HouseRules? Yes/ No/N/A					
Is it required that the tenant sign?					
If yes, is it signed?					
<i>(ESSHI/ NYSSHP/ OSAH related)</i>					

SUPPORT SERVICES	Tenant 1	Tenant 2	Tenant 3	Tenant 4	Tenant 5
Signed releases in every file?					
Are there copies of ID in the file for each member of the household?					
Are there ESSHI/NYSSHP/OSAH grant-funded staff vacancies? If yes, explain:					

SUPPORT SERVICES	Tenant 6	Tenant 7	Tenant 8	Tenant 9	Tenant 10
<i>File Identifier Add additional sheets when reviewing more than five files.</i>	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:	Unit: Initials: Intake date:
What is the third-party verification of homelessness status source?					
Is documentation provided to substantiate any specific population requirements?	State source.				
At intake – is there proof of low income					
What is the source of income <u>currently</u> ?					
Is the tenant paying 30% of income or the PA rate?					
List subsidy source, if any					
Is there a Service Plan?					
Date of the last review					
Do the progress notes align with the service plan – Yes or No					
Are there monthly progress notes?					
Is there a signed lease (PSH) that covers the current term? Yes, No, or N/A					
Is there a Tenant Handbook/HouseRules? Yes, No, or N/A					
Is it required that the tenant sign? If so, is it signed?					
(ESSHI/ NYSSHP/ OSAH related)					
SUPPORT SERVICES	Tenant 6	Tenant 7	Tenant 8	Tenant 9	Tenant 10

BHSS Monitoring Report

HC0XXXX/NFP – project name

Are all Releases of Information forms signed? <i>Yes or No</i>					
Are there copies of ID in the file for each member of the household?					

Insert attestation forms.

(HHAP only)

12-20 photos are required – no more than that. Insert below. Delete this instruction thereafter.

PLEASE PUT AN EXTERIOR PHOTO OF THE BUILDING IN PROLINK (HHAP only) UNLESS IT IS A DV PROJECT / HIV/AIDS
- Delete this instruction thereafter.

Budget Modification Form (blank)

[illegible]

