

**STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL**



**Homeowner Protection Program (HOPP) – Anchor Partners
Request for Applications (RFA)**

RFA: Homeowner Protection Program (HOPP) – Anchor Partners

<p>Application Number: 20-005</p>	<p>Application Issued: November 23, 2020</p>
<p>Application Description:</p> <p>Homeowner Protection Program (HOPP) – Anchor Partners</p>	<p>Contract Period:</p> <p>Tentative: January 15, 2020 – July 15, 2020, Six (6) Months with three (3) one-year renewal and one (1) six-month renewal options.</p>
<p>Due Dates and Times (ET):</p> <p>Submission of Questions: December 1, 2020 at 5:00 PM EST OAG Issuance of Answers: December 4, 2020 at 5:00 PM EST Application Due: December 16, 2020 at 5:00 PM EST *Email submissions MUST be dated prior to this date/time to receive consideration. Projected Date for Notice of Awards: December 22, 2020 at 5:00 PM EST</p>	<p>Location of Service:</p> <p>Grantee's Premises or Grantee Designated Premise</p>
<p>In compliance with Procurement Lobbying Law, contacting anyone other than designated herein may result in rejection of Application. Primary Designated Contact:</p> <p>Stephanie Folk Contract Management Specialist Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2129 E-Mail: purchase@ag.ny.gov</p>	<p>In the event the Primary designated contact is not available, the alternate designated contact is:</p> <p>Christopher Reksch Contract Management Specialist 2 Budget and Fiscal Management Bureau Office of the New York Attorney General State Capitol Albany, New York 12224-0341 Telephone: (518) 776-2138 E-Mail: purchase@ag.ny.gov</p>

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I. Background

In September of 2012, following a competitive statewide Request for Applications, the New York State Office of the Attorney General (OAG) announced the launch of the Homeowner Protection Program (HOPP), a statewide effort to ensure that homeowners facing foreclosure in New York State had access to high quality housing counseling and legal services providers. The initial HOPP program was a three-year \$60 million commitment that has supported approximately ninety housing counseling and legal services organizations. Subsequently, HOPP has been renewed for another 5 years, providing an additional \$88 million to legal services and housing counseling organizations which collectively have provided free, high quality services to more than 100,000 at-risk families. Since the onset of the program, these legal service and counseling organizations have been advised and overseen by two anchor partners who monitor program progress, data collection and manage a Statewide hotline and website-based referral system.

These funds were appropriated from the National Mortgage Settlement and the JP Morgan Chase Settlement secured by the New York Office of the Attorney General.

Now, a decade past the “housing crisis,” communities across New York State continue to face many challenges related to homeowner stability, such as continued foreclosures, predatory mortgage lending, deed theft and other scams. Homeowners in these communities’ attempt to maintain their homes and equity in depressed markets while housing costs continue to rise. A recent report by the New York State Comptroller’s office finds that although foreclosures are down from the height of the crisis, more than 25,000 New Yorkers experienced foreclosure in 2017¹ and warns that factors such as rising interest rates could lead to an uptick in foreclosure activity. Additionally, 2018 New York State Legislation expanded notice and settlement counseling requirements for reverse mortgage defaults. Previously these types of defaults did not need to be reported to the Department of Financial Services, and with these new protections, many more seniors may have time to access the services they need, such as the HOPP network, to avoid foreclosure and stay in their homes.

¹ OSC Foreclosure Update: Signs of Progress, <https://www.osc.state.ny.us/localgov/pubs/research/foreclosure-update.pdf>

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In response to the ongoing need to support homeowner stability, the OAG announced another six months of HOPP funding starting in July of 2020 and plans to extend this funding for a minimum of six additional months starting in January 2021. In order to ensure that these programs are adequately managed, and that New Yorkers can access these programs, the OAG is making approximately \$1.2 million of funding available through this competitive RFA for two (2) Grantees to act as “Anchor Partners” to the HOPP Program. The Anchor Partners will assist in managing HOPP by overseeing the housing counseling and legal services providers, the “Direct Service Grantees” that provide homeowner stabilization services to New York State homeowners under HOPP. Additionally, the OAG will award one (1) Grantee to manage a system to refer New Yorkers to appropriate program partners and advertise these services in New York State. Funding is available to New York State non-profit organizations that are in good standing and who meet minimum requirements stated in this RFA.

