



## City of Rochester and Monroe County

### Request for Proposals (RFP)

*for the*

### Emergency Solutions Grants 2022-23 Program (ESG 2022-23)

#### **TIMELINE:**

Release Date: Thursday, February 24, 2022  
Responses Due: Monday, March 21, 2022 by Noon  
Award Notification: April/May 2022  
Program Term: City funded programs will start July 1, 2022, and County funded programs will start August 1, 2022. ESG 2022-23 funded programs will have 12 month terms.

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#### **BIDDER'S INFORMATION MEETING:**

Date: Wednesday, March 2<sup>nd</sup>, 2022 from 1:00-2:30PM  
Location: Remote Meeting – Zoom  
Link:  
(<https://us02web.zoom.us/j/87428308676?pwd=Mzl6Rzd4dk84TnErQVRPOHp2dUlwdz09>)  
**Meeting ID:** 874 2830 8676  
**Passcode:** 172621

**1. PURPOSE AND INTENT**

The City of Rochester ("City") and Monroe County ("County") seek proposals from qualified not-for-profit providers to participate in a comprehensive community service delivery program intended to ameliorate and/or prevent homelessness. Funding is available from the City's and County's respective ESG 2022-23 Annual Allocations. Additional funding may be available due to recapturing unspent ESG awards from prior program years.

ESG funds are intended to be used to meet the goals of alleviating or preventing homelessness, and/or shortening the length of time persons experience homelessness. ESG service objectives must be designed to comply with and carry out the goals and initiatives of the City and County. HUD 24 CFR Part 576 Subpart B provides more detail on the eligible activities and populations. Additional information can be found in Sections 4 and 5 of this RFP.

**2. FUNDING AVAILABILITY**

Funding is available from the City and the County, and applicants must indicate how much funding they intend to use from each source (e.g. 80% City ESG and 20% County ESG). The City and County ESG 2022-23 Annual Allocation will likely be announced in May or June, similar to prior program years, and allocation amounts are not expected to deviate from prior year funding levels. The total ESG allocation for 2021-22 was \$866,399, including; \$158,781 in County funding and \$707,618 in City funding. Please note; the City and County may choose to award unspent funding from prior program years, as well as City or County ESG CARES Act (ESG-CV) funding. As these resources are not significant, no ESG-CV specific proposals will be accepted at this time. Additionally, the City and County are currently in the planning stages for local HOME American Rescue Plan (HOME-ARP) funding, and may choose to award ESG or ESG-CV funds to projects or programs that are also eligible for HOME-ARP funding.

City ESG funds must be spent on organizations, households, and persons within City limits. County ESG funds must be spent serving households and persons within County limits, but outside of the City of Rochester. All applicants should indicate which funding sources they are seeking, and must demonstrate that they are able to serve the populations those funding sources are targeted to. The City and County may adjust funding amounts and sources at their sole discretion. Prior to making final award decisions, the City and County will work with potential awardees to ensure proposed awards and sources are appropriate.

**3. TIMELINE**

The timetable for the proposal review and selection process is below, but may vary depending on the source of funding requested. The timing for proposals seeking ESG 2022-23 funding is contingent upon the City and County receiving their respective allocations from HUD in a timely manner.

PDF submittals for proposals are preferable, and no hard copies will be accepted at this time. We will also accept materials uploaded to a shared cloud service. The City and County may choose to reject applications and applicants that do not follow the requirements stated within this document. Please send all materials electronically and directly to John Oster at [john.oster@cityofrochester.gov](mailto:john.oster@cityofrochester.gov) and John Lightfoot at [JohnFLightfootSr@monroecounty.gov](mailto:JohnFLightfootSr@monroecounty.gov).

**RFP and Application Schedule**

RFP Release:	Thursday, February 24, 2022
Bid Information Session:	Wednesday, March 2, 2022 from 1:00-2:30 (remote/Zoom)
Responses Due:	Monday, March 21, 2022 by Noon
Award Notification:	April/May 2022
Program Start Date:	July 1, 2022 (City funded projects); August 1, 2022 (County)

Any agencies awarded ESG funding will work to develop a contract in a timely manner, including providing the City and County with additional materials and due diligence as needed. Contracts should be in place before the start of each program's term. With respect to reimbursement; grantees receiving awards greater than \$100,000 will be expected to voucher monthly, all others will be expected to voucher quarterly. Vouchers should be submitted within 30 days after the end of a voucher period. All ESG 2022-23 funds must be spent during the program year; July 1, 2022 to June 30, 2023 for City grants, and August 1, 2022 to July 31, 2023 for County grants.

#### **4. PROGRAM INFORMATION AND ELIGIBLE ACTIVITIES**

Those responding to this RFP should be familiar with the ESG program requirements and regulations. The ESG program provides funding to; engage homeless individuals and families living on the street, improve the number and quality of emergency shelters for homeless individuals and families, help operate these shelters, provide essential services to shelter residents, rapidly re-house homeless individuals and families, and prevent families and individuals from becoming homeless. ESG funding may be used for one of the program components listed below, as well as for HMIS related expenses.

The City and County recommend that all new *and* previously funded applicants review sections 24 CFR 576.102(a)(1)(vi), 576.103, 576.105(b)(4). All applicants should review appropriate HUD reference materials and documentation when designing programs and developing proposals. Section 5 of this RFP (PROGRAM REQUIREMENTS, REGULATION, AND REFERENCE MATERIALS) includes links to several valuable resources created by the United States Department of Housing and Urban Development (HUD). These resources include information on eligible populations and expenses, FAQs, best practices, and documentation requirements.

