



# GOVERNOR'S OFFICE OF STORM RECOVERY

Andrew M. Cuomo  
Governor

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*Executive Director*



## HOUSING TRUST FUND CORPORATION

Governor's Office of Storm Recovery

Notice of Funding Availability

for

Establish the East Shore Local Development Corporation (ESLDC)

Program Implementation and Administration Services

Tier 1 – Requests for Statements of Qualifications

March 20, 2015

Responses must be received by  
6:00 p.m. (Eastern), April 20, 2015

## Table of Contents

<b>1.0 GENERAL INFORMATION.....</b>	<b>3</b>
1.1 Overview .....	3
1.2 Purpose .....	3
1.3 Service Delivery Areas.....	4
1.4 Funding Source.....	4
1.5 Period of Performance.....	4
<b>2.0 EVALUATION AND SELECTION .....</b>	<b>4</b>
2.1 Review Information and Selection Criteria.....	4
2.2 Eligible Participants.....	5
2.3 Evaluation Criteria for Potential Service Providers.....	6
<b>3.0 RESPONDENT REQUIREMENTS .....</b>	<b>7</b>
3.1 Request for Statements of Qualifications.....	7
3.2 Submission Requirements .....	7
3.3 Respondent General Information .....	8
3.4 Respondent Capacity .....	9
3.5 Respondent Proposed Scope of Work .....	10
<b>4.0 ADMINISTRATION INFORMATION .....</b>	<b>10</b>
4.1 Respondents’ Conference and Questions.....	10
4.2 Establish the East Shore Local Development Corporation NOFA Timeline .....	11
4.3 Proposal Instructions .....	11
<b>EXHIBIT A</b>	
Submittal Checklist	
Part II--Statement of Qualifications Form	

## 1.0 GENERAL INFORMATION

### 1.1 Overview:

The Governor’s Office of Storm Recovery (GOSR) announces this Notice of Funding Availability (NOFA) through the NY Rising Community Reconstruction (NYRCR) Program to seek Statements of Qualifications from eligible participants<sup>1</sup> to provide program implementation and administration services required in the implementation of the Establish the East Shore Local Development Corporation (ESLDC) Program.

It is the intent of GOSR to provide the needed funding to cover costs in the implementation of the ESLDC Program within the NYRCR Community of the East Shore of Staten Island (the “Program”). The Program was recommended by the NYRCR Staten Island Planning Committee and is included in their NYRCR Plan, available here:

[http://stormrecovery.ny.gov/sites/default/files/crp/community/documents/statenisland\\_nyrcr\\_plan\\_66mb.pdf](http://stormrecovery.ny.gov/sites/default/files/crp/community/documents/statenisland_nyrcr_plan_66mb.pdf)

### 1.2 Purpose:

The overall purpose of the Program is to create an economic development organization whose mission will be to promote the East Shore of Staten Island to potential business owners/lessees in an effort to attract a mix of retailers and consumers, creating destination retail districts along commercial corridors impacted by Superstorm Sandy.

The Program will enhance commercial districts and attract consumers along the Island’s East Shore<sup>2</sup> commercial corridors. To further these efforts, the Program may:

- Provide marketing for local businesses;
- Create a cohesive retail strategy for the area;
- Acquire properties to be redeveloped;
- Assist in obtaining financing;
- Advocate for smaller businesses that characterize the area; and/or
- Provide streetscape enhancement to beautify the commercial corridors.

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<sup>1</sup> See Section 2.2: Eligible Participants include units of general local government, certified nonprofit organizations, appropriate State agencies, and public benefit corporations

<sup>2</sup> See Section 1.3: East Shore neighborhoods include but are not limited to Midland Beach, New Dorp Beach, and South Beach, Staten Island

### 1.3 Service Delivery Areas:

The Program will be located on the East Shore of Staten Island with the potential to impact a population of approximately 74,344 persons. East Shore neighborhoods include but are not limited to Midland Beach, New Dorp Beach, and South Beach, Staten Island.

### 1.4 Funding Source:

GOSR has allotted up to \$600,000 to fund this program through the State of New York's Community Development Block Grant-Disaster Recovery (CDBG-DR) Program administered by HUD. More specifically, these funds are being made available through the GOSR NY Rising Community Reconstruction (NYRCR) Program.

It is expected that the administrator of the Program will leverage other funds and the program will continue past the two-year expiration of CDBG-DR funding.