II. Grant Purpose

HOPP funding is dedicated to ensuring that comprehensive homeowner stabilization services are available to residents across New York State, and that these services are focused primarily on helping households who are in, at-risk of, or have experienced foreclosure, and communities impacted by foreclosures. Currently, there are 83 housing counseling and legal service organizations that are Direct Service Providers under HOPP. To ensure that homeowner stabilization services are coordinated throughout the State, the OAG anticipates funding two Grantees to act as the OAG’s Anchor Partners to provide oversight, technical assistance and support for the Direct Service Providers. The Anchor Partners are anticipated to serve specific regions of the State. Direct Service Providers will be assigned to report to one of these Anchor Partner organizations depending on providers’ service areas. Additionally, under this RFA, the OAG anticipates selecting one Grantee to provide Advertisement and Referral Services. Applicants may apply to both categories of funding as described below:

A. Category 1: Anchor Partners

Through this RFA, the OAG anticipates selecting two (2) Grantees to act as Anchor Partners in two (2) geographies in the State: (1) New York City and (2) New York State (excluding NYC). There are approximately 30 Direct Service Providers in New York City and approximately 50 Direct Service Providers in New York State (excluding NYC) that currently receive funding under HOPP.

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Anchor Partners will collect data from the Direct Service Providers and provide to the OAG statistical reports as to the performance of their homeowner stabilization services. Statistical reporting requires the collection of several data points including, but not be limited to:

1. Client/Demographic Information
2. Property Information
3. Loan Information
4. Services Provided to the Client by Grantee
5. Outcome Reached for Client

Anchor Partners will review and report Direct Service Providers' performance compared to their client goals on a quarterly basis to the OAG. If the Direct Service Provider has not met the expected goals for the quarter, the Anchor Partner will work with the Direct Service Provider on a plan to meet the performance goals by the end of the year. In the case that the Direct Service Provider cannot meet their goals, the Anchor Partner will make a recommendation to the OAG on what portion of the Direct Service Provider's grant should be paid. Additionally, the Anchor Partners will collect narrative and financial reports from Direct Service Providers twice a year.

The Anchor Partners will also provide Direct Service Providers with training (can be subcontracted) and create a network for information and resource sharing.

B. Category 2: Advertisement and Referral Services

Additionally, the OAG anticipates selecting one (1) Grantee to provide Advertisement and Referral Services Statewide. This includes staffing and managing a hotline for homeowners in foreclosure that would connect homeowners to the appropriate Direct Service Provider as well as managing a website that includes information for homeowners about foreclosures, scam prevention and how to contact the HOPP network. This Grantee will develop and implement an advertising plan to let homeowners, particularly homeowners at risk of foreclosure, know about HOPP.

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III. Award Information

A. Funding Availability and Distribution

The total estimated funding expected to be available for awards under this competitive opportunity is approximately \$1.2 million. Funding will be distributed between two (2) categories: Category 1: Anchor Partners, and Category 2: Advertisement and Referral Services. Of the funds available approximately \$1 million will be allocated for Anchor Partners and approximately \$200,000 will be allocated for Advertisement and Referral Programs.

If the final grant to be awarded has a greater budget than the remaining funding allocation for that category, the OAG, at its sole discretion, may provide additional funding to satisfy the final awards.

Category 1 Funds for Anchor Partners will cover two regions of the State:

1. NYC comprised of Bronx, Brooklyn, Manhattan, Queens and Staten Island counties. In NYC, there are currently fourteen (14) legal services grantees and sixteen (16) housing counseling grantees under HOPP.
2. New York State (excluding NYC). There are fourteen (14) legal services grantees and thirty-nine (39) housing counseling grantees under HOPP in the regions below:
 - a. Hudson Valley comprised of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties.
 - b. Long Island comprised of Nassau and Suffolk counties.
 - c. Mid/Central NY comprised of Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and Otsego counties
 - d. Northeast NY comprised of Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Warren and Washington counties.
 - e. Southern Tier comprised of Allegany, Cattaraugus, Chautauqua, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates counties.