The following is an outline of the services the City and County intend to fund:

##### STREET OUTREACH COMPONENT (576.101)

Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care.

###### A. Essential Services

- 1) Engagement
- 2) Case Management
- 3) Transportation
- 4) Emergency Health and Mental Health Services
- 5) Services to Special Needs Populations (specify)

##### EMERGENCY SHELTER COMPONENT (576.102)

Shelter Operations, including maintenance, rent, security, fuel, equipment, insurance, utilities, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual. Essential Services, including case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

###### A. Emergency Shelter (year-round operation)

- 1) Rent
- 2) Security
- 3) Utilities
- 4) Insurance
- 5) Other operating expense or overhead items on a case-by-case basis

- B. Essential Services
  - 1) Case Management
  - 2) Employment Assistance and Job Training
  - 3) Life Skills Training
  - 4) Transportation
  - 5) Services to Special Needs Populations (specify)

C. Hospitality Nights – calculated as a per-person, per-night cost reimbursement

**Note: The City and County will not fund renovation, rehabilitation, or new construction projects.**

HOMELESSNESS PREVENTION COMPONENT (576.103)

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of HUD’s Homeless Definition.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing. The list below is not exhaustive, and applicants should review all ESG regulations regarding eligible populations and costs.

- A. Diversion Services
- B. Housing Relocation and Stabilization services (e.g. case management, landlord-tenant mediation, tenant legal services, credit repair)
- C. Housing Relocation and Stabilization financial assistance (ex. security or utility deposits, rental application fees, last month’s rent, moving costs)
- D. Rental Assistance
- E. Landlord Outreach

**Note: Applicants proposing homelessness prevention activities must be willing to coordinate efforts with existing eviction and homelessness prevention service providers and systems. Applicants should review the Homelessness Prevention eligibility criteria, documentation requirements, and HUD’s Homeless Definition and At-Risk of Homelessness Definition prior to submitting an application for Prevention funding.**

RAPID RE-HOUSING COMPONENT (576.104)

Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

- A. Diversion Services
- B. Housing Relocation and Stabilization services (e.g. case management, landlord-tenant mediation, tenant legal services, credit repair)
- C. Housing Relocation and Stabilization financial assistance (ex. security or utility deposits, rental application fees, last month’s rent, moving costs)
- D. Rental Assistance
- E. Landlord Outreach

**5. PROGRAM REQUIREMENTS, REGULATION, AND REFERENCE MATERIALS**

For specific guidance on ESG regulations and programs guidelines, please refer to the HEARTH-ESG Interim Rule. Program types, definitions, and regulatory information included in this RFP are defined by HUD, and all applicants must operate any ESG-funded activities in accordance with all HUD regulations. Additionally, grantees will be required to report on all activities through HMIS.

Please pay special attention to eligible populations, program descriptions, and reporting requirements. We encourage all applicants to review HUD's ESG programmatic guidelines and requirements prior to submitting a proposal. Most of this information can be found by visiting the ESG pages at [www.HUDEExchange.info](http://www.HUDEExchange.info), and the links below. The ESG program is operated on a reimbursement basis, and failure to adhere to ESG standards may result in a delay, or even loss, of funding.

Information regarding minimum organizational qualifications, eligibility criteria, and program guidelines can be reviewed at the links included in this document, and by referencing the documents and information in the links below. Questions should be sent to John Oster or John Lightfoot; contact information is included at the end of this document.

HUD regulations and program information

- [HUD Emergency Solutions Grants landing page](#)
- [Emergency Solution Grants Program Interim Regulations \(24 CFR 576 at Electronic Code of Federal Regulations\)](#)
- [HEARTH Homeless Definition Final Rule](#)
- [ESG Program Components Quick Reference Guide](#)
- [ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing](#)

## 6. REPORTING REQUIREMENTS

System Participation in HMIS: Recipients of ESG funds will be required to participate in HUD's program case data collection system, the Homeless Management Information System (HMIS).

System Participation in Coordinated Entry: Recipients of the ESG funds will be required to participate in the Rochester/Monroe County Coordinated Entry system. Additionally, the City and the County reserve the right to request reports and analyses of a programmatic nature.

## 7. PROPOSAL FORMAT

The proposal should include the following attachments, documents, and information. Applicants must use the templates provided to complete their proposal(s), unless otherwise noted. The other sections of the proposal mostly require respondents to submit third-party documentation/due diligence. Applicants should ensure that they include all necessary attachments and documents with their proposal(s).

### 1) Proposal Cover Page (Attachment 1)

Program and organizational details. Self-explanatory.

### 2) Proposal Checklist – Required Documentation and Assurances (Attachment 2)

Please check to ensure that each required item is included with the submission. Ensure that all assurances are initialed, and the form is signed and dated. This page should serve as the first page in your proposal.

### 3) Organization Qualifications Brief (Attachment 3)

Documented evidence of the consultant's qualification for this project and capacity to perform the work should be described herein, including certifications and/or licenses as appropriate and information about prior contracts similar to that being solicited. Include complete descriptions of any and all collaborative relationships with local organizations that are to be formed for this project. For collaborative proposals, include complete organization documentation for each organization on the team, not only for the lead organization.