### 1.5 Period of Performance:

- Funds will be provided for a period of up to two (2) years
  - Estimated Project Start Date: 3<sup>rd</sup> Quarter, 2015
  - Estimated Project End Date: 3<sup>rd</sup> Quarter, 2017

## 2.0 EVALUATION AND SELECTION

### 2.1 Review Information and Selection Criteria:

The selection of a successful respondent will be conducted through a two-tier process:

- Tier 1—Request for Statements of Qualifications (SOQ); and
- Tier 2—Request for Cost Proposals.

The SOQ process will determine whether a respondent is eligible to move forward to the Tier 2—Request for Cost Proposals. All respondents must successfully complete both tiers in order to be considered for selection and funding.

- **Tier 1—Request for Statements of Qualifications**

The purpose of the Tier 1 process is to solicit Statements of Qualifications from eligible, capable, and willing respondents describing their qualification to implement the Program consistently, for up to a two-year period.

In the Tier 1 process, respondents are requested to complete *Exhibit A, Qualifications Statement* and provide the information requested. Statements must be filed electronically in Portable Document Format (.pdf) file format, compatible with Adobe Reader XI, version 11.0.4. Statements will be reviewed to determine the respondent’s capacity and qualifications to provide the services. If deemed qualified, the respondent will be requested to complete the Tier 2, Request for Cost Proposals, process.

- **Tier 2—Request for Cost Proposals**

The purpose of the Tier 2 process is to secure cost proposals from qualified respondents to implement the program in accordance with the program scope of work to be performed within the service delivery area.

## 2.2 Eligible Participants:

- Unit of general local government
- Certified nonprofit organizations (Having IRS 501(c)(3) status)
- Appropriate state agencies
- Public benefit corporations

## 2.3 Evaluation Criteria for Potential Service Providers:

Respondents to this NOFA will be evaluated and ranked based on the following criteria: (Possible 100 Points)

Financial Capacity: Up to 25 Points

GOSR will review the Statement of Qualifications to determine whether the respondent is solvent and has adequate resources to manage the proposed project for up to a two-year period. The respondent will also be evaluated on its experience in managing federal funding. Respondents are encouraged to identify funding outside of this opportunity to leverage funds that will best serve residents in the identified service areas.

Experience:

Up to 25 Points

GOSR will review the Statement of Qualifications to determine the respondent's experience and major accomplishments in providing the requested services to populations that have been affected by a major disaster; the respondent's capacity to track and monitor the progress of the services and/or activities utilizing CDBG-DR and/or other federal funds; the capacity of the respondent to ensure compliance with federal policy and procedural requirements; the respondents willingness to work with local non-profit partners in the identified service areas and existing or proposed relationships with those organizations; and experience working with East Shore, Staten Island businesses and/or past experience managing/working with Local Development Corporations.

Proposed Preliminary Scope of Work:

Up to 20 Points

GOSR will review the Statement of Qualifications to assess how the respondent will partner with local non-profit organizations, elected officials, and civic groups in the implementation of the requested services. Respondents are required to submit how they intend to operate the ESLDC in a way that will help with the economic recovery of the East Shore, Staten Island and leverage other funds to further those goals.

Staffing:

Up to 20 Points

GOSR will review the Statement of Qualifications to determine: (1) the experience and knowledge of key executive and/or management staff responsible for Program implementation; (2) the experience and knowledge of the staff responsible for the oversight of CDBG-DR expenditures, fiscal compliance, and/or reporting responsibilities; (3) the experience and knowledge of staff designated to provide direct services; and (4) the extent to which local non-profit organizations are included in the delivery of the requested services.

Regulatory Compliance:

Up to 10 Points

GOSR will review the Statement of Qualifications to determine respondent's demonstrated commitment to complying with all applicable federal, state, and local regulations, including M/WBE and Section 3 utilization and hiring requirements. See Attachment 1 "Exhibit E: Supplementary Conditions for Contracts" ([http://stormrecovery.ny.gov/sites/default/files/uploads/gosr\\_exhibit\\_e\\_final\\_2.13.15.pdf](http://stormrecovery.ny.gov/sites/default/files/uploads/gosr_exhibit_e_final_2.13.15.pdf)) which is an exhibit to the GOSR Subrecipient Agreement required to be attached to and incorporated into contracts where CDBG-DR grant funds are utilized. Respondents that demonstrate experience in compliantly administering contracts with similar requirements will be graded favorably. Please note that the forms included in Exhibit E do not have to be filled out as part of this SOQ and will only be required to be completed by those respondents that have been selected for funding.