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- f. Western NY comprised of Erie, Genesee, Niagara, Orleans and Wyoming counties.

Category 2 Funds will cover advertisement and referral services that must be offered Statewide.

B. Grant Period

The grant period will be for Six (6) months with three (3) one-year renewal and one (1) six-month options. The OAG may provide opportunities for grant renewal or extensions at the end of the grant period at the OAG's discretion. Any award made under this RFA will be renewed or extended at the sole discretion of the OAG. There is no guarantee that the award(s) made under this RFA will be renewed beyond the six (6) months.

C. Funding Requests

Organizations that are current Direct Service Grantees under HOPP may apply for Category 1: Anchor Partner funds, but that organization's Direct Service contract will be managed by the other Anchor Partner, regardless of region.

Qualified organizations applying for Category 1: Anchor Partner funding may also apply may in addition apply for Category 2: Advertisement and Referral Services. In this instance, two separate applications and budgets should be submitted by the organization for evaluation.

Applicants can apply for up to two (2) individual grants; one (1) in each category. Applicants that apply for more than one grants should submit a separate application for each category requested.

D. Award Evaluation Process

1. Proposals will be evaluated based on evaluation criteria outlined in Section IV. Section IV.1 relates to criteria specific to Category1: Anchor Partners, and Section IV.2 relates to Category 2: Advertisement and Referral Services. Applicants may submit proposals for both categories. Proposals will be scored and evaluated separately for each category.

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2. Proposals first will be examined for completeness. All proposals submitting a complete package will continue to the minimum threshold eligibility criteria stage.
3. Each proposal that passes the minimum threshold eligibility criteria state will be rated under a point system, with a total of 100 points possible.
4. Incomplete proposals and proposals that do not meet the minimum requirements will be rejected.

E. Award Rating and Scoring

This is a point-based evaluation. A numerical rating shall be assigned to each application based on an evaluation of each proposal, considering the criteria set forth in this RFA. Proposals for Category 1: Anchor Partners and Category and 2: Advertisement and Referral Services will be evaluated and awarded separately. Applicants must score at least 60 points for each category of service to be considered for an award in each category. Proposals will be grouped according to the category and region of the services proposed, then ranked in order of total score. Awards will be made in order of highest score to lowest score under each region for each category as outlined in Section III.A.

F. Tie-breakers:

In the event of a tie score, the scores on the individual application components will be compared in the following order: 1 (Experience), 2 (Proposed Scope of Work), 3 (Budget). The applicant with the highest score on the first component where there is a difference will be considered the winner of the tie.

IV. Eligibility Information

A. Minimum Threshold Eligibility Criteria

Only proposals from eligible entities that meet all of the below criteria will be evaluated against the ranking factors in Section IV.B of this announcement. These are requirements that if not met at the time of proposal submission will result in elimination of the proposal from further consideration. Applicants deemed ineligible for funding consideration as a result of the threshold eligibility review will be notified within five (5) calendar days of the ineligibility determination.

1. Must be an agency in New York State with an active New York State Charities registration number.

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2. Must have an office physically located in New York State.
3. Category 1 only: Must have experience providing free direct foreclosure prevention legal or counseling services, or experience managing organizations that provide free direct foreclosure prevention legal or counseling services in New York State for at least the past four (4) years.

B. Evaluation Criteria for HOPP – Anchor Partners

Eligible proposals that are complete and meet the minimum threshold criteria will be reviewed according to the evaluation criteria set forth below. Applicants submitting proposals for only Category 1: Anchor Partners must respond to sections 1.A-1.C below. Applicants submitting proposals for only Category 2: Advertisement and Referral Services must respond to sections 2.A-2.C below. Applicants may submit proposals for both categories; these proposals must be separate and will be evaluated independently. Applicants should explicitly address these criteria as part of their proposal package submittal.

1. Category 1 Criteria: Anchor Partners

Answers to sections A and B below shall be presented as a narrative and shall not exceed five (5) pages (one-sided, single-spaced). Letters of Support will not be considered as part of the page limitation.