**4) Project/Program Narrative (Attachment 4)**

Provide a detailed description of the proposed service(s), the intended impact of the service on homeless individuals and families and/or those at-risk of homelessness, and a service evaluation strategy. Each narrative must address at a minimum the following program elements:

1. Statement of Priorities and Policies regarding selection of and service to clients, including intended impact of services on homeless individuals and families and those at risk of homelessness;
2. Alignment with the goals and priorities as outlined in this RFP;
3. Profile of persons to be served (single men, women, parent(s) with children, families, and youth) and projected number(s) to benefit from each proposed service;
4. A timeline that incorporates key dates set forth in this RFP and identifies appropriate assignments, tasks, and activities to achieve stated outcomes;
5. A written description of the data collection and evaluation activities in which the consultant will engage to insure project results meet stated objectives.

*NOTE: If proposing more than one program (i.e. Emergency Shelter and Homelessness Prevention), each submittal requires separate Attachments 2-7.*

**5) Service Profile and Staffing Plan (Attachment 5)**

For each service proposed, please provide a detailed staffing narrative, identifying the project staff to be hired as direct employees of the lead, and if applicable, any subcontracting agency(s) plus detail on the number of caseworkers, administrative support staff and any other staff positions identified as necessary to carry out the project. Please include a statement of capacity to provide direct client services in languages other than English.

Applicants proposing programs that include subcontractors will be expected to enter into a formal agreement between organizations. The City and/or County may require that these organizations use a City/County produced subcontractor agreement, to ensure compliance with local and ESG regulation. Any subcontract agreements must be fully executed on or before the start date of ESG agreement(s) with City or County.

**6) Budget Narrative (Attachment 6)**

A succinct budget narrative including consultant staff hours, salaries and billing rates, equipment, rent, tenants security deposits, etc. is required as part of the application. Provide information on staff and overhead costs, and indicate if staff expenses are for existing or new positions. Ensure that all expenses are allowed as per ESG program requirements, and conform to established program guidelines. Any proposal requesting indirect costs above 10% of the total grant amount must include a copy of your Department of Human Services (DHS) indirect cost rate agreement.

Using the provided Budget template, please submit a budget for the project, including an overall project cost, and a breakdown between the costs associated with clients located within the City and those located outside of the City, but within Monroe County. Indicate if any other funding sources have been identified or committed to the project, and provide any details on those funding sources. Please also include information on the timing of expenditures.

**NOTE: At this time, the City and County will not fund construction/rehab with ESG funds.**

**7) Program Budget (Attachment 7)**

Use the appropriate budget template to provide an itemized budget, including the source of the required one-to-one (1:1) cash and/or approved in-kind services match.

**8) IRS W-9 – Request for Taxpayer Identification Number and Certification (Attachment 8 – no template included in RFP)**

Please include this form, which can be obtained online at the following link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**9) Certification of Compliance with Rochester Living Wage Form (Attachment 9)**

For any organization requesting over \$50,000 in grant funding, the City will require compliance with the Living Wage. Attach a Living Wage certificate for the list of titles and pay rate covered by this proposal. The Rochester Living Wage Ordinance (No. 2001-36) was adopted in 2001. The current rates can be found at the following link: <http://www.cityofrochester.gov/livingwagerates/>

**10) City of Rochester Disclosure and Monroe County Debarment Forms (Attachment 10a and 10b)**

Please fill out and execute the attached City of Rochester Disclosure Form and the County's debarment form.

**11) OMB Circular 2 CFR Part 200 Certification Letter (Attachment 11)**

Please fill out and execute the attached letter. This is required to be signed and returned even if you select option 4 or 5.

**12) Insurance Certificates (Attachment 12 – no template included in RFP)**

Minimum of liability insurance is one million dollars (\$1,000,000) per occurrence, and three million dollars (\$3,000,000) aggregate, and the City of Rochester and Monroe County must be named as additional insured. Please include insurances and endorsements for the City of Rochester **AND** Monroe County separately (one General Commercial Liability Certificate with the City named as additional insured and one with the County, one Additional Insured Endorsement with the City named and one with County, etc.). See reference documents 2 and 3 for more information. The insurance required includes:

- a) General Commercial Liability Insurance Certificate (at least \$1,000,000 per occurrence, \$3,000,000 aggregate), **AND** the City and County are named as Additional Insured, **AND** attach an Additional Insured Endorsement for each City and County
- b) Certificate of NYS Workers' Compensation
- c) Employee Disability Coverage (or Affidavit of No Employees)

**13) Audited Financial Statements (Attachment 13 – no template included in RFP)**

Organizations that have expended more than \$750,000 in federal funds in the last year (as indicated on Attachment 11: 2 CFR Part 200) need to provide the most recent audited financial statement (single audit).

**14) Interim Financial Statements (Attachment 14 – no template included in RFP)**

Submit a copy of the current year balance sheet and income statement.

**15) Board of Directors (Attachment 15 – no template included in RFP)**

Include a list of the members of the Board of Directors, and any pertinent information regarding board members and this proposal.

**16) Statement of Homeless or Formerly Homeless Participation (Attachment 16 – no template included in RFP)**

**Additional Project Information & Attachments**

Applicants are encouraged to submit additional materials to support their proposal.

