

**2012 NYC Justice Corps RFP
PIN# NYCJCRFP2012
Addendum #2
January 31, 2012**

**APPENDIX A –REVISED
ATTACHMENTS REQUIRING PROPOSER COMPLETION AND SUBMISSION**

Appendix A contains 13 pages as follows:

Attachment 1: Proposal Transmittal Form

Attachment 2: Linkage Agreement Form

Attachment 3: Budget Summary Form

Attachment 4: Program Schedule Form

Attachment 5: Acknowledgement of Addenda Form

Forms are provided below in PDF format with fillable fields. Proposers may also replicate these forms as needed.

2012 NYC Justice Corps ATTACHMENT 1: Proposal Transmittal Form

Proposing Organization: _____ EIN: _____

Address: _____

City State Zip Code

Contact Name: _____

Title: _____

Contact Email: _____

Telephone: _____

Fax: _____

<u>Start-up Budget Request (up to \$60,000)</u>	<u>Annualized Program Operating Budget Request (up to \$1,068,750)</u>	<u>Per Participant Cost (75 Participants Enrolled Annually/ Annualized Program Operating Budget)</u>
<u>Borough (select one):</u>		
<u>Community District/s (distinguish target and adjacent CD(s) to be served):</u>		
<u>Site Address:</u>		

Has the proposer submitted more than one proposal in response to this RFP? Yes No

If yes, how many? _____

Proposer is required to disclose with its Proposal all findings of non-responsibility within the previous four (4) years by any governmental entity due to a violation of State Finance Law §139-j or due to the intentional provision of false or incomplete information to a governmental entity, and by signing below Proposer certifies and warrants under penalty of perjury that: I.) Proposer has not been the subject of any such finding of non-responsibility within the previous four (4) years (or Proposer has disclosed in writing and included an explanation of same with its Proposal); and II.) Proposer understands and agrees to comply with the CUNY procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). A summary of such procedures is available upon request or at www.cuny.edu.

Signature of Authorized Representative: _____

Name: _____

Title: _____

Email: _____

Phone: _____

2012 NYC Justice Corps Attachment 1 Page 2: Proposal Transmittal Form

Proposing Organization: _____

Proposal package must include **one original and ten duplicate sets** of the documents listed below in this order:

Proposal Transmittal Form (this Attachment 1 with abstract, below)

Program Proposal

- Table of Contents
- Narrative (30 page limit, double-spaced, excluding attachments)
- Resumes or Descriptions of Qualifications for Key Staff Positions
- Organizational Chart
- Proposed Program Organizational Chart
- Attachment 2: Linkage Agreement Forms and letters of support on letterhead of proposed partner(s)
- Attachment 4: Program Schedule
- Start-up Timeline
- Program Flow Chart
- References for the Proposer
- Copy of IRS letter confirming Proposer's 501(c)(3) status, if applicable
- Copy of Certificate of Incorporation, if applicable
- Copy of Audited financial statement for Proposer and each member of joint venture if Proposal is a joint venture
- Annual Report, if applicable
- Work Samples and Curricula

Price Proposal

- Attachment 3: Proposal Budget Summary Form Parts A and B
- Budget Narrative (six page limit, double-spaced)

Attachment 5: Acknowledgement of Addenda Form

Program Abstract In the space below, please briefly summarize the key features of the proposed program.

NYC Justice Corps

ATTACHMENT 2: Linkage Agreement

INSTRUCTIONS: This agreement is demonstration of a commitment to integrate service delivery through working relationships with other organizations. It is not a consultant agreement. Provide one Linkage Agreement for each organization with which you will be working. Duplicate this form as needed. Alternatively, in lieu of this agreement, letters of support on the letterhead of the proposed program partner, with information about the proposed linkage, will also be accepted.

Pursuant to the proposal submitted by _____
(Proposing Organization)

in response to the NYC Justice Corps Request for Proposals, the proposer, if funded, will establish programmatic linkage with _____ in
(Linked Organization)
the form and manner described below.

Describe the proposed programmatic linkage including how referrals and follow-up services for individuals will be maintained:

Proposing Organization:

Signature of Authorized Representative

Print Name

Title

Date

Linked Organization:

Signature of Authorized Representative

Print Name

Title

Work Address

Work Telephone Number

Date

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ATTACHMENT 3: Proposal Budget Summary Form

Instructions: Proposers are expected to complete two budgets: a start-up budget indicating non-annualized costs and an annualized, 12-month program operating budget. Please use the templates below. Please note Proposers may replicate form to add Personnel and other lines as needed. See the Proposal Budget Notes below.

Organization:		EIN:	
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Part A: Start-up Budget

Note: Start-up budget is capped at \$60,000.

Personnel Services		
Title, Status, and Duration – include title, part or full time status, and number of months staff is assigned during start-up period	FTE	Salary and Wages
Total Part Time:		\$
Total Full Time:		\$
Fringe Benefits		
Total Part Time Fringe @ _____ %		\$
Total Full Time Fringe @ _____ %		\$
TOTAL PERSONNEL SERVICES:		
		\$

Non-Staff Services	
Consultants (include Consultants names, if known)	\$
Subcontractors (include Subcontractors names)	\$
Community Benefit Project Supplies	\$
Vendors	\$
TOTAL NON-STAFF SERVICES:	\$
Other Than Personnel Services	
Consumable Supplies	\$
Equipment Purchases	\$
Equipment Other	\$
Space Costs	\$
Travel	\$
Utilities & Telephone	\$
Other Operational Costs	\$
TOTAL OTHER THAN PERSONNEL SERVICES:	\$
Indirect Costs	
TOTAL INDIRECT COSTS:	\$
Total Start-up Funding Request:	
	\$

Part B: Annualized (12-month) Operating Budget

Note: Annualized Budget is capped at \$1,068,750.

