

REQUEST FOR APPLICATION

RFA Proposal # 03-025

NEW YORK STATE EDUCATION DEPARTMENT Title: Supported Employment Services (SE) CONTRACTS EFFECTIVE- July 1, 2004

Background: The State Education Department's Office of Vocational and Educational Services for Individuals with Disabilities (VESID), in cooperation with the NYS Office of Mental Health (OMH), NYS Office of Mental Retardation and Developmental Disabilities (OMRDD), NYS Commission for the Blind and Visually Handicapped (CBVH), will be seeking and reviewing applications for Supported Employment Services which will commence on July 1, 2004. It is anticipated that approximately \$33 million annually, in VESID State and Federal Intensive and Extended Supported Employment funds, will be available for this purpose.

Eligible Organizations: Applications for this purpose will be accepted from organizations which certify to the following:

- That they meet, or will meet by July 1, 2004, the requirements of Sections 246.3 and 246.6 of the Regulations of the Commissioner of Education.

And

- That they meet, or will meet by July 1, 2004, the requirements in VESID's "Provider Guidelines for Supported Employment" as revised January 2000, as further amended.

And

- That they will accept the hourly rate identified in this application, as applicable to their geographic location.

All organizations currently under contract with SED/VESID for the provision of Supported Employment services, who wish to continue providing Supported Employment services, must apply under this process. In addition, all organizations providing Supported Employment services without contract must apply under this process if they wish to continue those services.

- RFA Application # 03- 025 containing:
 - 1.) Description of services to be performed/program description
 - 2.) Contract Type and Funding
 - 3.) Evaluation Criteria and Method of Award
 - 4.) Submission Documents
 - Application Form

-Assurances-

- MacBride Certification
- Certification-Omnibus Procurement Act of 1992
- Certification Regarding Debarment and Suspension
- Certification Regarding Lobbying

Note that these assurances need not be signed and submitted with the completed application. They must be signed when part of a contract executed as a result of this application. Applicants should be aware of this contractual requirement and understand that they will need to sign and adhere to the above assurances if a contract is to be executed for this purpose.

Questions regarding the request should be directed, via the procedures described below, to:

William A. Deschenes
Manager, Business, Interagency and Policy Development
State Education Department
Office of Vocational and Educational Services
for Individuals with Disabilities (VESID)
Room 1613, One Commerce Plaza
99 Washington Avenue
Albany, NY 12234
Fax: 518-473-0721
VESIDSERFA@mail.nysed.gov

Mail Submission of Applications-

8 copies, including one (1) original of each application must be received no later than:

Date: December 16, 2003
Time: 3-PM

To: The individual and location identified above

Note: Applicants are to submit only the completed application which begins on page 15 of this package.

(Facsimile copies of the proposals are NOT acceptable)

All applications are to be identified on the outside envelope as:

“Application/RFA Materials - Do not Open”

E-mail Submission of Applications- Applicants are encouraged to submit their applications via e-mail to the e-mail address of the individual identified above.

The following instructions must be followed for e-mail submissions:

- 1. Only the application portion is to be submitted as an e-mail attachment. That is page 15 and beyond of this package. The actual application may be down-loaded from the VESID**

Supported Employment website, completed and then converted to a document for attachment to an e-mail transmittal message to VESIDSERFA@mail.nysed.gov Please use a Word document or compatible method.

2. The e-mail transmittal to the above e-mail address must have the following subject heading; **“RFA Materials-Do Not Open”**
3. The e-mail transmittal must be received by the due date and time listed above.
4. An e-mail confirmation of receipt will be sent for every transmittal received. Given the volume expected, it is advisable not to wait until very near the due date and time to send applications. The actual sending date and time of the electronic/e-mail application will be utilized to determine compliance with the required submittal date and time.
5. In addition to following the above steps (numbers 1-4 above) every applicant submitting via this e-mail process **MUST** send a signed, hard copy of their “Applicant Eligibility Certification Form” (page 15 of this package) to the address and the individual above by the due date noted here. Please include that form/page 15 in your electronic application submittal as well. That mailing may also include any information for the application which is not available in electronic format (staff resumes, job descriptions, etc.). **VESID must have this original, signed version of the “Applicant Eligibility Certification Form” for every application, regardless of method of submittal, in order to qualify that application as having been submitted in a timely manner.** The content of the application must be consistent with the summary included in the “Applicant Eligibility Certification Form”. Items not included in that form will not be considered in the application process.
6. Whatever the method of submittal; mail, delivery service or electronic/e-mail, all materials must be received by the date and time listed in this application.