## 8. PROPOSAL REVIEW PROCESS

Awards will be determined through a competitive RFP review process. Proposals will be reviewed by a panel convened by the City and County. Written proposals should provide sufficient information to enable the review team to form a recommendation. The City and County reserve the right to reject any and all applications including those determined to contain incomplete and/or incorrect information or otherwise not meeting the requirements as set forth in this RFP, or failing to demonstrate feasibility to carry out the proposed activities in an effective and timely manner.

Further, the City and County reserve the right to request individual applicants to submit additional information needed to make final determinations. The City and County also reserve the right to engage any or all respondents in a telephone conversation and/or to invite any or all respondents to an interview to explore further the possibility of an engagement. Request for additional information does not indicate outcome of the proposal review. Participation in such a telephone conversation or interview upon such an invitation would be voluntary, and does not indicate outcome of the proposal review. Any expenses resulting from such an interview would be the sole responsibility of the consultant.

Upon selection and mutual agreement, the consultant will enter into written agreements with the City and/or the County. Neither the City nor the County discriminates in any aspect of contracting on the basis of age, creed, color, disability, gender or gender identification, marital status, national origin, race, or sexual orientation.

## 9. EVALUATION CRITERIA

City and County selection of contractors will adhere to HUD ESG policies and regulations relative to achieving the fullest array of services which fall into the service categories shown below. Respondent organizations which have successfully demonstrated, to the satisfaction of the City and County, the greatest capacity to deliver services, and to fully comply with the conditions and requirements set out in this RFP may be selected for contract engagement. Using a point system, the chart below indicates how proposals will be evaluated.

ESG 2022-23 - Program Proposal Evaluation Criteria Elements	Maximum Point Value
1. Responsiveness to the service categories selected by the City and County.	15
2. Anticipated impact of proposed program on advancing or expanding services on reducing the incidence of homelessness.	10
3. Soundness and efficacy of the proposed Program Scope of Services concisely described.	15
4. Demonstrated engagement in strategic and sound collaboration with community partner(s).	10
5. Feasibility of proposed program service delivery implementation plan.	25
6. Consultant's demonstrated capacity for program implementation and management, including human resource functions and projections, as based on relevant experience and reference checks of the consultant, demonstrated mastery of required technology and information system management.	15
7. Consultant's previous service management record of reaching service delivery goals and <u>spending budgeted funds within the program year.</u>	10
TOTAL	100



**10. RIGHTS RESERVED BY THE CITY AND COUNTY**

*This RFP may be withdrawn by the City and/or County for any reason and that the City and/or County shall have no liability for any costs incurred in preparing the proposal.*

*All materials submitted with the proposal shall become the property of the City and/or County and will be subject to the New York State Freedom of Information Law (FOIL). All proprietary information submitted with the proposal must be clearly identified and requested to remain confidential.*

*The selection of organizations is within the City and County's sole discretion. No reasons for rejection or acceptance of proposals are required to be given and decisions may be based on other qualifications and not solely on costs.*

**11. QUESTIONS AND INQUIRIES**

Anyone with questions or comments should contact the City or County using the information at the end of this document. Several links have been included in this document, all of which will provide prospective applicants with general information on ESG funding, programs, and regulations. The HUD Exchange is a valuable resource for learning about ESG, but applicants are encouraged to reach out to John Oster and John Lightfoot, but any of the following persons can be contacted with questions or comments.

**Carol Wheeler**

Manager of Housing  
City of Rochester  
585.428.6152  
[wheelc@cityofrochester.gov](mailto:wheelc@cityofrochester.gov)

**Chanh Quach**

Community Development Manager  
Monroe County  
585.753.2022  
[CQuach@monroecounty.gov](mailto:CQuach@monroecounty.gov)

**John B. Oster**

Senior Community Housing Planner  
City of Rochester  
585.428.6570  
[John.Oster@CityofRochester.Gov](mailto:John.Oster@CityofRochester.Gov)

**John F. Lightfoot Sr.**

Community Liaison  
Monroe County  
585.753.2024  
[JohnFLightfootSr@monroecounty.gov](mailto:JohnFLightfootSr@monroecounty.gov)

**END OF DOCUMENT**



# City of Rochester and Monroe County

## 2022-23 ESG Program Proposal Cover Page

### SUMMARY OF REQUEST

Respondent Organization Name \_\_\_\_\_

Program Name and Type (Street Outreach, Homelessness Prevention, etc.)	Estimated # to be Served			Amount Requested
	Individuals	Families	Single Parents w/ Children	

*NOTE: Identify each proposed program/service, estimated number of clients served by the program, and the total funding request.*

### APPLICANT INFORMATION

Street Address \_\_\_\_\_  
*Number Street Name Office/Suite # (if applicable)*

Street Address \_\_\_\_\_  
*City State Zip*

Mailing Address<sup>1</sup> \_\_\_\_\_  
*Number Street Name Office/Suite # (if applicable)*

Mailing Address<sup>1</sup> \_\_\_\_\_  
*<sup>1</sup>if different from Street Address City State Zip*

Director/CEO \_\_\_\_\_  
*Name Title*

Authorized Agent \_\_\_\_\_  
*Name Title*

Signs Agreement<sup>2</sup> \_\_\_\_\_  
*<sup>2</sup>if different from Director/CEO Name Title*

Tax ID # \_\_\_\_\_ DUNS # \_\_\_\_\_ CAGE # \_\_\_\_\_

### PROPOSAL CONTACT INFORMATION

\_\_\_\_\_  
*Name Title*

\_\_\_\_\_  
*Telephone Number Email Address Fax Number*

# PROPOSAL CHECKLIST – Required Documentation

All of the following application documentation is **required** and should be **current**. This document is largely fillable, and should be completed in Word (or a similar program). Please separate sections with binder dividers, colored paper, tabs, etc. Applications that are incomplete, inaccurate, illegible, or that do not adhere to the instructions provided above and within the RFP may not be reviewed.

