

Hurricane Sandy Social Services Block Grant Supplement Request for Application

(HS-SSBGS RFA)

Appendix A- HS-Disaster Relief Supplement Application

A. Applicant and Subcontractor (if applicable) Information:

1. Provide the following information for the Primary Applicant and each proposed subcontractor (if applicable):
 - a. Name of Organization
 - b. Address
 - c. General Telephone Number
 - d. Primary Contact
 - i. Telephone Number
 - ii. E-Mail Address
 - e. Secondary Contact
 - i. Telephone Number
 - ii. E-Mail Address
 - f. Fiscal Contact
 - i. Telephone Number
 - ii. E-Mail Address

2. Type of Organization - Applicant:

*Please mark all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-profit 501(c)3 | <input type="checkbox"/> Municipality | <input type="checkbox"/> Municipal Department |
| <input type="checkbox"/> Social Services provider | <input type="checkbox"/> Health services provider | <input type="checkbox"/> Mental Services provider |
| <input type="checkbox"/> Health care facility | <input type="checkbox"/> Child care facility | <input type="checkbox"/> Other Social Services |
| <input type="checkbox"/> Mashantucket Pequot Indian Tribe of Connecticut | | |
| <input type="checkbox"/> Mohegan Indian Tribe of Connecticut | | |

For each Proposed Subcontractor (if applicable) Type of Organization *Please mark all that apply:

Proposed Subcontractor (if applicable) Name:

- | | | |
|--|---|---|
| <input type="checkbox"/> Non-profit 501(c)3 | <input type="checkbox"/> Municipality | <input type="checkbox"/> Municipal Department |
| <input type="checkbox"/> Social Services provider | <input type="checkbox"/> Health services provider | <input type="checkbox"/> Mental Services provider |
| <input type="checkbox"/> Health care facility | <input type="checkbox"/> Child care facility | <input type="checkbox"/> Other Social Services |
| <input type="checkbox"/> Mashantucket Pequot Indian Tribe of Connecticut | | |
| <input type="checkbox"/> Mohegan Indian Tribe of Connecticut | | |

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B. Organizational Requirements: To submit a responsive Application, THE APPLICANT SHALL:

1. Provide a brief overview of the Applicant's and each proposed subcontractor's organization including the purpose, mission, vision, and years in operation.
2. Provide an organizational chart for the Applicant and each proposed subcontractor's organization as **Appendix B**.
3. Provide three (3) specific programmatic references for the Applicant and each proposed subcontractor. The Applicant shall direct to each reference, [Reference Reply Questionnaire](#) (hyperlink) and require the reference to submit the completed questionnaire to Marcia.McDonough@ct.gov
4. The reference contact person must be an individual familiar with the Applicant and/or the proposed subcontractor(s) and their day-to-day performance(s). References cannot be the Applicant's or any proposed subcontractor's current employees. *Applicants are strongly encouraged to contact their references to ensure the submission of the completed questionnaire. An Application will not be deemed to be complete and ready for evaluation until each of the required references are received.*

The Department will disqualify any Applicant from competing in the RFA process if the Department discovers that the Applicant had any influence on the references.

5. Provide proof of the Applicant's 501(c)(3) nonprofit status, such as a copy of the Internal Revenue Service (IRS) determination letter, in Section IV. D. Appendices, as **Appendix C**.
6. *Small, Minority or Women's Business Enterprise* Section 4a-60g of the Connecticut General Statutes (C.G.S.) sets forth the requirements of each Executive Branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, 25 percent of the average total of all contracts let for each of the three previous fiscal years shall be set aside. The Department of Social Services requires that if the contractor is utilizing a subcontractor it shall make a "[Good Faith Effort](#)" to set aside a portion of the resultant contract for a small, minority, or women's business enterprise as a proposed subcontractor. Such proposed subcontractors may supply goods or services. Prospective Respondents may obtain a list of firms certified to participate in the Set-Aside program at the State of Connecticut Department of Administrative Services web site at http://www.das.state.ct.us/Purchase/SetAside/SAP_Search_Vendors.asp or by calling 860-713-5236. To submit a responsive Application, THE APPLICANT SHALL state whether the applicant is a certified small, minority, or women's business enterprise and if proposing to utilize a subcontractor(s), describe its effort to set aside a portion of the resultant contract for a small, minority, or women's business enterprise to the proposed subcontractor(s).

