

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

City of Newburgh  
Adult Drug Treatment Court

Request for Proposals  
OCA/P&CS RFP #016

**APPLICATION FORMS AND  
INSTRUCTIONS**

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**I. Background Information**

The City of Newburgh Drug Treatment Court (DTC) offers substance abuse treatment as an alternative to incarceration for individuals 16 years or older, who are currently charged with a non-violent misdemeanor drug offense or drug driven offense, or violation of probation stemming from a non-violent drug offense or drug driven offense in Orange County, New York. The DTC strives to improve screening, assessment, and monitoring of this high-risk/high-need population.

Through grant funds from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, the Newburgh City Court will enhance its existing services by contracting with a New York State Office of Alcoholism and Substance Abuse (OASAS) licensed facility or a non-profit organization that has the capacity and infrastructure to provide recovery support services to Phase III drug court participants. The individual/agency should have experience working with high risk and underserved individuals in culturally diverse communities. While these are minimum qualifications for this assignment consideration may be given to experience directly related to the assignment.

The Contractor will be responsible for working with drug court staff to develop a program that will provide recovery support and relapse prevention services for Phase III drug court participants, while also assisting participants in identifying and connecting to recovery support services. This individual will also facilitate support groups and/or workshops that address relapse prevention, vocational/educational goals, life skills and job readiness and provide wellness information and activities to help foster positive change. Court personnel will work closely with the Contractor to develop individualized/group recovery and wellness plans for Phase III participants and the Contractor will attend court sessions and treatment court meeting as necessary. Written and verbal reports must be provided regarding the participants' attendance and compliance with respect to recovery support. The Contractor will work with participants to promote long-term recovery through skill building, wellness education, employment readiness and other social activities and will ensure that services are accessible during daytime and evening hours, in order to meet the need of Phase III participants. The Contractor will be required to conduct 50 groups/workshops and provide 75 individual coaching session for the contract period. Funding is available for per diem recovery support services that include but is not limited to 50 workshops/groups and 75 individual coaching sessions.

**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 Orange County and staff with the requisite training, knowledge and experience to effectively administer the program.

**B. Funding**

Total available funding for the program is \$30,000 over the project term: February 1, 2016 – September 30, 2017. Proposals totaling more than \$30,000 will not be considered.

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

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Proposals will be reviewed and rated by a selection committee comprised of staff of the Brooklyn Supreme Court and/or the Office of Court Administration.

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
Reasonableness of Cost	20
<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

(See Exhibit 3, Evaluation Tool for a detailed breakdown of the factors comprising each criterion). A minimum score of 80 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 February 1, 2016 – September, 30 2017 with the option for a one year no cost extension if the grant is extended.

**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.

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**H. Questions**

All questions regarding this RFP must be in writing by email only to Amelia Hershberger: [ahershbe@nycourts.gov](mailto:ahershbe@nycourts.gov). Indicate in "Subject" field: **OCA/P&CS RFP #016- Question(s)**.

The deadline to submit questions is January 15, 2016, 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**

*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 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 Friday, January 29, 2016, before 1:00 pm. Deliver ONE signed, hard copy original and THREE additional copies (four complete sets) of the Application to:

Amelia Hershberger  
New York State Office of Court Administration  
Division of Professional and Court Services  
2500 Pond View, Suite 104  
Castleton-on-Hudson, NY 12033

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

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**“Deliver immediately to Amelia Hershberger”  
“Sealed Application - Do not open”  
“OCA/Professional and Court Services #016 – Due January 29, 2016 at 1PM”**

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**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	

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**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 experience and expertise in providing services to the substance and/or mental health population.
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 policies and procedures in place to ensure client confidentiality during screening and assessments.
5. 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.
6. 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.

**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 intake process for potential clients referred to the program, for example, screening and assessments. Describe each step in the process.
3. Describe the organizations experience with skill building, recreation, education, wellness, employment readiness, civic restoration, and other pro-social activities.
4. Briefly explain the organizations patient-centered treatment planning, which included risk assessment and crisis planning, while integrating peer support, counselor services, and family support.
5. Provide information regarding the service delivery method(s).
6. Explain how the program will address special needs, for example, language barriers, physical disabilities, etc.

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<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.

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7. Describe any prior experience the organization has in providing services to court-referred clients and experience developing an effective working relationship with the court.
8. Describe the proposed process for reporting individual client progress to the court.
9. Identify and describe partnerships and/or collaborations with medical providers, community-based organizations or other entities that will participate as partners in the proposed program.