Respondents that GOSR determines to be eligible, based on the above criteria, will be invited to participate in the Tier 2 Process. GOSR will send written notifications to both successful and unsuccessful respondents. Interviews with respondents may be held.

### 3.0 RESPONDENT REQUIREMENTS

#### 3.1 Requests for Statements of Qualifications:

Respondents are requested to complete Exhibit A and provide the supplemental documentation requested in Part II.

Statements of Qualifications will be reviewed to determine the eligibility of an organization to be considered for participation in the Tier 2 Process.

Statements of Qualifications must be filed electronically in Portable Document Format (.pdf) file format, compatible with Adobe Reader XI, version 11.0.4. Unless otherwise noted, respondents must complete and submit all forms, information, and other documentation listed herein as part of their electronic proposal submissions. Only complete statements will be evaluated. In all instances, GOSR's determination regarding the completeness of any statement shall be final.

Statements of Qualifications must be delivered by e-mail to [NYRisingNOFA@stormrecovery.ny.gov](mailto:NYRisingNOFA@stormrecovery.ny.gov) no later than: **Monday, April 20, 2015 at 6:00 p.m. (EDT)**. GOSR reserves the right to disqualify any statement delivered after 6:00 p.m. (EDT).

Delivery delays shall not excuse late submissions. The respondent is responsible for ensuring that e-mails and attachments are delivered on time in a legible format. Complete statements, including all multiple parts, must be received by the deadline in order for a statement to be considered submitted on time. Those submitting a statement assume all risks associated with delivery. The determination of whether any statement was received on time is at the sole discretion of GOSR.

#### 3.2 Submission Requirements:

All respondents are required to submit a completed "Exhibit A" in accordance with the following:

- All responses must be typed;
- Ensure the completed Statement of Qualifications "Submittal Checklist" (Page 1 of "Exhibit A") is part of the official response to this NOFA; and

- Ensure all sections (see below) of the Statement of Qualifications “Application” are complete.

### 3.3 Respondent General Information: (See Part A-Respondent Information)

#### 1. General Information:

- Respondent’s Legal Name
- Respondent’s Administration Address
- Respondent’s Satellite Address, if applicable
- Type of Respondent
- Federal Tax I. D. Number
- Date of Incorporation
- DUNS Number
- Years of Operation
- Head of Organization’s Contact Information
- Head of Fiscal Administration Contact Information
- Statement of Qualifications (SOQ) Respondent Contact Information

#### 2. Current Target Population Information:

Include types/categories of clientele the respondent currently serves/provides assistance.

#### 3. Current Service Delivery Information:

Explain how services are currently provided (individuals; businesses; organizations) and the types of services the respondent currently provides to clientele.

#### 4. Current Service Location/Project Site Information:

Provide all current location/addresses where current clientele are able to access the respondent’s services or assistance. Ensure complete addresses with zip codes are listed. If the respondent currently serves targeted areas/neighborhoods as a citywide program, provide specific details in the “Neighborhood/Communities Served” section.

#### 5. Current Roster of Board Members and Professions:

List respondent’s current Board of Directors. For each member, list the member’s name, position, profession/affiliation; indicate whether the member represents the target population currently served, and indicate whether the member resides in the service delivery areas or Communities listed in the previous section of the Statement of Qualifications (SOQ) form.



### 3.4 Respondent Capacity: (See Part B-Administrative Capacity)

#### 1. Financial Information:

- Most current copy of respondent's federal A-133 Single Audit (required if respondent spent over \$500,000 in federal funds) or Audited Financial Statements with Unqualified Opinion, if applicable—not required for Non-Governmental respondents;
- Most current signed copy of the respondent's Federal Tax Form 990—not required for Non-Governmental respondents;
- Most current signed copy of respondent's applicable state and local tax forms;
- Assurance of Audit Requirements;
- Respondent's Financial Management Procedures; and
- Respondent's Procurement Policy.

The above documents will be reviewed to determine whether the respondent is solvent and has the financial capacity to administer a CDBG-DR project from beginning to end in a twenty-four (24) to thirty-six (36) month period and whether the respondent has adequate financial management capacity and procedures for federal funding.

#### 2. Relevant Experience:

Briefly highlight respondent's experience and major accomplishments in the development and implementation of Local Development Corporations. The respondent's experience working with businesses in the East Shore community of Staten Island before and after Superstorm Sandy and knowledge of the commercial corridors in these neighborhoods should be highlighted.