A. Experience (30 Points)

- i. Organizational Description: Provide a brief description of your organization including: its mission, number of years in existence, geographic area you serve and services you provide.
- ii. Experience: Describe your organization's experience in the area of homeowner stabilization services particularly during the last four years. Describe how your organization coordinates or engages with other organizations that provide homeowner stabilization services, please include any experience providing technical assistance or management to other organizations that provide homeowner stabilization services. If your

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organization has provided technical assistance under a grant program, such as HOPP, please describe how this program was managed.

- iii. Please include two (2) letters of support from outside stakeholders including at least one letter from an organization who has provided homeowner stabilization services in collaboration with your organization. This will not be considered part of the page limitation.

B. Program Services (50 Points)

- i. Program and Services: Please indicate which region you plan to serve and describe your proposed approach to providing technical support to HOPP Direct Service grantees. Please describe how you will track and manage Direct Service Grantees performance, how you will work with organizations that fail to meet their goals and how you will report this information as well as other relevant information such as scams targeting homeowners to the OAG.
- ii. Data Management and Training: Please describe how you will collect data from Direct Service Grantees and how you will report this data to the OAG. Additionally, please describe how you plan to offer training to Direct Service Grantees, what training will entail and how you plan to coordinate information sharing among the Direct Service Grantees.
- iii. Funding Request: Please describe your staffing plan, explaining the need and uses for funding including staff costs, technological and training costs and why these are necessary to provide services under this program.

C. Budget/Appendix III (20 points)

Please complete the Microsoft Excel worksheet that details the Budget and Scope of Services and provides a description and dollar amount for each line, and return it with your RFA response. Note that all grant funds must be used in a manner that is consistent with your organization's status as outlined in the requirements of Section II A-1 of this RFA. Please note if applying for

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both Category 1 and Category 2 Funding a separate budget is required for each. Do not convert the Excel spreadsheet into a pdf document.

2. Category 2 Criteria: Advertisement and Referral Services

Answers to sections A and B below shall be presented as a narrative and shall not exceed five (5) pages (one-sided, single spaced).

A. Experience (30 Points)

- i. Organizational Description: Provide a brief description of your organization including: its mission, number of years in existence and technical services you provide.
- ii. Experience: Describe your organization's experience with referral services, including hotline and website referral management. Describe your organizations experience with advertising services and how you track the effectiveness of advertisements.

B. Program Services (50 points)

- i. Program and Services: Please describe your proposed approach to developing a hotline and website under this program. Please include a timeline of how long it will take to develop these services (if you do not have a system set up already.) Please describe what type of information or help for homeowners you plan to include on the website. Describe your planned approach for advertising HOPP and how you plan to reach homeowners in need of assistance.
- ii. Funding Request: Please indicate your funding request, explaining the need and uses for funding including staff costs, technological costs, material development and coordination with other agencies. If you propose setting up new systems, please differentiate “start-up costs” from ongoing maintenance and support.

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C. Budget/Appendix III (20 points)

Please complete the Microsoft Excel worksheet that details the Budget and Scope of Services and provides a description and dollar amount for each line, and return it with your RFA response. Note that all grant funds must be used in a manner that is consistent with your organization's status as outlined in the requirements of Section II A-1 of this RFA. Please note if applying for both Category 1 and Category 2 Funding a separate budget is required for each. Do not convert the Excel spreadsheet into a pdf document.

V. Other Requirements

By submitting a proposal under the RFA, applicant acknowledges their obligations and agrees to cooperate and coordinate fully with the OAG, including but not limited to complying with requests for data, narrative, and financial reports and scheduling of site visits.

An applicant may only subcontract with other agencies if a pre-existing relationship exists and the sub-grantee meets all minimum threshold eligibility criteria in Section IV. A pre-existing relationship is defined as a close working relationship or collaboration with non-profit for four or more years. Sub-grantees without an existing relationship are not permitted. Only one grant application need be submitted; however, the grant application must include documents required in Appendices I and IV for the applying agency, as well as for each sub-grantee.

Additional legal provisions will be included in the Office of the Attorney General's grant agreement with funded applicants under this RFA, as follows, without limitation:

1. NYS Ethics Compliance: All grantees and their employees must comply with the requirements of Public Officers Law Sections 73 and 74, and other State codes, rules and regulations establishing ethical standards for the conduct of business with New York State.