Bidders’ Conference- A **non-mandatory**, video-conferenced Bidders’ Conference will be held in a number of locations across the state. The date for this conference is November 20, 2003 at 2-PM.

The locations for the video conference are as follows:

Chancellors’ Hall
State Education Bldg.
Washington Avenue
Albany (Originating Site of Conference)
518-486-4031

New York State School for the Deaf
401 Turin St.
Rome

Buffalo VESID District Office
508 Main St.
Buffalo

Rochester VESID District Office
Wilson Bldg., 109 S. Union St.
2nd Fl. **Rochester**

Malone VESID District Office
231 W. Main St. Suite 2
Malone

Natl. Ctr. For Disabilities-The Smeal Ctr.
Rooms A&B, I.U. Willets Road
Albertson
Long Island

**New York City- A videoconference-capable site is not available in NYC for this date and time. Accordingly, the NYC Bidders' Conference (Non-mandatory) will be held on Wednesday, November 19th at 2-PM at: OMRDD NYC Regional Office
75 Morton St., NYC (Manhattan)
212-229-3081**

No more than two individuals from each applicant organization may attend a Bidders' Conference at either the video-conferenced or the live, NYC, sites.

Questions, in advance of the Bidders' Conference, may be submitted in writing to the contact person identified on page 2 of this application until November 26, 2003. These may be submitted by mail, e-mail or via fax. All questions will be responded to in writing and will be posted on the website identified in this application by December 3, 2003.

BEFORE PROCEEDING FURTHER

Parties wishing to participate in this solicitation must be able and willing to certify that:

- They will provide all services at the rates listed in this application.
- That the number of individuals who will be served and rehabilitated is defined.
- That the counties/boroughs to be served are defined.
- That the specific services to be provided are defined.
- That the disability groups to be served, as well as their service needs, are defined.

And, must be aware of and adhere to the following requirements:

- Complete this application and submit it within the due date described and with all required components. This application provides instructions and topic areas, which must be addressed by the complete application.
- This application and related materials can be found on the website:

www.vesid.nysed.gov/supportedemployment

RFA Proposal # 03-025

1.) Description of Services to be Performed

Work Statement and Specifications

This section of the application details the services and products to be acquired. Please note that the contract process also includes general New York State administrative terms and conditions, as well as terms and conditions required by New York State law. These terms and conditions address issues related to both the submission of applications and any subsequent contract; they are included separately in this application package for your information. Please review all terms and conditions.

Mandatory Requirements for All Applications-

Required Sections in Application: The following instructions are to be followed for each section of the application form which begins on page 15 of this package:

ELIGIBILITY OF APPLICANT ORGANIZATION-

Eligible Organizations- Private, Not-for-Profit organizations with proven experience in serving individuals with disabilities. Organizations will need to demonstrate an ability to provide services to people with multiple disabilities, as appropriate, and demonstrate connections to community employers and other service-related organizations.

-Applicant organization must complete and sign the Application Eligibility Certification which appears on page 15 of this package and is the first page of the application as submitted by the applicant. That form requires certification that;

- applicant organizations meet, or will meet by July 1, 2004, the requirements of Sections 246.3 and 246.6 of the Regulations of the Commissioner of Education.
- applicant organizations meet, or will meet by July 1, 2004, the requirements of VESID's "Provider Guidelines for Supported Employment", as further amended, and must provide a list of staff titles, responsibilities and resumes, where applicable, for their proposed program including, where applicable, staff to consumer ratios.
- applicant organizations accept the hourly rate defined in this application as they apply to the applicable geographic area. Each provider will have only one hourly rate which shall be defined by the location of the main administrative office of the applicant at the time of the public notice of this application in the "NYS Contract Reporter".

This section will not be rated by reviewers of applications. These are eligibility requirements. Only applications which meet these criteria will be further reviewed and rated.

