

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

NEW YORK STATE
LAWYER ASSISTANCE PROGRAM (LAP)

Professional Court Services
Request for Proposals #053

APPLICATION FORMS AND
INSTRUCTIONS

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

Contents

- I. Background Information
- II. Application Cover Sheet
- III. Proposal Narrative
- IV. Budget
- V. Required Attachments Checklist

Exhibits/Appendices:

- Exhibit 1: Insurance Requirements
- Exhibit 2: Statements for Applicants Seeking Treatment-Related Expenses under LAP Grant Program (if applicable)
- Exhibit 3: Vendor Responsibility Requirements/Instructions
- Exhibit 4: Evaluation Tool

OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM

I. Background Information

The New York State Unified Court System (UCS), through the New York State Lawyer Assistance Program (LAP), has targeted funds in fiscal year 2019-2020 for grant awards to lawyer assistance programs, bar associations and bar foundations in New York State.

The purpose of this funding is to provide financial assistance to programs for the treatment and prevention of alcohol and substance dependency as well as mental health concerns and wellness among lawyers and judges in New York State.

LAP Grant Program Focus Areas: Applicants may seek funds to develop new programs or to enhance existing programs involving one or more of the following:

- 1) Education, such as seminars, training and dissemination of educational materials.
- 2) Outreach
- 3) Prevention
- 4) Treatment services

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 in New York State and staff with the requisite training, knowledge and experience to effectively administer the program. Applicants must be organized as lawyer assistance programs, bar associations, bar foundations or law schools.

B. Funding

Total available funding for the program is estimated at \$337,500 for the initial period July 1, 2019-March 31, 2020. The exact amount is subject to appropriation.

The LAP Grant Program will consider one proposal from each applicant. LAP funds may be used for staff salaries, fringe benefits, treatment-related expenses, transportation expenses, equipment, supplies, printing and copying, telephone and fax, and/or postage and delivery as well as administrative/indirect costs based on an established methodology. LAP funding may not be used to pay honoraria to speakers at CLE programs, although applicants may utilize their own funding for that purpose.

C. Subcontracting

If an Applicant intends to subcontract or delegate any portion of the services proposed to be provided, applicant must: (i) provide the name and address of the proposed subcontractor or delegee in the proposal; (ii) describe the specific services proposed to be performed by each such subcontractor or delegee; and (iii) describe the qualifications of the proposed subcontractor or delegee to perform the services. If an Applicant proposing subcontracting or delegation is awarded funding, the Applicant/Contractor will be responsible for the performance of all services performed by subcontractors/delegees and for payment to such subcontractors/delegees. The UCS will communicate only with awarded Applicant/Contractor and the awarded Applicant/Contractor shall remain wholly liable for all required services.

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

D. Award Selection Criteria and Method of Award

UCS will review grant proposals, using the criteria outlined below for evaluating proposals, and make recommendations to the Chief Administrative Judge for approval.

Funding will be awarded until exhausted to all responsible applicants that receive a 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
TOTAL POSSIBLE POINTS	100

A minimum score of 85 is required for a contract to be awarded.

The funding amount awarded to each qualified applicant will be based on the following criteria:

- Amount requested.
- The nature and scope of the services to be provided. The services sought herein are education, prevention, outreach, or services regarding alcohol or substance abuse dependency as well as mental health concerns and wellness. A preference will be given to those applications that propose treatment services.
- The estimated number of clients to be served.
- Accessibility of the proposed services to lawyers and judges in the catchment area as demonstrated by:
 - o Maintenance of physical offices in the catchment area.
 - o Linkages within the community to provide services to the target population that result in greater client access to education, prevention, outreach, or treatment service.

E. Grant Contract

The selected applicants will enter into contracts with UCS. Agreements for amounts in excess of \$50,000 are subject to the review and approval of the Offices of the New York State Attorney General and the State Comptroller. UCS intends to enter into contracts for a five-year term. The term of the contracts is expected to be from July 1, 2019 – June 30, 2024. Funding in each period beyond the initial period of July 1, 2019 – March 31, 2020 during the five-year term is contingent on available funding.

F. 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. If applying for funding of \$20,000 or more in 2019-20, applicants are required to submit a Vendor Responsibility Questionnaire. If applying for less than \$20,000 in 2019-20, applicants are not required to submit a Vendor Responsibility Questionnaire. See Exhibit 3 for detailed instructions on completion of the Vendor Responsibility Questionnaire.

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

G. Questions

All questions regarding this RFP must be in writing by email only to: ahershbe@nycourts.gov. Indicate in "Subject" field: OCA/P&CS RFP 042 - Question(s).

The deadline to submit questions is **April 12, 2019, before 2PM**. A Questions & Answers (Q&A) sheet will be posted on the UCS website at: <http://nycourts.gov/admin/bids/currentsolicitations.shtml> a few days after the deadline for submission of questions.