- ESG Proposal Cover Page (Attachment 1)
- ESG Proposal Checklist (Attachment 2)
- Organization Qualifications Brief (Attachment 3)
- Project/Program Narrative (Attachment 4)
- Service Profile/Staffing Plan (Attachment 5)
- Budget Narrative (Attachment 6)
- ESG Program Budget (Attachment 7)
- IRS W-9 Form (and Back-up Documentation) (Attachment 8)
- City of Rochester Certification of Compliance with Living Wage – for proposals over \$50,000 (Attachment 9)
- City of Rochester Disclosure and Monroe County Debarment Forms (Attachments 10a and 10b)
- Signed OMB 2 CFR Part 200 Certification Letter (Attachment 11)
- Insurances (Attachment 12):
  - A. Current General Commercial Liability Insurance Certificate expires \_\_\_\_\_ and the City and County are each named as Additional Insured, **and** attach an Additional Insured Endorsement
  - B. Certificate of NYS Workers' Compensation expires \_\_\_\_\_
  - C. Employee Disability Coverage (or Affidavit of No Employees) expires \_\_\_\_\_  
*\*\*\*Verify Insurance certificates are current, City and the County are listed as Certificate holders, and Additional Insured Endorsement is attached\*\*\**
- Most recent full Organization Financial Statement, usually Audit report (Attachment 13)  
Statement Date: \_\_\_\_\_
- Interim Financial Statements and Budget for the applicant agency (Attachment 14)
- List of Board Members/Board of Directors identifying any compensated members (Attachment 15)
- Statement of Homeless or Formerly Homeless Participation (Attachment 16)

## ASSURANCES

Initial Regulation Compliance On behalf of the \_\_\_\_\_ organization, it is agreed by this application that this agency and co-applicants will comply with Federal and City/County requirements for provision of ESG services.

Initial Participation in HMIS (Homeless Management Information System) – Unless prohibited by regulations exempting applicant's service population, the applicant will participate in HMIS, the HUD-required data system.

Initial Community Cooperation and Collaboration - This organization will participate in interagency cooperative planning and service delivery to support participants' entry for services, including adoption and implementation of a common assessment tool.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed by: \_\_\_\_\_  
 Title \_\_\_\_\_

**Organization Qualifications Brief**

Please use the space below to briefly profile the applicant agency's qualification for the proposed service(s) and capacity to perform the services proposed. Only for collaborative applications: Please include organization documentation for each organization on the team, not only for the lead organization, attaching extra pages if necessary. **Each organization qualification brief must not exceed 600 words.**

**Project/Program Narrative**

Use the space below to provide in brief, narrative form: 1) Proposed service description; 2) Statement of intended impact of service on homeless individuals and families and/or at risk of homelessness and 3) Proposed service evaluation strategy. **Each service specific narrative must not exceed 600 words.**

In accordance with §576.101 (Street Outreach), §576.102 (Emergency Shelter), §576.103 (Homelessness Prevention), or §576.104 (Rapid Re-Housing), the following service will be provided:  
*\*Note: please choose appropriate subpart for service component.*

**Service Profile**

Profile of eligible population(s) and projected number(s) of people to benefit from this proposed ESG service.

*Please fill out the chart below indicating your proposed service population and the number of each to be served by this proposed ESG service:*

Service Name \_\_\_\_\_

Specifically with the requested ESG funds in the amount of: \_\_\_\_\_

(organization name) \_\_\_\_\_ proposes to provide

(service name) \_\_\_\_\_ to:

Indicate Number of Each Population to be Served

Approximate # _____	Individual Men
Approximate # _____	Individual Women
Approximate # _____	Single Parents w/ Children
Approximate # _____	Families
Approximate # _____	Individual Youths or Young Adults

**Staffing Plan**

A brief overview of the project staff /employees plus detail on the number of caseworkers, administrative support staff and any other staff positions identified as necessary to carry out the project. Indicate if these are new employee hires or retained positions (this includes moving current employees between positions). Include a statement of capacity to provide direct client services in languages other than English.

**Budget Narrative**

Please provide an itemized budget narrative, and rationale for each budget line item. Use the space below to provide a succinct budget narrative including applicant agency staff hours, salaries and billing rates, equipment and supply purchases. Include information for other and/or ancillary subcontracted services, and all components of budget line items. Include a description of the source of the required one-to-one (1:1) cash and/or approved in-kind services match, and if that source is currently secured or if fundraising/grant efforts will be done in the future.

[Empty box for budget narrative]

# ESG Budget Forms

## (Separate link/Excel file)

*Attachment 7* (Excel File) – Please stop and read the following. Applicants proposing Street Outreach or Emergency Shelter Operations projects should use the budget template on the first tab. Applicants proposing Homelessness Prevention or Rapid Re-housing projects should use the budget template on the second tab. Please ensure that all proposed program costs are eligible for ESG funding and for the program selected.