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2. Public Information: Disclosure of items related to the Agreement shall be permitted consistent with the laws of the State of New York and specifically the Freedom of Information Law (FOIL) contained in Section 87 of the Public Officers Law. The New York Office of the Attorney General shall take reasonable steps to protect from public disclosure any records relating to the grantee or its application that are otherwise exempt from disclosure under that statute. Information constituting trade secrets, for purposes of FOIL, must be clearly marked and identified as such upon submission. If the grantee intends to seek an exemption from disclosure of these materials under FOIL, the grantee shall, at the time of submission, request the exemption in writing and provide an explanation of why the disclosure of the identified information would cause substantial injury to the competitive position of the grantee. Acceptance of the identified information by the New York Office of the Attorney General does not constitute a determination that the information is exempt from disclosure under FOIL. Determinations as to the availability of the identified information will be made in accordance with FOIL at the time a request for such information is received by the New York Office of the Attorney General.
3. Indemnification: All grantees agree to indemnify and hold harmless the State of New York, the New York Office of the Attorney General, and their officers, agents, and employees, from liability for loss or damage to the extent caused by the negligent acts, misconduct, or omissions of the grantees, their agents, employees or subcontractors.
4. Independent Contractor: Grantee, in accordance with its status as an independent contractor covenants and agrees that it shall conduct itself consistent with such status, that it shall neither hold itself as, nor claim to be an officer, agent or employee of the State New York or Office of the Attorney General by reason hereof, and that it shall not make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the State, including but not limited to Workers' Compensation coverage, Unemployment Insurance Benefits, Social Security coverage or Retirement membership.
5. Dispute Resolution Policy (Protests and Appeals): It is the policy of the Office of the Attorney General, Budget & Fiscal Management Bureau, to provide grantees with an opportunity to administratively resolve disputes, complaints or inquiries related to bid solicitations or contract awards. The Budget & Fiscal Management Bureau encourages grantees to seek resolution of disputes through consultation with OAG staff. All such matters will be accorded

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impartial and timely consideration. Interested parties may also file formal written disputes.

6. Confidentiality: All the reports, information, data, and other papers and materials in whatever form prepared or assembled by the grantee under this Agreement are confidential, and the grantee shall not discuss them with or make them available to any individual or organization without the prior written approval of the Attorney General or his representative. These provisions do not apply in whatever form to information that is in the public domain nor shall they restrict the grantee from giving notices required by law or complying with an order to provide information or data when such order is issued by a judge. If disclosure of confidential information is required of the grantee by any subpoena or other court process, the grantee agrees to immediately notify the Office of the Attorney General of such process, and to allow the Office of the Attorney General to inspect any such data or information and interpose objections prior to delivery to the court.
7. Publications, Copyrights, and Software Licenses: The Office of the Attorney General and State of New York expressly reserves the right to a royalty-free, non-exclusive and irrevocable license to reproduce, publish, distribute or otherwise use, in perpetuity, any and all copyrighted or copyrightable material resulting from this grant contract or activity supported by this grant contract. Grantee shall grant the Office of the Attorney General and the State of New York a non-exclusive, perpetual license to use, execute, reproduce, display, perform, or merge any custom software application created as a result of the grant funds awarded to a grantee under the grant.
8. Workers' Compensation Insurance and Disability Benefit Requirements Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that business applying for permits, licenses or contracts document they have appropriate workers' compensation and disability insurance coverage. These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption will result in rejection of your bid or renewal. Awarded Contractors seeking to enter into a contract with the State of New York shall reference the Quick Guide to Workers Compensation and Disability Insurance to determine which forms to provide to the OAG. ALL FORMS, EXCEPT CE-200, SI-12 & DB-155 MUST NAME: The NYS Office of the Attorney General, Budget and Fiscal Management Bureau, State Capitol, Albany, NY 12224 as the Entity Requesting Proof of Coverage (Entity being listed as Certificate Holder).

