

STATE OF NEW YORK

JUDICIARY

—REQUEST FOR BID/PROPOSAL—

(This is not an order)  
**BID MUST BE MADE ON THIS SHEET  
 OR AS OTHERWISE SPECIFIED**

Elizabeth Daich  
 NYS Office of Court Administration  
 25 Beaver Street, R-878  
 New York, NY 10004  
 (Agency Name and Address)

Direct Inquiries to: Elizabeth Daich  
 Telephone No.: 212-428-2702  
 Email: EDaich@courts.state.ny.us

Price to include delivery to (describe exact location and method of delivery)

Per attached RFB/RFP Specifications

<b>Bid Number: OCA/P&amp;CS RFP# 001</b>	<b>Commodity Group:  Treatment Service Provider for Brooklyn Treatment Court</b>
<b>Issue Date: 02/18/2014</b>	
<b>Opening Date: 3/12/2014</b>	<b>Commodity Name:</b>
<b>Time: 1:00 PM</b>	

OFFICE OF GENERAL SERVICES "GENERAL SPECIFICATIONS" ARE FULLY INCORPORATED HEREIN.

Agency's Specification of item(s) Required (include quantities)	Bidder's Quotation and Specific Description of Item Offered
<p><b><u>UCS ATTACHMENTS I AND III</u> ATTACHED &amp; INCORPORATED HEREIN.</b></p> <p>Rental of an indoor pistol range to provide firearms training for court peace officers.</p>	<p>Respondents are to submit all required documentation and pricing in the format prescribed by the attached RFB/RFP Specifications.</p>

**NOTICE TO BIDDERS**

Pursuant to the Rules and Regulations of the Chief Administrator for the Courts, sealed responses for furnishing the item(s) in this Solicitation will be received at the above address. When submitting a response, you must:

1. Complete this form in its entirety using ink or typewriter and return with all other documents.
2. Explain any deviations or qualifications if your response deviates from the specifications. If necessary, attach a separate sheet setting forth such explanations.

3. Sign the Solicitation Forms. The Bid/Proposal response must be completed in the name of the respondent (corporate or other) and must be fully and properly executed by an authorized person.

4. INDICATE THE SOLICITATION NUMBER, THE OPENING DATE AND TIME ON THE ENVELOPE CONTAINING THE SEALED RESPONSE.

5. Mail the bid/proposal response to the above agency address in sufficient time for it to be received before the specified bid opening. **LATE RESPONSES WILL BE REJECTED.**

BIDDER HEREBY CERTIFIES THAT THE ABOVE QUOTED (OR OTHERWISE NOTED) PRICES ARE APPLICABLE TO ALL CUSTOMERS FOR COMPARABLE QUANTITIES, QUALITY, STYLES OR SERVICES.

**RESPONSES MUST BE SIGNED**

Bidder's Firm Name		Employer's Federal Identification Number	
Address Street	City	State	Zip
Bidder's Signature		Official Title	
Printed or Typed Copy of Signature		Area Code/ Telephone Number Email Address	

New York State Unified Court System  
Office of Court Administration  
Division of Professional and Court Services

Brooklyn Treatment Court  
Residential Substance Abuse Treatment Program  
For Court Referred Clients

Request for Proposals  
OCA/P&CS RFP #001

APPLICATION FORMS AND  
INSTRUCTIONS

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

**Contents**

- I. Background Information and Instructions
- II. Application Cover Sheet
- IV. Proposal Narrative
- V. Budget
- VI. Attachments Checklist

Exhibits/Appendices:

- Exhibit 1: Insurance Requirements
- Exhibit 2: Vendor Responsibility Requirements/Instructions
- Exhibit 3: Evaluation Tool

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

**I. Background Information and Instructions**

The Brooklyn Treatment Court (BTC) offers substance abuse treatment as an alternative to incarceration for nonviolent felony and misdemeanor drug offenders arrested in Brooklyn, New York.

By offering court-monitored treatment, the Brooklyn Treatment Court aims to break the damaging and costly cycle of addiction, crime, and incarceration. The Brooklyn Treatment Court strives to improve the life chances of its participants and to decrease the prevalence of drug addiction and drug-related crime in Brooklyn, New York.