Once eligibility is established, as described above, the following required sections will be reviewed and rated:

A. BACKGROUND OF APPLICANT ORGANIZATION–

- For current providers of supported employment services, describe the organization’s current supported employment program. Identify how this proposed supported employment program is similar or different from the current program. Describe its proposed relationship to other programs and services offered to consumers with disabilities.
- For organizations not currently providing supported employment services, fully describe:
 - The organization, and
 - Plans to provide quality supported employment services
 - Planned staff to consumer ratios for services.
 - Current menu of services for the consumer population proposed
 - Organization history defining service delivery of such services as job development, job placement and retention services in the community and their relationship to community employers.

B. SERVICE PROVISION –

Indicate the projected number of people and their disabilities to be **served** and **rehabilitated*** in the intensive phase of the proposed supported employment project for a **one-year period**. Also, estimate the number of direct service hours, on average and for each major disability group, that the provider expects to be required to achieve its projected goals. Note that the following chart identifies average annual hours of direct service per consumer, by disability and by region as reported by providers in the most recently completed two-year contract period. These averages are provided as guidance to applicants. They are averages and are not to be utilized as maximums for any program. It is expected that applicants will define their anticipated capacity and will describe why their projected average annual hours of direct service might need to differ from these averages.

Average Annual Hours of Direct Service per Consumer, by Disability and by Region

Disability Type	NYC	LI/Westchester/ Rockland/Mid- Hudson	Rest of State
Traumatic Brain Injury	68	80	84
Physical Disability	93	56	83
Mental Retardation	183	155	108
Mental Illness(including substance abuse)	88	76	82
Learning Disabled/Developmentally Disabled (Non-MR)	145	111	95
Deaf	84	143	83
Blind	90	69	109

* Note that “Rehabilitation” means that the individual remains in employment for a period of 90 days after achievement of stabilization as promulgated in the Federal Rehabilitation Act and as applied by VESID. See “Supported Employment Provider Guidelines” for more details.)

Service Provision- Intensive Supported Employment Services –

- Describe proposed intensive supported employment services including job development, situational assessment, job placement, job coaching and plans to stabilize individuals in employment.
- The organization’s process for identifying the need for this/these service(s).
- Applicant agency’s relationship with VESID, CBVH, OMRDD and OMH as appropriate.
Note: Current supported employment services providers should consider the following issues in the completion of this section:
 - Have appropriate SE participants been sought from the community?
 - Are SE participants qualified under federal requirements for SE?
- Describe whether proposed services are individual or group in nature. Note that group services are limited to groups no larger than eight individuals.
- Describe planned onsite and offsite interventions in terms of what they may involve and how often (planned type and frequency).
- Utilizing the chart on page 6 of this application, estimate the average number of direct service hours the program expects to require to meet the goals in the application for each major disability group to be served.
 - Describe the reasons why this average is required. Note that the chart of historical average direct service hours above is a guide. It is not a list of maximum hours that can be provided.
 - In the chart on page 17 estimate direct service hours required as well as the average numbers of pre-employment and onsite/offsite hours with those average total direct service hours.
- Organizations applying to serve more than one major (primary) disability group, must address the specific programmatic aspects which focus services required by each group. For this reason, applications to serve multiple major (primary) disability groups should include a single Background portion and separate Service Provision areas for each group to be served. A maximum of four (4) pages of narrative is permitted for each Service Provision description for each specific population targeted. It is not necessary to submit a separate application for each disability group and location (county/borough) to be served. It is important, however, that the application, and the application cover sheet, clearly describe the major disability group(s) to be served in each location and describe the differences in services provided.

Note: Consider the following issues in the completion this section –

- Is the program at capacity? What underutilized capacity is available? If over-utilized, what additional capacity is needed?
- Are appropriate waivers from VESID counselors being sought, e.g. less than 20 hours based upon the needs of the participant and not just because the hours are not available?
- How will onsite contacts be scheduled and documented to meet requirements?
- How will this information be maintained?
- Are plans of service in place for each participant?

Service Provision-Extended Supported Employment Services –

VESID/CBVH Extended services will be reimbursed via this Intensive services contract. OMH and OMRDD Extended services will continue to be reimbursed through those two state agencies.