Tab 1: Street Outreach/Emergency Shelter Operations  
Tab 2: Homelessness Prevention/Rapid Re-Housing



**Certification of Compliance with Rochester Living Wage**

**Program/Agreement** (enter program type)

I hereby certify that the \_\_\_\_\_ is in full compliance with the Rochester Living Wage Ordinance of Chapter 8A-18 of the Code of the City of Rochester, New York ("the Code").

The job titles and wage levels of all covered employees, as defined in the Code, are listed below:

Job Title	Wage Level (hourly or salary & hrs./wk)	Health Insurance (Y/N)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed by: \_\_\_\_\_  
Title \_\_\_\_\_



Neighborhood and Business Development  
 30 Church Street Room 223 B  
 Rochester, New York 14614  
 www.cityofrochester.gov  
 Phone: 585.428.6110 Fax: 585.428.7899  
 TTY: 585.428.6054 EEO/ADA Employer

## City of Rochester Disclosure

Applicant Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Program Name: \_\_\_\_\_

The Program for which you are applying may be part of one or more City of Rochester (hereinafter the "City"), federal, state, or other programs, including, but not limited to, the Community Development Block Grant (CDBG) Program, Emergency Shelter Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities with Persons with Aids (HOPWA) Program, Asset Control Area (ACA) Program, Rochester Economic Development Corporation (REDCO) or City Development Fund (CDF). Each of these programs has rules and regulations prohibiting conflicts of interest. Conflicts generally arise where the applicant or his or her family or business may have an economic or employment interest in the program or the entity providing the program.

Program regulations generally limit the participation of employees, agents, consultants, officers, or elected appointed officials of the City or any designated public agencies, or sub-recipients receiving Program funds, and those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For federally assisted housing and community development programs, this applies unless an exception is granted by the **U.S. Department of Housing and Urban Development (HUD)**. In order for HUD to grant an exception to such persons there must be a public disclosure of the application and the City's Corporation Counsel must determine that the participation does not violate state or local law.

The objective of this form is to identify applicants that may have a conflict under the rules and regulations. The City will then determine whether an exception should be granted or requested. The City's Department of Neighborhood and Business Development, Office of the Commissioner, is responsible for conflict of interest determinations and the coordination of the exception process for federally assisted housing and community development programs.

I/We \_\_\_\_\_ certify that:  
 (Name of applicant(s))

Please **ONLY** check one:

1. I/we **am/are NOT** an **employee**, agent, consultant, officer, or elected or appointed official of the City of Rochester, and am **NOT** a **relative** of an employee, agent, consultant, officer or elected or appointed official of City of Rochester, **nor part of any** designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.
2. I/we **am/are** an **employee** agent, consultant, officer or elected or appointed official of the City of Rochester or **I/we am/are** a **relative** of an employee, agent, consultant, officer or elected or appointed official of the City of Rochester, or **I/we am/are** part of a designated public agency or worked any such agency within the last year, business or sub-recipient receiving CDBG or other Program funds.

I would like to be granted an exception, or for federally assisted housing and community development programs to have the Department of Neighborhood and Business Development, request an exception from HUD, to participate in this program.

I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_ .  
I (\_\_\_do) or (\_\_\_do not) perform any duties relating to the Program.

\_\_\_\_\_ is the family member to whom I am related (\_\_\_\_\_  
(Name) (Relationship)

This family member is employed at \_\_\_\_\_ in the position of \_\_\_\_\_ .  
This family member (\_\_\_ does) or (\_\_\_does not) perform any duties relating to the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed by: \_\_\_\_\_  
Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed by: \_\_\_\_\_  
Title \_\_\_\_\_

STATE OF NEW YORK)

COUNTY OF MONROE) ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ personally

known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND RESPONSIBILITY**

The undersigned certifies, to the best of his/her knowledge and belief, that the CONTRACTOR and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
2. Have not within a three-year period preceding this transaction/ application/proposal/contract/ agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three-year period preceding this transaction/ application/proposal/contract/ agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

**CERTIFICATION REGARDING MONROE COUNTY PROCUREMENT POLICY AND  
CONSEQUENCES FOR VIOLATION**

The undersigned certifies to the best of his/her knowledge and belief, that the Contractor and its principals:

5. Have read and understand the Monroe County Procurement Policy and agree to abide by its terms (<http://www.monroecounty.gov/purch-overview.php>);
6. Understand that any violation of the Monroe County Procurement Policy may result in the exclusion of any response to a public bid, Request for Proposals (RFP) or Request for Qualification (RFQ) submitted on our behalf; and
7. Understand that any contract or agreement entered into subsequent to a violation of this policy during the procurement process is null and void.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Contractor)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title/Office)



Administration & Finance

Neighborhood and Business Development  
30 Church Street Room 224B  
Rochester, New York 14614 www.cityofrochester.gov  
Phone: 585.428.6167 Fax: 585.428.7899  
TTY: 585.428.6054 EEO/ADA Employer

**OMB CIRCULAR 2 CFR PART 200 CERTIFICATION LETTER**  
*Important Compliance Document*

Entity Name: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Pursuant to the requirements of OMB Circular 2 CFR Part 200, the City of Rochester is requesting that you check one of the following, provide all appropriate documentation regarding your organization's compliance with Circular 2 CFR Part 200 audit requirements, sign and date, and return this letter to the City of Rochester within **thirty (30) days** of receipt.