Through grant funds from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT), grant TI-25432 the BTC will enhance its existing services by implementing a 90-Day Residential Rehabilitation Program (90-RRP) for its alcohol and/or opioid dependent population. This 90-RRP will enhance the treatment options currently available to this population by providing an intermediate residential treatment program. The program will also incorporate the optional use of vivitrol, an opioid receptor antagonist used effectively in the treatment of alcoholism and opioid addiction.

**A. Applicant Eligibility**

Awards will be made to qualified organizations which are non-profit entities, tax-exempt under the Internal Revenue Code.

Applicants must have facilities within the New York City and staff with the requisite training, knowledge and experience to provide BTC participants with a residential alternative for those participants who require more than a 28-day residential rehabilitation program, but do not need a long-term residential program.

**B. Funding**

Total available funding for the program is \$683,709 (\$227,903 per year for each year of the three-year term).

**C. Award Selection Criteria and Method of Award**

Proposals will be reviewed and rated by a committee

Funding will be awarded to the responsible applicant that receives the highest score in excess of the minimum score.

Proposals will be evaluated on the following criteria:

<u>Category</u>	<u>Point Value</u>
Organizational Capacity	15
Program Plan	50
Staffing Plan	15

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

Reasonableness of Cost	20
TOTAL POSSIBLE POINTS	100

(See Exhibit 3, Evaluation Tool for a detailed breakdown of the factors comprising each criterion). A minimum score of 85 is required for a contract to be awarded.

**D. Grant Contract**

The selected applicant will enter into a contract with UCS. Such agreements are subject to the review and approval of the Offices of the New York State Attorney General and the State Comptroller. The term of the contract is expected to be April 1, 2013 – September 28, 2016. New contracts will also have the option of a one-year no-cost renewal term. The terms of the contract are subject to the availability of funds from CSAT.

**E. Reporting Requirements**

Organizations awarded a contract will be required to submit fiscal and programmatic reports. The due dates, format and specific information to be contained in the reports will be articulated in the contract.

**F. Insurance Requirements**

Grant recipients will be required to maintain during the term of the contract: (i) workers' compensation and disability benefits insurance; (ii) commercial general liability insurance; and (iii) professional liability insurance. See Exhibit 1 for specific coverage requirements and documentation that must be submitted with application.

**G. Vendor Responsibility**

UCS is required to conduct a review of every organization with which it enters into a contract in order to provide reasonable assurances that the organization is responsible. Vendor responsibility is determined by a review of each prospective contractor's legal authority to do business in New York State, business integrity, financial and organizational resources, and performance history. Organizations applying for funding which, if awarded, would result in a new or amended contract with a total amount of \$100,000 or more are required to submit a Vendor Responsibility Questionnaire. See Exhibit 2 for detailed instructions on completion of the Vendor Responsibility Questionnaire.

**H. Questions**

All questions regarding this RFP must be in writing by email only to: Elizabeth Daich: [EDaich@nycourts.gov](mailto:EDaich@nycourts.gov). Indicate in "Subject" field: **OCA/P&CS RFP #001- Question(s)**.

The deadline to submit questions is March 10, 2014, before 12:00 pm. A Questions & Answers (Q&A) sheet will be posted on the UCS website a few days after the deadline for submission of questions.

**I. Application Submission Procedures/Deadline**

**OCA/P&CS RFP #001**  
**BID OPENING 03/12/14 1:00PM**

*Step One: complete the grant application*

Please follow the formatting instructions and page limits. Applications must be single-spaced with one inch page margins (not including attachments or financial forms) using a 12 point font. To facilitate photocopying, please do not permanently bind applications. An application includes the Application Cover Sheet, Proposal Narrative, Budget and Attachments.