Applications will not be accepted from organizations which propose to provide Extended Supported Employment services only. Applicants must either provide a combination of Intensive and Extended services or may form partnerships which provide both Intensive and Extended services. That partnership must be described in the application and the contract will be issued to the organization providing Intensive services. That contracted organization will be responsible for reimbursing Extended services under their partnership arrangement for that purpose. Contracts will not be issued solely for Extended services.

Each applicant must project the number of individuals who will require Extended services from each funding source (VESID, OMH, or OMRDD) for the one-year program period. VESID Extended consumers must be identified separately if they entered VESID Extended funding as a result of the transfer from OMRDD which was effective 7/1/03. These individuals are reimbursed at the rate of \$3,200-/yr. while other VESID Extended individuals are reimbursed at the rate of \$2,500-/yr. Applicants are to use the eligibility criteria which are in place at the time that this application is mailed to them for completion.

Note: For current supported employment providers, consider the following issues in the completion of this section:

- Are all extended supported employment partners identified?
- Is the program at capacity? What underutilized capacity is available? If over-utilized, what additional capacity is needed?

C. Quality Assurance –

In addition to the specific performance indicators listed above, describe how the organization will measure the effectiveness of its supported employment program.

- Organizations will be required to participate in the Supported Employment Quarterly Interagency Reporting System (NYISER) and in fiscal and programmatic monthly or quarterly reports which will track contract performance.
- By submission of this application, the applicant recognizes that the New York Interagency Supported Employment Report (NYISER) will serve as the billing and reporting instrument for this program.

The applicant further attests that the individual services information submitted to VESID via NYISER will be accurate and recognizes that it will be subject to verification and audit.”

Note: Consider the following issues in the completion of this section:

- How will the provider assess participant and employer satisfaction with SE services?
- Will the provider employ qualified consumers as direct-service staff, as appropriate?

Contracts will be for a five (5) year period, with annual budgets to be reviewed and approved annually by SED/VESID.

- Payments will be for actual services rendered, as described in this application. The payment schedule will follow that as defined in the contract.

- SED/VESID will assess contract performance at the end of each reporting quarter and will determine the need to make programmatic changes with the provider based upon a combination of factors which will include, but will not necessarily be limited to, the following indicators:
 - Number of individuals served and rehabilitated when compared to contract goals.
 - Total hours of direct service reported as compared to contract total.
 - Timeliness and accuracy of programmatic and NYISER reporting.
- SED/VESID may intervene at any point in the contract period to adjust expectations and payments, including contract cancellation, if a contract organization is not meeting established goals.

2.) CONTRACT TYPE AND FUNDING; RFA-03-025

Type: Federal/State Supported Employment and Case Service Funds

Number of Contracts: As required to meet programmatic needs statewide.

Contract Period: 7/1/04-6/30/09

Contracts will be for a five (5) year period, with annual budgets to be reviewed and approved annually by SED/VESID. Payments will be for actual services rendered, as described in this application. The payment schedule will follow that as defined in the contract.

SED will reserve 10% (or approx. \$ 2.5 -mil.) of current funds designated for Supported Employment Intensive Services to meet local needs which are underserved. Such a reserve is necessary to meet developing needs and to stimulate new services. These funds will be awarded following the application scores based on the selection methodology described in this application.

RATES: Rates for this application will be as follows. Each unit is one hour of direct services. Direct services are defined as the following;

- Assessing the individual
- Advocating for the individual prior to employment
- Developing jobs and placing the individual with an employer
- Assessing the individual's involvement in volunteer or unpaid work to help determine his/her skills
- Identifying necessary on-site supports to maintain employment through the individual's involvement in situational assessment
- Staff travel to provide these services
- Hours of on-site intervention
- Hours of off-site intervention, including social, travel, money management or any other life skills training and for interventions needed for the consumer to remain employed. Includes staff report writing and staff travel

Hourly rates will be as follows:

- For providers and services provided- within the five boroughs of the City of New York-\$53-/hr.
- in Nassau, Suffolk, Westchester, Rockland, Orange, Putnam, Sullivan, Ulster and Dutchess Counties-\$50-/hr.
 - in all other Counties of New York State- \$40-/hr.

Note that applicants must certify in the "Applicant Eligibility Certification", which is part of this application, that they will accept one of the three rates above, as appropriate to their geographic location. Applications which include any other rates will not be accepted.