#### 3. Staffing:

Submit current organizational charts for entire respondent organization and for specific divisions/sections that will administer respondent's proposed CDBG-DR activities:

- Executive Management
- Financial Oversight of Expenditures
- Fiscal Compliance
- Financial Reporting
- Project Management
- Administrative Oversight
- Program Compliance
- Program Reporting

NOTE: Resumes, which include the employment history, date of hire, relevant experience, and relevant education/training must be submitted as part of the SOQ submission package for individuals who would be responsible for managing this Program.

NOTE: In the SOQ process, respondents will be asked to certify that there are no changes in the staffing information provided in this section. If changes have occurred, the respondent will need to resubmit Section B.3 of this SOQ during the NOFA process. The new information will be evaluated to confirm the respondents' "Qualified" status before the SOQ will be reviewed.

### **3.5 Respondent Proposed Scope of Work: (See Part C-Program Implementation and Coordination)**

#### **1. Proposed Preliminary Scope of Work:**

Respondents are encouraged to partner with local non-profit organizations, elected officials, and civic groups in the implementation of the requested services and will score higher in the evaluation process. Respondents are required to submit statements on how they envision partnering with these entities, how they intend to operate the ESLDC in a way that will help with the economic recovery of the East Shore, Staten Island, and leverage other funds to further those goals.

## **4.0 ADMINISTRATION INFORMATION**

### **4.1 Respondents' Conference and Questions:**

On **Thursday, April 9, 2015** (time to be announced) GOSR will conduct a conference for potential respondents to discuss this NOFA, accept questions, and provide preliminary responses. Any changes to the date and time of the conference will be posted on the GOSR "Procurement Opportunities" webpage:

<http://stormrecovery.ny.gov/procurement-opportunities>

GOSR strongly encourages interested respondents to check the Procurement Opportunities webpage frequently for updates and additional information pertaining to this NOFA: <http://stormrecovery.ny.gov/procurement-opportunities>

Respondents may also submit questions outside of the conference by e-mail to [NYRisingNOFA@stormrecovery.ny.gov](mailto:NYRisingNOFA@stormrecovery.ny.gov). Any correspondence or questions sent to any other e-mail address regarding this NOFA will not be answered. All questions must reference this specific NOFA in the subject line of the e-mail. For Example, the subject line for questions related to this NOFA should read *RE: NOFA Question – Establish the East Shore Local Development Corporation*. All substantive questions and answers, including

any substantive questions arising from the respondents’ conference, will be posted on the GOSR “Procurement Opportunities” webpage listed above as soon as practical following the deadline for question submission.

**4.2 Establish East Shore Local Development Corporation Program NOFA Timeline:**

The following are anticipated target dates for each event or deadline related to this NOFA. Please note that the NOFA timeline includes target dates that may change:

TARGET DATE	EVENT
March 20, 2015	Release of NOFA
April 9, 2015	Anticipated Respondents’ Conference (time TBA)
April 14, 2015	<b>Last Day to Submit Questions – 6:00 p.m. (Eastern)</b>
April 16, 2015	Issuance of Answers to Questions
April 20, 2015	<b>SOQ Submission Deadline – 6:00 p.m. (Eastern)</b>
May, 2015	Tier 1 Finalist Interviews (if applicable)
May, 2015	Tier 2 Target Date for Selection

It is the responsibility of respondents to periodically review the GOSR websites for regular updates to the NOFA timeline and other important information, which may alter the terms or requirements of the NOFA.

**4.3 Proposal Instructions:**

Statements of Qualifications shall be submitted by e-mail to:

**E-mail:**

Governor’s Office of Storm Recovery  
[NYRisingNOFA@stormrecovery.ny.gov](mailto:NYRisingNOFA@stormrecovery.ny.gov)

E-mail Subject Title:

*Establish the East Shore Local Development Corporation—Submission of Statement of Qualifications*



“EXHIBIT A”

GOVERNOR’S OFFICE OF STORM RECOVERY  
NY RISING COMMUNITY RECONSTRUCTION PROGRAM

NOTICE OF FUNDING AVAILABILITY (NOFA)  
TIER 1—REQUEST FOR STATEMENTS OF QUALIFICATIONS

**ESTABLISH THE EAST SHORE LOCAL DEVELOPMENT CORPORATION (ESLDC)**  
PROGRAM IMPLEMENTATION AND ADMINISTRATION SERVICES

**STATEMENT OF QUALIFICATIONS (SOQ)  
SUBMITTAL CHECKLIST**

Name of Respondent: \_\_\_\_\_

**INSTRUCTIONS**

Enter an “X” next to each item below as it is completed. If the form or document listed does not apply to your organization, enter “N/A” next to the item. This checklist must be included as part of your SOQ response packet.