*Step Two: assemble the following attachments:*

- A. Audited Financial Statement from the Most Recently Ended Fiscal Year
- B. Mission Statement
- C. Organizational chart
- D. Resumes and/or job descriptions of senior management and project staff.
- E. Photocopy of correspondence issued by the Internal Revenue Service that indicates the applicant's status as a tax-exempt organization
- F. Insurance Certificates (see Exhibit 1)
- G. Affirmative Action/EEO Policy
- H. Documentation of Current NY Charities Registration
- I. Documentation of Taxpayer Identification Number (TIN)
- J. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper

*Step Three: deliver the application with all required attachments*

Applications will not be accepted electronically or by fax. Applications must arrive at the address below no later than Wednesday, March 12, 2014, before 1:00 pm. Deliver ONE signed, hard copy original and THREE additional copies (four complete sets) of the Application to:

Elizabeth Daich  
New York State Office of Court Administration  
Division of Professional and Court Services  
25 Beaver Street  
New York, NY 10004, Rm 878

All envelopes/cartons must be labeled with the following information on two sides:

**“Deliver immediately to Elizabeth Daich”**  
**“Sealed Application - Do not open”**  
**“OCA/Professional and Court Services #001 – Due March 12, 2014 before 1pm”**

**OCA/P&CS RFP #001  
 BID OPENING 03/12/14 1:00PM**

**II. Application Cover Sheet**

Legal Name of Applicant Organization	
Executive Director/CEO	
Proposal Contact Person, Title, Phone Number and Email Address	
Total Budget of Organization	
Total FTE Staff Employed in Organization	
Number of FTE Staff Funded Under This Proposal	
Summary of Proposal (indicate principal program activities in 2 or 3 sentences)	
Total Funding Requested	
Address	
Phone	
Fax	
Email	
Website Address	
Federal Tax Identification No. (TIN)	
New York State Charities Registration Number (If exempt, please explain.)	
Executive Director or Chief Executive Officer Signature	

**OCA/P&CS RFP #001**  
**BID OPENING 03/12/14 1:00PM**

**III. Proposal Narrative**

**Organizational Capacity (Page limit: 3-pages, single spaced).**

The answers to the questions in this section should describe current programs and activities and demonstrate the existing capacity of the organization to provide services and to effectively and efficiently manage government-funded programming.

1. Briefly describe all of the organization's current principal activities.
2. Describe the organization's prior experience and expertise in providing services to the substance abuse population within the catchment area.
3. Describe how the funding requested in this RFP will enhance the overall mission and services that the organization currently provides.
4. Describe the organization's supervisory policies and procedures.
5. Describe the organization's mechanisms for assuring quality service.
6. Describe the organization policies and procedures in place to ensure client confidentiality.
7. Describe the organizations capacity to effectively manage government funded programming including but not limited to the ability to meet fiscal and programmatic reporting requirements, make effective use of technical assistance provided by funding entities, and work in partnership with the court.
8. Briefly describe the organization's: (a) internal controls procedure<sup>1</sup> and (b) role of senior program staff in developing and monitoring program budgets.
9. Describe any prior experience the organization has in providing services to court-referred clients.

**Program Description (Page limit: 5-pages, single spaced).**

The answers to the questions in this section should describe the new or enhanced services to be provided if awarded funding under this RFP.

1. Describe the facilities available for the program.
2. Describe the capacity of the program. Estimate the number clients that will be served during each year of the three year term.
3. Describe the intake process for potential clients referred to the program. Describe each step in the process.
4. Provide information regarding the service delivery method(s).
5. How will the program address special needs, for example, language barriers, physical disabilities, etc.

---

<sup>1</sup> Internal controls procedures are systematic methods such as reviews, checks and balances instituted by an organization to conduct its business in an orderly and efficient manner; safeguard its assets and resources; deter and detect errors, fraud and theft; ensure accuracy and completeness of accounting data; produce reliable and timely financial and management information; and ensure adherence to agency policies and plans.

**OCA/P&CS RFP #001**  
**BID OPENING 03/12/14 1:00PM**

6. Identify and describe partnerships and/or collaborations with medical providers, schools, community-based organizations or other entities that will participate as partners in the proposed program. Attach letters of support from the partner organization(s).
  - Linkage agreements with other departments of the applicant's organization or other organizations in the community that provide social services to the target population and that might result in greater client access to civil legal services.
7. Describe the process for reporting individual client progress to the court.