Consideration will be given for the provision of a Cost of Living Adjustment (COLA) based upon increases in State or Federal funds made available to VESID for this purpose. Such a COLA will be for Intensive Supported Employment service only as Extended services can be provided only with State funds as annually appropriated

Future Applications:

Applications for new programs will be accepted from current and new providers on an annual basis as expansion funds are available and as additional/alternative services are required. During the five year duration of this contract, preference for additional services, for groups of five or more individuals in a given major disability category as defined in this application, will be given to those organizations which have been ranked highest (the top six-ranked applications) in each geographic area (which may be county or borough-specific) for each major disability group to be served.

For example, if additional supported employment services are required for five or more individuals in any major disability category, any organization which was ranked in this application review in the top six-ranked could be asked to provide those services. If no organization able to provide this new service is included in the original application ranking, applications from new organizations will be accepted. Applications not selected within the top six applications, as described above, in this review process will not be eligible for future additional services under this arrangement. Such organizations may, however, reapply on an annual basis to request consideration for additional services, as described in this paragraph. These applications will be reviewed in a manner similar to the review process as described here.

3.) Evaluation Criteria and Method of Award

Method of Award: Criteria for Evaluating Applications

SELECTION CRITERIA:

All complete proposals received by the deadline will be reviewed and rated according to the criteria below. Proposals rated for consideration of funding may be contacted for clarification of information provided. Applications will be reviewed to determine the extent to which the project provides information to demonstrate the following:

- **Eligibility Criteria/Adherence to Applicable Regulations-** All applicants must meet the eligibility requirements described on page 5 of this application package.

Quality of Key Personnel (no points are assigned to this component. Personnel will be determined to be “qualified” or “not qualified” in total, as described by applicable portions of Section 246.3 of Regulations of the Commissioner of Education)

- Key personnel have the appropriate qualifications, including experience with persons with disabilities, and with employers, to permit them to carry out each of the project activities.
- Job descriptions and resumes of key personnel which reflect experience and training and demonstrated success in achieving outcomes similar to those required by the project.

Applications which do not adhere to these requirements will be rejected and will not be scored or evaluated further.

Background of Applicant Organization (40 points)

- Current providers who apply via this application process must describe their current VESID supported employment services and assess their outcomes from those services. Applicants without current supported employment services must describe other VESID services provided and/or their experience with serving individuals with disabilities and with local employers.
- Applicant must demonstrate sufficient knowledge of vocational rehabilitation services including the assessment, training and employment of individuals with disabilities.
- Applicant must have sufficient knowledge of vocational rehabilitation and VESID requirements. This will include demonstrated knowledge of VESID eligibility requirements and the operation of assessment, training, supported employment and placement services as they apply to VESID services.
- While applicants may include documentation from other community partner organizations which describe their role in the applicant’s proposed supported employment program (Intensive and/or Extended services), letters of support are not to be included in this application.

Service Provision (35 points)

- A complete description of the goals and objectives, for both Intensive and Extended services, which addresses the issues identified in the “Background of Applicant Organization” and “Services Provision” sections to meet the following priorities:
 - Clear, obtainable, and measurable objectives in each of the above areas against which progress and success can be measured.
 - Activities which will be conducted to ensure that objectives are met.
 - A plan of management that insures effective and efficient administration of the project.
 - A clear description of how the objectives and proposed activities address the principal programmatic requirements of the project.
 - A plan to use resources and personnel effectively to achieve each objective.
 - A plan to show how linkages with the other agencies will be developed to coordinate the services.
 - The time that each person will commit to the project is identified and is adequate to complete those activities.
- The number of individuals to be served and rehabilitated by major disability group and by county or borough is included in the application.
- Applicant has described its capacity in terms of required average direct service hours by major disability category and has documented any need for services which are substantially in excess of the average historical hours provided for such services.
- The maximum narrative for each major disability group included in the application is four (4) pages.

Quality Assurance (25 points)

- Applicant has described how it will measure the actual provision of its program indicators including the proposed number of individuals to be served and rehabilitated by major disability.
- The applicant has identified other measures of effectiveness, in addition to its program indicators described above, and has described how it will measure such indicators.
- The applicant has assured that it will utilize the NYISER quarterly reporting system for its reporting of direct service hours in this system and has assured that this reporting will be accurate and timely. The applicant states its understanding that NYISER will be subject to verification and audit by SED/VESID and the state’s fiscal authorities.