1. \_\_\_\_\_ We expended more than \$750,000 in total federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended \_\_\_\_\_.  
Our audit report and schedule of federal programs have no material findings that affect the City of Rochester's funding. Issue date of audit report \_\_\_\_\_.
2. \_\_\_\_\_ We have expended more than \$750,000 in federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended \_\_\_\_\_.  
Our audit report and schedule of federal programs have material findings that affect the City of Rochester's funding. We are including a copy of the required audit report along with our corrective action plan for your information. Issue date of audit report: \_\_\_\_\_.
3. \_\_\_\_\_ We are not subject to a Circular 2 CFR Part 200 audit because we expended less than \$750,000 in total federal awards during our fiscal year ended \_\_\_\_\_.
4. \_\_\_\_\_ We are subject to Circular 2 CFR Part 200 but have not received an audit.
5. \_\_\_\_\_ We are not subject to the Single Audit requirements, but have submitted a copy of the organizations most recent financial statement, dated \_\_\_\_\_.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: By signing this certification, you understand and agree to comply with the requirements set forth in OMB Circular 2 CFR Part 200. You must return a copy of your single audit, or your most recent financial statement, to the City of Rochester within 30 days of signature. Failure to comply with these requirements will result in possible suspension of your contract or withholding of payment.

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Please return this completed document with supporting documentation to:

City of Rochester  
Neighborhood & Business Development  
Attention: Evelyn Colon  
30 Church Street – Room 005A  
Rochester, NY 14614

## Request for Proposals Emergency Solutions Grants Program

### Reporting Requirements: Detail

#### Client Data - HMIS Homeless Management Information System

Unless prohibited by regulations for services to Special Needs Participants (ex: victims of domestic violence), the Subrecipient will continue (or implement) Participant data entry in HMIS. HMIS is the common data base provided and required by HUD. Reimbursement for services under ESG will be dependent upon completing/updating HMIS for each Participant, for each service. The Subrecipient will be responsible for completion and accuracy. This is critical to the City and County commitment to quality of service and collaboration with the CoC.

#### Coordinated Access and Assessment

Participant data coordination and sharing: The Subrecipient will enter into a Memorandum of Understanding with the local HMIS as the basic requirement for Coordinated Access. Upon consultation with local HMIS, the Subrecipient will implement Participant release documentation, unless prohibited by regulations for services to Special Needs Participants (ex: victims of domestic violence) for the purpose of establishing coordinated entry and easing Participants' interviews when more than one provider is enlisted for case work.

- A. **Licenses** - Unless otherwise advised by the CoC and HMIS, the Subrecipient that does not already have license(s) through other Federal funding (ex: Shelter + Care) will be responsible for purchasing licenses for each user.
- B. **Technical Assistance** will be provided by the local HMIS in cooperation with the CoC. HMIS training and response to requests for Technical Assistance are continually available from the local HMIS Technical Assistance staff. The Subrecipient is responsible for:
  1. Identifying qualified data entry staff to the Technical Assistance provider. The Subrecipient will identify an HMIS Administrator, who shall be responsible for quality and accuracy checks, and policy and practices planning. The Subrecipient may assign HMIS data entry responsibility either to direct service staff or to staff who are specifically responsible for all HMIS data entry. The Subrecipient's designation of HMIS responsibilities will depend upon factors including availability of licenses, staff assignments and capacity.
  2. Participating in and identifying need for Technical Assistance:
    - at time of staff change
    - at time of need to reassign or add license(s)
    - when difficulties with entry are encountered
    - when notified of system changes and
    - when instructed by the City

3. Entering Participant data on a timely basis, no less than once a month.
4. Informing the ESG administrators in the event that there are problems with the HMIS system in spite of work with the Technical Assistance provider or when Technical Assistance is not provided.

### **C. HMIS Entry And Accuracy**

Report Card - The Subrecipient will attain an HMIS "Report Card" grade of B or better – indicating completion of all HUD required data fields. In the event that a "Report Card" grade of less than B occurs, and is below grade B for two (2) months, and the Subrecipient has not been active in resolving problems in completing HMIS, the City reserves the right to withhold payment. The City may withhold payment until grade B is reestablished. The Subrecipient is responsible for scheduling Technical Assistance and training to reestablish a "Report Card" grade B.

No less than once a month the Subrecipient will review HMIS data for accuracy. It is not sufficient to rely upon the RHA/HMIS Report Card report as sole indicator of accuracy.

#### **Periodic Reports**

The Subrecipient will submit a quarterly report.

#### **Consolidated Annual Performance Report (CAPER)**

The recipient agrees to submit all data that are necessary for monitoring program accountability and progress in accordance with HUD requirements and for completing the ESG portion of the annual CAPER. This shall be provided in a format and at the time instructed by the Authorized Agent or their designee.

#### **Outcomes Review**

The ESG administrators and the CoC may conduct periodic review of outcomes, or request reports on outcomes.



**INSURANCE REQUIREMENTS – Read Carefully**

There are typically two types of additional insured endorsements; first, an endorsement in which the City of Rochester and Monroe County are individually named, and second, a general liability "deluxe" endorsement. The following two pages are examples of these endorsements. Insurances specific to Monroe County can be found in Attachment L.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Name Of Additional Insured Person(s) Or Organization(s):</b> City of Rochester 30 Church Street Rochester NY 14614</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**GENERAL LIABILITY DELUXE ENDORSEMENT:  
HUMAN SERVICES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE**

The following is a summary of the Limits of Insurance and additional coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

It is our stated intention that the various endorsements, coverage parts or policy issued to you by us, or any company affiliated with us, do not provide any duplication or overlap of coverage for the same claim or "suit." If this endorsement and any other coverage part or policy issued to you by us, or any company affiliated with us, apply to the same claim, "suit," or medical expenses, we shall not be liable under this endorsement for a greater proportion of the total loss for that claim than this endorsement's applicable Limit of Insurance bears to the total applicable Limits of Insurance under all such endorsements, coverage parts or policies.