**Staffing Plan (Page limit: 2-pages, single spaced, not including resumes and/or job descriptions).**

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

**IV. Attachments Checklist**

Please place an X in each box for the document that is submitted.

	A. Audited Financial Statement from the Most Recently Ended Fiscal Year
	B. Mission Statement
	C. Organizational chart
	D. Resumes and/or job descriptions of senior management and project staff.
	E. Photocopy of correspondence issued by the Internal Revenue Service that indicates the applicant's status as a tax-exempt organization
	F. Insurance Certificates (see Exhibit 1)
	G. Affirmative Action/EEO Policy
	H. Documentation of Current NY Charities Registration
	I. Documentation of Taxpayer Identification Number (TIN)
	J. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

**Exhibit 1  
INSURANCE REQUIREMENTS**

Grant recipients will be required to maintain, during the term of the contract, the following insurance coverage:

1. Workers' compensation and disability benefits insurance coverage as required under NYS law. Proof of workers' compensation insurance and disability benefits insurance must be provided with the grant application. If applicant is legally exempt from such coverage, proof of exemption must be provided. The only forms acceptable as evidence of these insurance requirements are:

Proof of Workers' Compensation Coverage

- Form C-105.2 - Certificate of Workers' Compensation Insurance issued by private insurance carriers; or
- Form U-26.3 issued by the State Insurance Fund; or
- Form SI-12 - Certificate of Workers' Compensation Self-Insurance; or
- Form GSI-105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance; or
- Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Proof of Disability Benefits Coverage

- Form DB-120.1 - Certificate of Disability Benefits Insurance, or
- Form DB-155 - Certificate of Disability Benefits Self-Insurance; or
- Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Please note that an ACORD Certificate of Insurance is NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage. Applicants should obtain the appropriate Workers' Compensation Board forms from their insurance carrier or licensed agent, or follow the procedures set forth by the Workers' Compensation Board for obtaining an exemption from coverage. Required forms and procedures may be obtained on the Workers' Compensation Board website at [www.wcb.ny.gov/](http://www.wcb.ny.gov/) and click on 'Employers/Businesses' and/or 'Forms'. Any questions regarding workers' compensation coverage requirements should be directed to:

Workers' Compensation Board  
Bureau of Compliance  
(518) 462-882  
(866) 298-7830

Applicants awarded funding (whether through a new or amended contract) will be required to provide updated certificates of workers' compensation and disability benefits coverage that name the Unified Court System as the certificate holder if the applicable form has a space for a certificate holder to be listed. The carrier must enter:

New York State Unified Court System

The insurance carrier will notify the certificate holder if a policy is canceled.

2. Commercial General Liability Insurance (bodily injury and property damage on an occurrence basis), contractual and products/completed operations liability coverage, and auto liability with minimum limits as

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

follows:

Bodily Injury and Property Damage	\$1 million, per occurrence, \$2 million, aggregate
Personal Injury and Advertising	\$1 million aggregate
Contractual and Products/ Completed Operations Liability	\$2 million aggregate
Auto Liability, Combined single limits	\$1 million

Commercial general liability insurance coverage must be obtained from commercial insurance carriers licensed to do business in the State of New York. Proof of applicant's commercial general liability insurance coverage must be submitted with the grant application. Applicants awarded funding will be required to submit an updated certificate naming UCS as an additional insured or loss payee as appropriate and providing for at least thirty (30) days advance written notice to UCS of cancellation or non-renewal. The updated certificate must be submitted prior to finalization of the contract.

Products completed operations insurance coverage is not required if applicant provides written documentation prior to finalization of an awarded contract that the organization's commercial general insurance policy does not include coverage for products-completed operations. Automobile liability insurance is not required if applicant does not use vehicles in its operations.

3. Professional liability insurance in the amount of \$1,000,000 for all of applicant's professional employees that will perform with grant funding. Proof of applicant's professional liability insurance coverage must be submitted with the grant application. Organizations awarded funding will be required to contractually agree to obtain tail coverage for a minimum of two years in the event that the organization's professional liability coverage policy is terminated and either: (i) there is no replacement policy; or (ii) the replacement policy does not cover claims made against the organization based on events that occurred prior to the effective date of the new policy.

**OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM**

**Exhibit 2**

**VENDOR RESPONSIBILITY REQUIREMENTS**

The New York State Unified Court System (UCS) is required to conduct a review of a prospective contractor to provide reasonable assurances that the vendor is responsible. The Vendor Responsibility Questionnaire, a required component of all UCS solicitations, is designed to provide information to assist the UCS in assessing a vendor's responsibility prior to entering into a contract with the vendor. Vendor responsibility is determined by a review of each prospective contractor's legal authority to do business in NYS, business integrity, financial and organizational resources, and performance history (including references).

UCS recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep system maintained by the Office of the State Comptroller.

If you are already enrolled, go directly to the VendRep System online at: <https://portal.osc.state.ny.us>. To enroll, see the VendRep System Instructions available at: [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm). Vendors must provide their NYS Vendor Identification Number when enrolling.

Alternatively, vendors may choose to complete and submit a paper questionnaire. Vendors opting to complete and submit a paper questionnaire can obtain the appropriate form from the VendRep website: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm).

To request assignment of a Vendor Identification Number or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

**VENDOR RESPONSIBILITY ACKNOWLEDGMENT**

Please complete either option 1 or option 2 below:

**OPTION 1:  Vendor Responsibility Questionnaire filed online via the VendRep System**

*If you have selected Option 1, please complete the following. The required signature is an acknowledgment that the questionnaire has been filed and certified directly on the OSC VendRep system.*

**ORGANIZATION NAME:** \_\_\_\_\_

**NAME/TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OPTION 2:  Paper Vendor Responsibility Questionnaire Form Attached**

OCA/P&CS RFP #001  
BID OPENING 03/12/14 1:00PM

EXHIBIT 3  
EVALUATION TOOL  
SUMMARY RATING SHEET

APPLICANT: \_\_\_\_\_

COUNTIES TO BE SERVED: \_\_\_\_\_

- |  |          |
|--|----------|
| A. ORGANIZATIONAL CAPACITY (15 POINTS) | A. _____ |
| B. PROGRAM PLAN (50 POINTS)            | B. _____ |
| C. STAFFING PLAN (15 POINTS)           | C. _____ |
| D. REASONABLENESS OF COST (20 POINTS)  | D. _____ |

A minimum score of 80 is required for a contract to be awarded.

TOTAL \_\_\_\_\_

EVALUATOR (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

### EXHIBIT 4

The budget submitted must cover the initial 12-month period April 1, 2014-March 31, 2015.

Total Funding Requested   
Balanced Budget?

**Personal Service Expenses**

**Salaries**

	Title/Category	Incumbent/Vacant	Salary	FTE	Salary at 100% FTE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

**Total salaries:** - **0.0**

Fringe Rate

**Fringe Benefits**

Medical benefits	
Dental and/or vision benefits	
Deferred compensation plan	
Defined benefit plan	
Federal Insurance Contributions Act (FICA) tax	
Other employee benefits	
<b>Total</b>	-

**Total Personal Service Expenses** -

**Non Personal Expenses**

Supplies

**Travel**

Routine Travel

Conference/Meeting Travel

**Total** -

Equipment, Furniture, Software & Other Fixed Assets

Rentals, Lease & Repairs of Equipment

Real Estate Rentals/Utilities

Postage & Shipping

Printing

Telecommunications

Insurance Fees

Legal Reference

Consultant Trainer Fees and Honoraria

Food and Beverage

**Total** -

**Miscellaneous Expenses**

Professional Association Dues / License Fees

Conference Registration Fees

Meeting Space Rental / Miscellaneous Meeting Expenses

Transcripts

Other Expenses

**Total** -

**Services**

Legal

Accounting/Audit

Consultant Bookkeeping

Information Technology Support

Public Relations

Janitorial

Records Management

Temporary Staffing

Experts

Other Services

**Total** -

**Total Non Personal Service Expenses** -

Indirect Costs

**Total Expenses:**