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C. Application Requirements. If an Applicant is proposing Disaster Recovery Services for multiple HS-SSBGS service categories, the Application MUST include a separate Section C for each proposed service category. To submit a responsive Application, THE APPLICANT SHALL:

1. Identify the service delivery area to be served. Eligible service delivery areas are within the following counties (catchment areas): Fairfield, Middlesex, New Haven, New London and the Mashantucket and Mohegan Tribal Nations or the Mohegan Tribal Nation.
 - a. Provide a description of the impact Hurricane Sandy had on the service delivery area identified.
2. Identify the target population. Eligible household(s) are those that reside in or at the time of Hurricane Sandy resided within the proposed service delivery area of an identified catchment areas and that meet the, [Federal Poverty Level and Income Eligibility requirements, embedded as a hyperlink](#).
3. Describe the process to be used to verify the client level income eligibility.
4. Describe the documentation that the Applicant will require to
 - a. demonstrate that the household(s)/agency identified currently resides or at the time of Hurricane Sandy resided within the proposed service delivery area within one of the identified catchment areas;
 - b. demonstrate that the household(s)/agency identified were impacted by Hurricane Sandy and
 - c. demonstrate that other resources (insurance, local, state or federal) were not available to cover expenditures.
5. Identify the HS-SSBGS Category for the Disaster Recovery Services proposed. The following hyperlink contains the HS-SSBGS Program Categories and Objectives embedded in the following hyperlink, [SSBG Service Objectives and Activities](#).
6. Describe the proposed Disaster Recovery Services and how such services meet the objectives of the HS-SSBG Category.
 - a. Provide goals to be met through the provision of SSBGS Disaster Relief Services in the proposed SSBGS Service Category and the stated Objective of that category.
 - b. Describe how the unmet needs of the target population in the service area, with an emphasis on the underserved, were defined and will be met.
 - c. Describe the assessment activity used to identify the unmet needs of the target population.
 - d. Describe how the proposed Disaster Relief Services for the identified SSBGS Service Category will meet the categories objective and will address either or both the near-term or long term needs resulting from Hurricane Sandy.
 - e. Describe an action plan to address clients' near term and long term needs.

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- f. Describe the proposed frequency for client follow-up to ensure client stability and self-sufficiency.
 - g. Describe how and demonstrate the ability to document the SSBGS Disaster Relief Services delivered by the Applicant or proposed subcontractor(s).
 - h. Describe how and demonstrate the ability to measure the SSBGS Disaster Relief Services for the Category and Objective outcome(s).
 - i. Describe the ability to provide measurement of the percentage of time charged to the funding source; and the ability to document time charged to the funding stream.
 - j. Describe the ability and capacity to report on specific financial and client based service tracking functions.
 - i. The Department shall require the Applicant to utilize tools and documents that will be provided by the Department to ensure uniform documentation; statistical, fiscal and programmatic reporting requirements.
 - k. Describe how the Applicant will determine and provide follow-up service delivery activities if proposed goals and objectives are not or will not be met as planned.
 - l. Provide a timeline to meet the proposed goals, allowing for time to respond to goals not met.
 - m. Provide a project plan to react to SSBGS Category and Objective goals not met.
7. Describe the Applicant's and each proposed subcontractor experience providing services related to the identified HS-SSBGS Category.
- a. The Applicant and each proposed subcontractor must have a minimum of three years' experience in providing services in the identified category.
 - b. If the Applicant or proposed subcontractor(s) are a current /past recipient(s) of funding associated with relief efforts from Hurricane Sandy or some other natural disaster, describe the circumstances leading to the receipt of funds, the amount of funds received, the services supported by the funds received, the time period during which the funds were utilized, the desired client/agency outcome and results to date. Include any supporting documentation to substantiate the information provided.
8. Identify the location for services to be provided and hours of operation and verify that the location meets or shall meet the Americans with Disabilities Act regarding handicapped access for client service sites.
9. Provide a project plan including a staffing plan to deliver the SSBGS Disaster Relief Services.
- a. The project plan and staffing plan shall include the rationale utilized to determine projected goals and the appropriate staffing levels to achieve those goals.

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D. Additional Requirements for proposals for the Repairs and Renovations Service Category - ONLY. The Applicant may refer to duplicative responses when appropriate.

1. Provide a description of how the funds will be used include:
 - a. address of property
 - b. summary of the proposed project costs
 - c. a timeline estimating when the repairs, purchases or expenditures will be made.
2. Provide the Applicant's competitive procurement policy/bid practices.
 - a. If Applicant has obtained bids associated with repairs and renovations proposed in this Application, provide copies for responses and the selected candidate.
3. Identify if any other funding sources were used in part to cover estimated costs.

E. Additional Requirements for proposals for the Reimbursement category. The Applicant may refer to duplicative responses when appropriate.

Reimbursement is not a direct HS-SSBGS Category, but is an indirect category to HS-SSBGS Disaster Relief Services that have been provided due to the impact of Hurricane Sandy.

1. Provide a description of services provided by your organization and describe the uncovered expenditures that your organization incurred associated with operating your facility as a result of Hurricane Sandy.
 - a. Identify staffing time, names, hours worked, time sheets, salaries paid, coverage calendar and certification from Board of Directors confirming that these expenditures were not covered by any other resource.

F. Budget and Budget Instructions: To submit a responsive Application, **THE APPLICANT SHALL utilize the following hyperlinks to submit the Budget and Budget Narrative:**

If an Applicant is proposing Disaster Recovery Services for multiple HS-SSBGS service categories, the Application MUST include a separate Section F for each proposed service category.

The following hyperlinks contain changes in the **Budget**, embedded as a hyperlink and **Budget Instructions**, also embedded as a hyperlink.