**SOQ: Required of All Respondents**

	Statement of Qualifications Submittal Checklist (this form)
	Statement of Qualifications (Part II)

**FISCAL DOCUMENTS: Required of All Respondents that are Non-Governmental Entities**

	Signed copies of Audited 2012/2013 Financial Statements with <u>Unqualified Opinion</u>
	Signed copies of 2012/2013 Single Audit Reports (only required of respondents that are non-governmental agencies that spent <u>\$500,000 or more in federal funds during 2012/2013 with Unqualified Opinion.</u>
	Signed copies of 2012/2013 Federal Tax Forms
	Signed copies of 2012 2013 State Tax Forms
	Signed copies of 2012/2013 Local Tax Forms

**FISCAL DOCUMENTS: Required of All Respondents**

	Assurance of Audit Requirements
	Financial Management Procedures
	Procurement Policy

**RESPONDENT DOCUMENTS: Required of All Respondents**

	Respondent Organization Chart (Entire Organization)
	Respondent Organization Chart (Each Division/Section that will administer Establish the East Shore Local Development Corporation)
	Resume of Respondent's Key Executive or Management Staff <ul style="list-style-type: none"> <li>• Title</li> <li>• Tenure at current position</li> <li>• Main responsibilities</li> <li>• Experience, skills and education</li> </ul>
	Resume of the Responsible Party for the Financial Oversight of CDBG-DR Expenditures, Fiscal Compliance, and/or Reporting Responsibilities for Proposed CDBG-DR Activities <ul style="list-style-type: none"> <li>• Title</li> <li>• Tenure at current position</li> <li>• Main responsibilities</li> <li>• Specific experience, skills and education related to fiscal oversight of funding expenditures, fiscal compliance and/or the preparation and compilation/completion of reimbursement requests and other fiscal reports</li> </ul>
	Resume of the Responsible Party for the direct Project Management/Administrative Oversight, Program Compliance, and/or Reporting for Proposed CDBG Activities <ul style="list-style-type: none"> <li>• Title</li> <li>• Tenure at current position</li> <li>• Main responsibilities</li> <li>• Specific experience, skills and education related to program oversight, program compliance and/or the preparation and compilation/completion of program reports</li> </ul>

**Signature and Certification:**

The undersigned hereby acknowledges and confirms submittal of a response to the NOFA requesting Statements of Qualifications to the Governor's Office of Storm Recovery, for the implementation and administration of the Establish the East Shore Local Development Corporation and certifies that, to his/her best knowledge and belief, all information provided is true and correct.

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Name of Respondent's Organization

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Signature of Authorized Signing Official/Representative

Date

---

Printed/Typed Name of Authorized Signing Official/Representative

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E-mail Address

Phone Number

**\*\*GOSR USE ONLY\*\***

SUBMITTAL TYPE	DATE RECEIVED	TIME RECEIVED	GOSR STAFF INITIALS
<input type="checkbox"/> Electronic delivery			

(Part II)  
**STATEMENT OF QUALIFICATIONS (SOQ)**

Project Category:	Establish the East Shore Local Development Corporation (ESLDC)	<i>SOQ Number:</i> <i>(GOSR Use Only)</i>	
	Staten Island		
	Program Implementation and Administration Services		

**A. RESPONDENT INFORMATION**

**1. GENERAL INFORMATION**

Respondent's Legal Name:							
Respondent's Administration Address:							
Type of Respondent:	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> Other:				
Federal Tax ID Number:			Date of Incorporation:				
DUNS Number:			Years of Operation:				

**HEAD OF ORGANIZATION CONTACT INFORMATION**

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

**HEAD OF FISCAL ADMINISTRATION CONTACT INFORMATION**

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

**STATEMENT OF QUALIFICATIONS CONTACT INFORMATION**

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	
Respondent's Mission Statement:	

## 2. Current Target Population Information

Include types/categories of clientele the respondent currently serves/provides assistance.

## 3. Current Service Delivery Information

Explain how services are currently provided (individuals, businesses, organizations) and the types of services the respondent currently provides to clientele.

## 4. Neighborhood/Communities Served

Provide all current location/addresses where current clientele are able to access the respondent's services or assistance. Ensure complete addresses with zip codes are listed. If the respondent currently serves targeted areas/neighborhoods as a citywide program, provide specific details.