This condition does not apply to any excess or umbrella policy issued by us specifically to apply as excess insurance over the underlying Commercial General Liability policy.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	3
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	5
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7

## Monroe County - Insurance Requirements

1. Provide ACORD Certificate of Insurance Form:

Certificate Holder Information:

Monroe County  
39 W. Main St., Room 200  
Rochester, NY 14614  
Attn: Community Development

2. Provide the following insurance coverage:

A. General Liability Insurance

- 1) \$1 million per occurrence
- 2) \$3 million aggregate
- 3) Name **Monroe County** as additional insured and:
  - a) X appropriate additional insured column.
  - b) Description of Operations shall specifically state general liability, auto, or both.
  - c) Provide an **additional insured endorsement form** showing same. **NOTE:** If the policy has a Blanket Endorsement for Additional Insured, then the supporting documents shall be forwarded for review. (All pages of the endorsement as well as policy number shall be included.)
- 4) If aggregate coverage is less than \$3 million:
  - a) Excess or umbrella coverage in the amount to provide \$3 million total
  - b) Excess/umbrella coverage must name **Monroe County** as additional insured and provide additional insured endorsement showing same.

B. Automobile Liability Insurance

- 1) \$1 million per occurrence for bodily injury and property damage
- 2) X appropriate additional insured column.
- 3) Description of Operations shall specifically state general liability, auto, or both.
- 4) Name **Monroe County** as additional insured and provide an **additional insured endorsement form** showing same. **NOTE:** If the policy has a Blanket Endorsement for Additional Insured, then the supporting documents shall be forwarded for review. (All pages of the endorsement as well as policy number shall be included).

C. Workers Compensation Insurance ([www.wcb.ny.gov](http://www.wcb.ny.gov)) \*

- 1) C-105.2 (or U-26.3)
- 2) SI-12 (or GSI 105.2)
- 3) CE-200
- 4) Waiver if applicable

D. Disability Benefits Insurance ([www.wcb.ny.gov](http://www.wcb.ny.gov)) \*

- 1) DB-120.1
- 2) DB-155
- 3) CE-200
- 4) Waiver if applicable

E. Professional Liability

Occurrence \$1,000,000; Agg \$3,000,000

# Emergency Solutions Grants Program Budget

Street Outreach (including Coordinated Entry), and Emergency Shelter Operations Template

<b>Agency Name</b>	ENTER NAME	
<b>Project Title</b>	ENTER PROJECT NAME	
<b>Project Type</b>	Emergency Shelter	*Select project type from drop-down
<b>Contract #</b>	TBD	

Emergency Shelter				576.102
PERSONNEL				
MUNIS Code	Payroll:	Hours <sup>1</sup>	Rate per Hour	Budget
	ex. Case Manager (full time)	2080		-
	ex. Senior Case Manager (half position)	1040		-
	ex. Program Director			-
	(enter position title)			-
<b>Subtotal - Payroll</b>				-
	<b>Fringe</b>	<b>Enter Rate</b>	12.50%	-
<b>Total - Payroll</b>				-
OTHER THAN PERSONNEL				
<b>Essential Services</b>				
	Transportation - mileage @ \$.58/mile			
	Bus Passes			
	(enter essential service expense)			
	(enter essential service expense)			
<b>Total - Essential Services (non-payroll)</b>				-
<b>Operations Support Expenses</b>				
	Occupancy (rent, utilities, etc.)			
	Telephone/Cell-phones (staff)			
	Supplies			
	Postage			
	(enter O/H, operating support expense)			
<b>Subtotal - Support Expenses</b>				-
<b>Subtotal</b>				-
INDIRECT COSTS				
	<b>Indirect Cost<sup>2</sup></b>	<b>Enter Rate</b>	15.00%	-
<b>Total - Emergency Shelter</b>				-
1:1 Match Source(s)		N/A		N/A

**Notes:**

\*Input data/information into blue cells only.

<sup>1</sup>Input total hours for position for entire year (40 hrs/week = 2080 in this cell)

<sup>2</sup>Indirect cost is calculated by multiplying your indirect rate by the total program costs ("Subtotal") - do not change formula.

INTERNAL/MUNIS BUDGET BELOW - DO NOT EDIT/ALTER

## Emergency Solutions Grants Program Budget

<b>Agency Name</b>	ENTER NAME
<b>Project Title</b>	ENTER PROJECT NAME
<b>Project Type</b>	Emergency Shelter
<b>Contract #</b>	TBD
<b>Emergency Shelter</b> <span style="float: right;">576.102</span>	
<b>MUNIS Code</b>	<b>Budget</b>

	<b>Essential Services</b> - including case management, transportation, etc.	
	Payroll & Fringe	-
	Other Essential Services	-
	<b>Shelter Operations</b>	
	Occupancy	-
	Supplies	-
	<b>Indirect</b>	-
	<b>Total - Emergency Shelter</b>	-
	1:1 Match	N/A

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