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

1. Describe the staffing plan for the program including the functions of each staff category included in the project budget.
2. Describe the proposed supervisory structure of the program.
3. Beyond meeting requirements of laws governing discrimination of individuals in protected classes, describe the practices and methods by which your agency will attract and maintain a diverse and culturally competent workforce.

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**IV. Budget**

**Line Item Budget**

The proposal must include a line-item budget articulating anticipated expenses during the grant period February 1, 2016-September 30, 2017 (1 year, 8 months) for which available funding is estimated at \$30,000.

Proposals with a total cost in excess of \$30,000 will not be considered.

Line item budgets must be submitted on the worksheet included as Appendix A.

**Budget Narrative**

Include a brief budget narrative providing explanation of each non-personnel item.

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**V. Required 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 (for incumbents) and job descriptions of all 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

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**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 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.

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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 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.

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**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 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). The questionnaire is not required for this solicitation but completion assists UCS in its determination of responsibility.

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**

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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 85 is required for a contract to be awarded.

TOTAL \_\_\_\_\_

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

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

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

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**DETAIL RATING SHEETS**

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

**REVIEWER:** \_\_\_\_\_

**A. ORGANIZATIONAL CAPACITY (15 POINTS TOTAL)**

A1. Evaluate the extent to which the applicant demonstrates that the organization is organized with a mission that aligns with the services to be provided under this program (3 points).

A1. \_\_\_\_\_

A2. Evaluate the extent to which the applicant demonstrates the capacity to establish and maintain an effective working relationship with the court (2 points).

A2. \_\_\_\_\_

A3. Evaluate the extent to which the applicant demonstrates that the organization has instituted mechanisms likely to result in high quality services, taking into account significant developments which may impact on the ability to institute such mechanisms (4 points).

A3. \_\_\_\_\_

A4. Evaluate the policies and procedures in place to ensure client confidentiality (3 points).

A4. \_\_\_\_\_

A5. Evaluate the ability of the organization to effectively manage government funded programs (3 points)

A5. \_\_\_\_\_

**SUBTOTAL FOR PART "A" (A1 + A2 + A3 + A4) \_\_\_\_\_**

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**B. PROGRAM PLAN (50 POINTS TOTAL)**

B1. Evaluate the extent to which the applicant proposes facilities adequate for the program (6 points)

B1. \_\_\_\_\_

B2. Evaluate the proposed intake process for potential clients referred to the program, service delivery and client progress reporting plan. (12 points)

B2. \_\_\_\_\_

B3. Evaluate how the program will address special needs, for example, language barriers, physical disabilities, etc. (3 points)

B3. \_\_\_\_\_

B4. Evaluate the organizations experience with skill building, recreation, education, wellness, employment readiness, civic restoration, and other pro-social activities. (12 points)

B4. \_\_\_\_\_

B5. Evaluate the organizations patient-centered treatment planning, which included risk assessment and crisis planning, while integrating peer support, counselor services, and family support.  
(12 points)

B5. \_\_\_\_\_

B6. Evaluate the collaborative nature of the proposed program (5 points)

B6. \_\_\_\_\_

**SUBTOTAL FOR PART "B" (B1 + B2 + B3 + B4 + B5): \_\_\_\_\_**

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**C. STAFFING PLAN (15 POINTS TOTAL)**

C1. Evaluate the extent to which the applicant proposes a staffing plan that is adequate for the operation of the program (10 points)

B1. \_\_\_\_\_

C2. Evaluate the appropriateness of the proposed supervisory structure. (8 points)

B2. \_\_\_\_\_

C3. Evaluate the plan to attract and maintain a diverse and culturally competent workforce (2 points)

B3. \_\_\_\_\_

**SUBTOTAL FOR PART "C" (C1 + C2 + C3) \_\_\_\_\_**

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**D. REASONABLENESS OF COST: OVERALL BUDGET (20 POINTS TOTAL)**

D1. Evaluate the extent to which the salaries and fringe benefits for the proposed program are appropriate for the positions listed in the proposal. (10 points)

D1. \_\_\_\_\_

D2. Evaluate the extent to which the non-personnel service costs included in the budget are reasonable for the operation of the proposed program. (5 points)

D2. \_\_\_\_\_

D3. Evaluate the extent to which the percentage of UCS funds allocated for the support of administrative and/or indirect costs are reasonable. (5 points)

D3. \_\_\_\_\_

**SUBTOTAL FOR PART "D" (D1 + D2 + D3) \_\_\_\_\_**