- For all measures of effectiveness identified and tracked by the applicant, it has described how it will address any needs for improvement identified by its own quality assurance process and by VESID.
- The applicant has described how it will measure consumer and employer satisfaction with its supported employment services and its methods for addressing any needs for improvement identified in this process.
- The maximum narrative permitted in this section is four (4) pages.

METHOD OF AWARDS:

Awards will be made for the number of providers sufficient to meet regional (county/borough) and statewide needs from those applications which satisfy the mandatory requirements and receive the highest aggregate score in the above evaluation criteria.

SED will award services to those applicants who are scored at the first six (6) rankings for each major disability group, as described in this application, and for each county or borough. The highest scoring applicants for any group or location will receive preference for those services, based upon their capacity to meet SED's needs. SED reserves the right to select applicants based upon geographic location within counties or boroughs and specific to the varying needs of each major disability group. SED may award services to applicants who are below the first six (6) rankings if additional capacity is needed in any given area (county) or disability group. SED will not award services to an applicant whose score is below **70 points** in this process.

SED reserves the right to select alternative providers for this project if any of the providers selected via this request for proposal ultimately withdraw from or fail to meet the requirements of the project. In such an event, those organizations whose bids were ranked immediately below those originally awarded will be offered the opportunity to serve as the alternative provider(s).

SED may contact an applicant ranked within the top of six (6) of each area (county) and group (disability group) and reserves the right to assign the goal for serving each group and area. Multiple applications for the same disability group/geographic area are not permitted from any applicant.

SED will utilize the following criteria to make awards to Supported Employment contract vendors:

- Providers will be ranked by geographic (county/borough) area, population served and highest aggregate score. SED will select providers beginning with the top six (6) of each area (county) and group (disability group) based upon the local needs related to the specific needs of each VESID district office for each population group. SED may award services to applicants who are below the first six (6) rankings if additional capacity is needed in any given area (county) or disability group. SED will not award services to an applicant whose score is below 70 points in this process.

- Applicants may apply for more than one major disability group in a given county or borough and may apply for more than one county or borough to provide these services. SED/VESID will be scoring and awarding services based upon each county/borough and major disability group, as described in this application. In addition, SED reserves the right to limit the number of individuals to be served by a provider in a given county or borough and major disability group, based upon SED/VESID's needs for each service. Applicants may find that only a portion of their application is selected by SED.

4.) Submission Documents/Assurances

Notice to Applicants: The following documents/assurances are NOT to be included in your application submission. They are included for reference and must be signed and submitted only when a contract is issued as a result of this application process.

The documents listed below (copies of which are attached or included in 4, Submission Documents) will become part of the resulting contract that will be executed between the successful bidder and SED. Please review the terms and conditions.

These assurances **WILL BE INCLUDED** in the contract which results from this RFA. Vendors who are unable to complete or abide by these assurances should not respond to this request.

Appendix A – Standard Clause for all New York State Contracts

MacBride Certification
(Signature Required - the form is included in 4, Submission Documents)

Certification-Omnibus Procurement Act of 1992
(Signature Required - the form is included in 4, Submission Documents)

Affirmative Action and Minority/Women Owned Business Enterprise Policy

Certification Regarding Debarment and Suspension
(Signature Required - the form is included in 4, Submission Documents)

Certification Regarding Lobbying
(Signature Required - the form is included in 4, Submission Documents)

RFA APPLICATION #03- 025

**APPLICATION FORM
APPLICANT ELIGIBILITY CERTIFICATION**

This form is **required** and must be completed and signed by a responsible official of the applicant organization. Applications received without this signed and completed form will not be eligible and will not be reviewed further.