G. Application Submission Procedures/Deadline

Step One: complete the grant application

Please follow the formatting instructions and page limits. An application includes the Application Cover Sheet, Application Proposal Narrative and Attachments.

Step Two: assemble the following attachments:

- A. The most recent, completed full-year organizational financial statement (expenses, revenue and balance sheet), audited, if available
- B. A brief description of your organization, its history and major accomplishments
- C. Organizational chart
- D. A list of the board of directors; describe how it is selected, by whom and how often
- E. Applicant/Organization's current annual operating budget
- F. A copy of your IRC §501[c][3] letter
- G. A statement that you have timely filed with the NYS Attorney General's Charities Bureau all required periodic or annual reports
- H. Affirmative Action/EEO Policy
- I. Insurance Certificates (see Exhibit 1)
- J. Statements for Applicants Seeking Treatment-Related Expenses Under LAP Grant Program (if applicable) (see Exhibit 2)
- K. Documentation of Taxpayer Identification Number (TIN)
- L. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper (see Exhibit 3)

Step Three: deliver the application with all required attachments:

Applications, including this page and a narrative, and all attachments, must be received at the address below by **April 23, 2019 at 2PM**. Send **TWO** copies of the application and attachments to:

Amelia M. Hershberger NYS Unified Court System, Division of Professional and Court Services 2500 Pond View, Suite 104 Castleton-on-Hudson, NY 12033	And include the following notation below the address: "Deliver immediately to Amelia M. Hershberger" "Sealed Application - Do not open" "OCA/Professional and Court Services #042"
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**OCA/P&CS RFP #053
 BID OPENING 4/23/19 2:00PM**

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 Volunteers Utilized For This Proposal	
Number of FTE Staff Funded Under This Proposal	
Summary of Proposal (indicate principal program activities in 2 or 3 sentences)	
Proposed Subcontractors, if any (list names, credentials and proposed scope of subcontracting service)	
Address (City/State/Zip)	
Counties to be Served	
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	
Date of Application	

Grant Request Amount:	
Program is:	<input type="checkbox"/> New <input type="checkbox"/> Ongoing

OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM

III. Proposal Narrative (Page limit: 5-pages maximum, single-spaced).

Organizational Capacity

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. Describe your organization's history with providing services for substance abuse, and mental health and wellness services and, if applicable, developing an effective working relationship with appropriate providers.
2. Describe the policies and procedures the organization has in place to ensure client confidentiality.
3. Describe the organization's 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 UCS.
4. Briefly describe the organization's: (a) internal controls procedure¹ and (b) role of senior program staff in developing and monitoring program budgets.

Program Plan

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

1. Describe the services that will be delivered as a summary of the overall program plan.
2. What people within the legal and judicial communities will be served? How will the program conduct outreach to potential clients, including mechanisms to ensure inclusivity across different demographic groups?
3. Estimate the number of clients that will be served during each year of the five-year term.
4. What geographic area will be served by the program?
5. Is the program new or ongoing?
6. Describe the facilities available for the program.
7. Describe the need your program plans to address and how the program plans to address it.
8. Describe the intake process for potential clients referred to the program. Describe each step in the process.
9. Provide information regarding the service delivery method(s).
10. Describe the proposed process for reporting the program's progress to the LAP.
11. Describe the method that will be utilized to evaluate the success of the program.
12. Explain how the program will address special needs, for example, physical disabilities, etc., in ensuring accessibility of the proposed services.

¹ 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 procedures.

OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM

13. If the program is being conducted in cooperation with other entities, identify them and their role(s) in delivering services..

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 program budget. Identify key staff, volunteers, board members, or other people who will be involved in supporting the work to be completed with LAP funds and their functions.
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.

IV. Budget

Line-Item Budget

Please include a line-item budget showing anticipated expenses and revenues during the initial 9-month period July 1, 2019 - March 31, 2020, using the Excel budget file available at: <http://nycourts.gov/admin/bids/currentsolicitations.shtml>.

Please include a description of each item budgeted. If a budgeted item is funded in part by non-LAP funds, include information on how your organization determines the proportionate share of services paid by LAP funds.

Provide a list other funding sources that will support the proposed program, including amounts and whether received, committed or pending. If the program has been in operation, please indicate sources of funding for the past 2 years. If the program will continue beyond this year, please describe the funding plan and source(s) to sustain its operation. Explain what expenses will be paid from LAP funds and how other funding sources will support the program.

Reminder: LAP funding may not be used to pay honoraria to speakers at CLE programs, although Applicants may utilize their own funding for that purpose.