## B. ADMINISTRATIVE CAPACITY

### 1. FINANCIAL INFORMATION

Respondents are required to submit the following fiscal documents, as listed on the SOQ Submittal Checklist.

- 1) Most current copy of the Respondent's Single Audit (if required) or Audited Financial Statements with Unqualified Opinion. **NOTE:** Not required for Governmental Agencies;
- 2) Most current signed copy of Respondent's Federal Income Tax Return. **NOTE:** Not required for Governmental Agencies;
- 3) Most current signed copy of Respondent's State and Local Tax Return. **NOTE:** Not required for Governmental Agencies
- 4) Assurance of Audit Requirements (original signature required)
- 5) Financial Management Procedures
- 6) Procurement Policy

*The above documents will be reviewed to determine whether a respondent is (1) solvent and has the financial capacity to administer the services from beginning to end; and, (2) whether the respondent has adequate financial management capabilities to ensure the proper expenditure of federal funding.*

Provide Organization's Total Operating Budget:

Final 2014 Operating Budget:	
Current 2015 Operating Budget:	

Has your organization received other federal funds in the past three (3) fiscal years?  
(Fiscal Years 2012 through 2014) If yes, complete the following table(s).

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Funding Source (FS) Title	FS Contact Name	FS Contact Phone Number	Funded Project Name	Year Funded	Award Amount	Total Amount Expended

**NOTE:** GOSR staff will review internal records to determine project compliance and accomplishments of agencies awarded CDBG or other federal funds by the either the City of New York or the State of NY for Fiscal Years 2012 through 2014.

## 2. RELEVANT EXPERIENCE

*Respondents must have a level of related experience necessary to undertake the program as proposed. Preference will be given to organizations that have successfully operated a federally funded program.*

Provide a summary of the organization including a description of the history and mission, years of experience, growth and direct experience in development and implementation of economic development efforts at the local level.

Describe your organization's experience with implementing economic development activities and strategies designed to revitalize retail corridors and other similar commercial areas.

Describe the fair marketing campaign the organization will use to advertise and market the program. Include a description of the efforts to be undertaken to ensure maximum participation by potential program participants.

Describe the work tasks and timeline for the implementation of the Program.

Describe the organization's previous experience in implementing federally funded programs. Cite the specific federal funding source for each program/project implemented.

### 3. STAFFING

Submit current **organizational charts** for the entire organization and for specific divisions/sections that will administer the proposed CDBG-DR activities (see SOQ Submittal Checklist).

Submit resumes of key executive or management staff (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Experience, skills and education

Submit resumes of staff members designated to have financial oversight of CDBG expenditures, fiscal compliance and/or reporting responsibilities for your organization’s proposed CDBG activities (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to fiscal oversight, fiscal compliance and/or preparation and compilation/completion of reimbursement requests and other fiscal reports

Submit resumes of staff members designated to have direct project management/administration oversight, program compliance and/or reporting responsibilities for your organization’s proposed CDBG activities (see SOQ Submittal Checklist). Resumes must include the following:

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to program oversight, program compliance and/or preparation and compilation/completion of program reports

If your organization is awarded CDBG funding, does your organization intend to hire additional staff to implement and complete the proposed CDBG activities listed referenced in this SOQ? <b>If yes, respond to the following:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. How many?				
2. List position titles				

**NOTE:** In the SOQ process, respondents will be asked to certify that there were no changes in the staffing information provided in this section. If changes do occur, the respondent must resubmit Section B.3., Staffing portion of this SOQ.

## C. PROGRAM IMPLEMENTATION AND COORDINATION

### PROPOSED PRELIMINARY SCOPE OF WORK

*Respondents are encouraged to partner with local non-profit organizations, elected officials and civic groups in the implementation of the requested services and will score higher in the evaluation process. Respondents are required to submit statements on how they envision partnering with these entities, how they intend to operate the ESLDC in a way that will help with the economic recovery of the East Shore, Staten Island, and leverage other funds to further those goals.*

Describe the organization's previous experience working with businesses in the East Shore, Staten Island, before and after Superstorm Sandy. Include relevant experience/past/current relationships with non-profit organizations, business organizations, civic groups, government agencies and/or elected officials on the East Shore of Staten Island.  
*Please attach additional documents if more space is needed.*

If your organization is selected to implement the East Shore Local Development Corporation project, how to do envision this entity assisting with the economic recovery in the East Shore of Staten Island?

*Please attach additional documents if more space is needed.*

**[This Space Intentionally Left Blank]**

**[End of Form]**