Legal Name and Address of Applicant

Organization _____

Phone _____

1. The applicant organization certifies that it meets, or will meet by July 1, 2004, the requirements of applicable portions of Sections 246.3 and 246.6 of the Regulations of the Commissioner of Education:
Yes _____
2. The applicant organization certifies that it meets, or will meet by July 1, 2004, the requirements in VESID’s “Provider Guidelines for Supported Employment”:
Yes _____
3. The applicant certifies that it will accept the hourly rate identified in this application, as applicable to their geographic location,: Yes _____

4. List below the county(ies)/borough(s)* and the major disability groups for each such location for which this application is made (all must be listed to be considered):

County or Borough	Major Disability Group(s)

Printed Name/Title of Responsible Official

E-mail address of Responsible Official

Signature of Responsible Official

Date

Box below for VESID use only

Date Received: _____ Information Verified/Applicant Eligible: Yes _____ No _____ Date Released for Review: _____, Approved for Release By: _____
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* Note that “citywide” or “all counties” are not sufficient descriptions. “Major disability groups” are ONLY as defined in this application

Description of Services to be Performed- The following outline is to be followed in the completion of this application. It provides a structure for applicants which closely follows the requirements in the RFA. It's use will assist applicants in meeting all requirements and will assist reviewers as they rate/score each application.

Applicants should expand the size of the spaces and lines in this format to meet their needs, while adhering to the page limitations for narrative, as described in the RFA.

ELIGIBILITY OF APPLICANT ORGANIZATION

- Complete and sign the "Applicant Eligibility Certificate"
- Key staff titles, and numbers of staff assigned to each title, for the proposed program are as follows for:

- Intensive Services-

- Extended Services-

- Current Providers-Identify staff by name and title. Attach job descriptions, qualifications and resumes.

For vacant positions, provide job descriptions and qualifications. _____

- Applicants Who Are Not Current Providers- Attach job descriptions, qualifications and resumes. For vacant positions, provide job descriptions and qualifications. _____

A. BACKGROUND OF APPLICANT ORGANIZATION- Note that only one background description is required from each applicant, even when more than one major disability group and/or geographic location is included in the application.

-Current Providers- Describe current supported employment program. Identify any differences between the current and proposed program. Describe proposed relationship to other programs and services offered by the applicant to consumers with disabilities-

-Applicants Who Are Not Current Providers- Describe the organization and plans to provide quality supported employment services. Include planned staff to consumer ratios, where applicable. Identify current services for individuals with disabilities and relate them to the proposed major disability group(s) in the proposed program. Relate organizational history and expertise to job development and the relationship with community employers.-

C. SERVICE PROVISION- Include program descriptions for each major disability group included in the application. Each Service Provision section may be no more than four (4) pages for each major disability group to be served.

Projected/Estimated Number To Be Served/ Rehabilitated and Direct Service Hours/ By Disability

Instructions: In order to assure that services are clearly defined in this application, the following chart is to summarize services which are described in this application. These are estimates and are necessary for use by VESID counselors who must authorize services for specific purposes. The following chart will be used to develop the total projected services for applications which are selected for this purpose and to assist in the ongoing authorization of services. Utilize the chart, on page 5 of the RFA, of historical hours of direct service per consumer, by disability and by region as a guide and indicator.

Note that the totals below MUST be consistent with the description in this application and are a summary of all counties/boroughs, by major disability, included in the application. Be certain also that this chart is consistent with the “Applicant Eligibility Certification”.

Name of Provider:

Major Disability	Number to be Served/Rehabilitated	Average Number of Pre-Employment Hours	Average Number of Onsite/Offsite Hours	Total Average Direct Service Hours (add previous 2 columns)
TBI	/		/	
Physical Dis.	/		/	
MR	/		/	
Mental Illness	/		/	
LD/DD-non-MR	/		/	
Deaf	/		/	
Blind	/		/	

Intensive Services (continued)-

- Describe proposed job development, situational assessment, job placement, job coaching and plans to stabilize individuals in employment-

- Describe the proposed process for identifying the need for these services-

- Describe applicant's relationship with VESID, CBVH, OMRDD and OMH, as appropriate-

- Describe the method for identifying appropriate SE participants in the community and for assuring that they meet federal SE requirements-

- Describe if services are individual or group in nature. Be aware that group services may not be for groups larger than eight (8) individuals-

- Describe planned onsite and offsite interventions. Include frequency-

- If the projected average number of hours of direct service, per major disability group in the chart above differs substantially from the historical averages in the chart on page 5 of the RFA, explain why-

-If this application is for more than one major disability group, separately describe those services for each such group.

- How does the projected capacity of the proposed program differ from the current program, if applicable?