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

V. Required Attachments Checklist

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

	A. The most recent, completed full-year organizational financial statement (expenses, revenue and balance sheet), audited, if available
	B. A brief description of your organization, its history and major accomplishments
	C. Organizational chart
	D. A list of the board of directors; describe how it is selected, by whom and how often
	E. Applicant Organization's current annual operating budget
	F. A description of your bidding procedures, if you intend to subcontract or delegate any portion of the proposed services
	G. A copy of your IRC §501[c][3] letter
	H. A statement that you have timely filed with the NYS Attorney General's Charities Bureau all required periodic or annual reports
	I. Affirmative Action/EEO Policy
	J. Insurance Certificates (see Exhibit 1)
	K. Statements for Applicants Seeking Treatment-Related Expenses Under LAP Grant Program (if applicable) (see Exhibit 2)
	L. Documentation of Taxpayer Identification Number (TIN)
	M. Vendor Responsibility: Acknowledgment Form and VR Questionnaire if applicable and submitting on paper (see Exhibit 3)

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

**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/ 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.

OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM

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.

If Applicant proposes to provide substance abuse and/or mental health evaluation and/or treatment services, professional liability insurance in the amount of \$1,000,000 for all of applicant's or any proposed subcontractor or delegee's professional employees that will provide such services with UCS funding. Proof of applicant's or a proposed subcontractor's professional liability insurance coverage must be submitted with the grant application. Applicants awarded funding and/or their proposed subcontractors/delegees 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 #053
BID OPENING 4/23/19 2:00PM**

**Exhibit 2
TO BE COMPLETED ONLY IF SEEKING FUNDING FOR TREATMENT-RELATED
EXPENSES UNDER LAP GRANT PROGRAM**

Applicants for a Grant to Support Treatment-Related Expenses

Supply the following additional information:

1. Identify by name and credential any known licensed professionals who will perform the evaluation of, or determine the level of treatment required by the attorney or judge requiring treatment services, or provide such services. If such licensed professionals are not yet identified, explain the plan to identify such professionals who will perform such services.
2. A statement that other sources of payment for treatment, such as insurance benefits or liquid personal funds of the intended beneficiary, attorney or judge, will be/have been depleted before LAP grant funding to support treatment is used.
3. A statement that the LAP funds provided will fund treatment only by a provider duly licensed, accredited or otherwise certified, by an appropriate state agency responsible for the regulation of alcoholism, substance abuse, chemical dependence services or mental health services.
4. Documentation of professional liability insurance coverage, as specified in the last paragraph of Exhibit 1, for professionals performing evaluation and/or treatment services.

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

**Exhibit 3
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. 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.

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.

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 #053
BID OPENING 4/23/19 2:00PM**

**EXHIBIT 4
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 ___/___/___

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

DETAIL RATING SHEETS

APPLICANT: _____

REVIEWER: _____

A. ORGANIZATIONAL CAPACITY (15 POINTS TOTAL)

A1. Evaluate the extent to which the applicant demonstrates capacity to provide substance abuse and mental health and wellness services. (7 points)

A1. _____

A2. Evaluate the extent to which the applicant demonstrates appropriate client confidentiality policies and procedures. (2 points)

A2. _____

A3. Evaluate the extent to which the applicant demonstrates appropriate internal controls procedures and senior staff involvement in developing and monitoring program budgets. (3 points)

A3. _____

A4. Evaluate the ability of the organization to effectively manage government-funded programs. (3 points)

A4. _____

SUBTOTAL FOR PART "A" (A1 + A2 + A3 + A4) _____

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

B. PROGRAM PLAN (50 POINTS TOTAL)

B1. Evaluate the extent to which the applicant proposes facilities adequate for the program, and addresses accessibility for clients with respect to special needs and inclusivity. (5 points)

B1. _____

B2. Evaluate the appropriateness of the estimated number of clients to be served in context of the amount of funding available (10 points)

B2. _____

B3. Evaluate the overall quality of the proposed plans for intake, service delivery and reporting. (20 points)

B3. _____

B4. Evaluate the demonstrated need for the program. (10 points)

B4. _____

B5. Evaluate the applicant's plan to assess its program success. (5 points)

B5. _____

SUBTOTAL FOR PART "B" (B1 + B2 + B3 + B4 + B5): _____

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

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 (5 points)

C1. _____

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

C2. _____

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

C3. _____

SUBTOTAL FOR PART "C" (C1 + C2 + C3) _____

**OCA/P&CS RFP #053
BID OPENING 4/23/19 2:00PM**

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

D1. Evaluate the extent to which salaries and fringe benefits included in the budget, if any, are appropriate for proposed programming. (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 administrative and/or indirect costs included in the budget are reasonable for the operation of the proposed program. (5 points)

D3. _____

SUBTOTAL FOR PART "D" (D1 + D2 + D3) _____