Personnel Services		
Titles, Status, and Duration – include title, part or full time status, and number of months staff is assigned during operating period	FTE	Salary and Wages
Total Part Time:		\$
Total Full Time:		\$
Fringe Benefits		
Total Part Time Fringe @ _____ %		\$
Total Full Time Fringe @ _____ %		\$
TOTAL PERSONNEL SERVICES:		
TOTAL PERSONNEL SERVICES:		\$
Non-Staff Services		
Consultants (include Consultants names, if known)		\$
Subcontractors (include Subcontractors names)		\$
Community Benefit Project Supplies		\$
Vendors		\$
TOTAL NON-STAFF SERVICES:		\$

Other Than Personnel Services	
Consumable Supplies	\$
Equipment Purchases	\$
Equipment Other	\$
Space Costs	\$
Travel	\$
Utilities & Telephone	\$
Other Operational Costs:	\$
TOTAL OTHER THAN PERSONNEL SERVICES:	\$
Indirect Costs	
TOTAL INDIRECT COSTS:	\$
Total Operating Funding Request:	
	\$

Proposal Budget Notes

Personnel Services

Salaries and Wages

- The Salaries are divided into two categories:
 - Full Time employees: Persons who work 35 hours or more per week; and
 - Part Time employees: Persons who work fewer than 35 hours per week.

Fringe Benefits

- Fringe Benefits must include FICA and may also include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage as per Proposer's policies.

Non-Staff Services

Consultants

- Typically, independent individuals or organizations with professional or technical skills retained to perform specific tasks or complete projects related to the program that cannot be accomplished by regular staff. A consultant cannot be a salaried employee.

Subcontractors

- Independent entities retained to perform program services. All subcontracts will require the College's approval.

Stipends/Incentives

- A stipend/incentive allowance is included ONLY for the benefit of participants.

Community Benefit Project Supplies

- Supplies that are exclusively devoted to the operations of community benefit projects.

Vendors

- An independent business entity retained to provide non-program services. Examples: Cleaning services, security, and accounting services.

Other than Personnel Services

Consumable Supplies

- Supplies that are not lasting or permanent in nature, such as office, program, and/or maintenance supplies.

Equipment Purchases

- Purchases of equipment that is durable or permanent, such as furniture, computer and phone systems, vans, etc. All equipment and furniture purchased with Sponsor funds at a cost of \$500 or more become the property of The City of New York. If the program is terminated, all such items must be returned to the Sponsor.

Equipment Other

- The rental, lease, repair, and maintenance of office/program equipment utilized in the program's operation. This category also includes computer software.

Space Costs

- All rent paid by a program for all sites utilized by that program. It also includes all related charges associated with the use of the site such as minor repairs and maintenance costs. No major renovation or construction projects (in excess of \$10,000) can be budgeted or paid for with Sponsor program funds.
- After being selected, all Contractors charging for space cost are required to submit a Space Cost/Cost Allocation Plan. In addition, you will be required to submit a copy of your lease, or month-to-month rental agreement.

Transportation

- Local travel (i.e., bus and subway fares) by the employees of the program to and from sites that are being used for day-to-day program functions. Expenditures for employees who use their personal automobile for business are reimbursed a maximum of \$0.55 per mile plus tolls. Charge to this account participant- related travel, such as bus trips and local travel. Proposers may include costs associated with van purchase or rental associated with transporting participants.

Utilities & Telephone

- Utilities, telephone, and Internet costs associated with the proposed program.

Other Operational Costs

- Items such as audit costs, postage, printing and publications, subscriptions, etc. Also includes any other operating costs that cannot be classified in any other category. In addition, includes costs associated with and for the benefit of the participants such as food, refreshments, entrance fees, awards, T-shirts, uniforms, and sporting equipment. This category also includes general liability insurance.

Indirect Costs

The maximum allowable rate is 10 percent of the total budget.

2012 NYC JUSTICE CORPS ATTACHMENT 4: PROGRAM SCHEDULE

Proposing Organization: _____

Target Community District(s): _____

Number of participants per cohort: _____

General Notes: Please copy template as needed to complete schedule for all cohorts through June 30, 2014. Each program must enroll 75 participants annually. Cohort schedules may overlap.

Cohort 1	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort 2	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort 3	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort 4	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort 5	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		

Note: Duplicate schedule as necessary.

Cohort __	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort __	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort __	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort __	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		
Cohort __	Start Date	End Date
Orientation		
Phase 1 (community benefit projects, etc.)		
Phase 2 (internships, etc.)		
Alumni Services		

NYC Justice Corps
ATTACHMENT 5: Acknowledgement of Addenda

Proposing Organization: _____

COMPLETE PART I OR PART II, WHICHEVER IS APPLICABLE.

PART I: List below the dates of issuance for **each addendum received** in connection with this RFP:

ADDENDUM #1 DATED: _____, 20__

ADDENDUM #2 DATED: _____, 20__

ADDENDUM #3 DATED: _____, 20__

ADDENDUM #4 DATED: _____, 20__

ADDENDUM #5 DATED: _____, 20__

ADDENDUM #6 DATED: _____, 20__

ADDENDUM #7 DATED: _____, 20__

ADDENDUM #8 DATED: _____, 20__

PART II: Check, if applicable.

_____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

AUTHORIZED REPRESENTATIVE (SIGNATURE): _____

AUTHORIZED REPRESENTATIVE (PRINT NAME): _____

DATE ____/____/____