- Describe how individual service plans will be developed and maintained-

Extended Services- Four (4) pages are the maximum number permitted for this narrative, exclusive of the summary chart below.

Projected Number of Consumers to be Served in Extended Services- Utilizing the chart below, project the number of Extended consumers, in full-time equivalents and by funding source, who are to be served during the first year of the contract for this proposed program.

Funding Source	Number of FTE Consumers
VESID- OMRDD Transfers	
VESID Extended	
OMRDD	
OMH	

Total for Extended Services Program-

- If the applicant is not proposing to provide both Intensive and Extended services directly, what formal partnership has been made with another organization to provide this combination of services? Note that applications will not be accepted from organizations proposing to provide only Extended services. If a shared arrangement, provide documentation of the participation of the other organization and assurance that this applicant will assume responsibility for fiscal and reporting aspects of this program-

- For current providers, identify if the Extended program is currently at capacity. Identify also any differences in current capacity and in the projections made in the chart above-

- Describe the type and frequency of onsite and offsite interventions for Extended services-

- Describe how individual service plans will be developed and maintained-

D. QUALITY ASSURANCE- Four (4) page maximum narrative permitted. Only one Quality Assurance section is required from each applicant, even when more than one major disability group and/or geographic location is included in the application

- Describe how the applicant will measure the actual provision of the indicators (# served, # rehabilitated, direct service hours provided per individual) included in the chart in C. Service Provision above-

- What other measures of effectiveness will the organization include in its own quality assurance process? (Possible individual measures include types of employment, wages earned, hours worked, and number of placement, among others as appropriate to the proposed program.) How will the applicant address any needs for improvement identified in this process?-

- How will the applicant assure compliance with programmatic reporting requirements to VESID and CBVH counselors and offices and to NYISER reporting requirements of direct services hours?

- How does the applicant propose to measure consumer and employer satisfaction with supported employment services? How will it address any needs for improvement identified in this process?

Note to Applicants: The following Assurance documents are NOT to be included with your application. They are here for reference and will be included with contracts awarded as a result of this application process.

4.) SUBMISSION DOCUMENTS

**RESPONSE TO
REQUEST FOR APPLICATION -#03-
NEW YORK STATE EDUCATION DEPARTMENT**

Title: Supported Employment Services

To respond to RFA, which is noted above, you must complete all the documents that are contained in this package, signing each individual document as required. Attach any other pertinent information that responds to the information requested in the RFA and mail the documents by the due date that is stated on the cover of the RFA, in a sealed envelope labeled:

**NYS Education Department
Bureau of Fiscal Management
Contract Administration Unit
89 Washington Avenue, Room 409 EB
Albany, NY 12234**

Index of Documents:

Assurances:

- ◆ MacBride Certification
- ◆ Certification-Omnibus Procurement Act of 1992
- ◆ Certifications Regarding Lobbying; Debarment and Suspension; and Drug-Free Workplace Requirements

Signature Required

MacBride Certification

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:
MacBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

_____ Yes _____ No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

_____ Yes _____ No

Prepared by: _____

Company Name: _____

Typed Signature: _____

Title: _____

Date: _____

Proposal: _____

Commodity: _____

CERTIFICATION – OMNIBUS PROCUREMENT ACT OF 1992

The Omnibus Procurement Act of 1992 requires that by signing this RFP/bid proposal, contractors certify that whenever the total bid amount is greater than \$1 million:

1. The contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors on this project, and has retained the documentation of these efforts to be provided upon request to the State;
2. The contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;
3. The contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor; or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The contractor agrees to document these efforts and to provide said documentation to the State upon request;
4. The contractor acknowledges notice that New York State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

Name

Title

Company Name

Date

Required Assurances**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110--

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgement 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;

(c) 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)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

RFP #03-XXX

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Professional, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, and zip code)

Check if there are workplaces on file that are not identified here.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications. The applicant will provide immediate written notice to the NYSED Contract Administration Unit if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

NAME OF APPLICANT		PR/AWARD NUMBER AND / OR PROJECT NAME	
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE			
SIGNATURE		DATE	
CONTRACT YEAR		CONTRACT NUMBER	

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.610-

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Professional, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office building No. 3), Washington, DC 20202-4248. Notice shall include the identification number(s) of each affected grant.