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VI. Proposal and Submission Information

A. Submittal Timeline

RFA Issue Date: November 23, 2020

Questions Due: December 1, 2020 at 5:00 PM EST

OAG Issuance of Answers: December 4, 2020 at 5:00 pm EST

Applications Due: December 16, 2020 at 5:00 PM EST

Projected Notice of Award: December 22, 2020 at 5:00 PM EST

The OAG in its discretion may extend the application deadline if it determines that no applicant addressed specific underserved populations or geographic areas. Any such extension will be announced on the OAG website.

B. Submittal Questions

1. All questions should be submitted in writing, citing the particular RFA section and/or paragraph number/letter. Prospective Applicants should note that all clarifications, including those relating to the terms and conditions of the contract, are to be resolved prior to the submission of an application.
2. Questions/inquiries and/or requests for clarification will only be accepted via e-mail and in writing and should be submitted to the following e-mail address: purchase@ag.ny.gov with the subject line of "RFA #".
3. Official answers to questions will be provided via addendum and posted to the OAG website: <http://www.ag.ny.gov/budget-fiscal/procurement>. Answers will be also be emailed to all organizations who received this solicitation via email.

C. Submittal Delivery Method

1. Certified mail, first class mail, overnight delivery, hand delivered applications or walk-ins will not be accepted. Facsimile submissions will not be accepted. The Office of the Attorney General will not acknowledge receipt of applications delivered by mail, fax or in person.

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2. Applications must be submitted via e-mail to purchase@ag.ny.gov with the subject line of .
3. The applicant is responsible for ensuring 5:00 PM arrival on the deadline date.

D. Submittal Content

In order to fairly evaluate all proposals, a uniform proposal format is required. Each proposal section is listed below, along with the exact contents required. Elaborate brochures, reproduced copies, or printouts of standard manuals or sales literature may not be substituted for the proposal narratives and responses specified.

1. **Appendix I Proposal Cover Page:** By submitting an application with a signed cover letter, you indicate full knowledge and acceptance of this RFA, including Appendix A (Standard Clauses for New York State OAG Contracts). Proposal Cover Page must be signed.
2. **Narrative:** A narrative of no more than five (5) pages answering questions in Section IV.1 for Anchor Partners or IV.2 Advertisement and Referral Services will be accepted. *Applicants wanting to apply for both categories of funding must submit two separate and properly labeled narratives of no more than five (5) pages.*
3. **Appendices III – Budget and Scope of Services:** *Please note if applying for both Categories of Funding a separate budget is required for each. Do not convert the Excel spreadsheet into a pdf document.*
4. **Appendix IV – Certifications 1-5**
5. **Administrative Submission Requirements** as follows:
 - a. Vendor Responsibility Questionnaire, either a certification of online filing or paper version
 - b. Substitute W-9 Form

All proposals, upon submission to the OAG, shall become OAG property for use as deemed appropriate.

E. The OAG reserves the right to:

1. Reject any and all proposals received; or
2. Cancel this RFA if it is in the best interest of the State;

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3. Waive or modify minor irregularities in proposal received after prior notification to the Applicants;
4. Adjust correct any arithmetical error in the proposal;
5. Receive clarification from Applicants for the purpose of assuring a full understanding of responsiveness to the RFA;
6. Factor past performance under HOPP into grant decisions;
7. Utilize any and all ideas submitted in the proposal received unless, the ideas are covered by legal patent or property rights
8. Adopt or utilize all or any part of an Applicant's proposal;
9. Negotiate with the Applicant to serve the best interest of the State;
10. Begin agreement negotiations with another Applicant in order to serve the best interest of the State in the event that the State is unsuccessful in negotiating an agreement with a previously selected Applicant; and
11. Partially fund a proposal(s)

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**Appendix I-
Proposal Cover Letter for RFA (HOPP):**

Please fill out and return the Microsoft Excel worksheet provided. A signed copy of Appendix I must be included.

Appendix II- Definition of Foreclosure Prevented

Positive Resolution	Explanations
Stayed in Home	
Satisfied Mortgage	Mortgage paid off
Foreclosure Dismissed	Foreclosure is dismissed for various possible reasons, including lender lacking standing
Brought Mortgage Current	Homeowner brings mortgage current by paying down any accrued interest and charges and bringing payments up to date
Mortgage Refinanced	Homeowner pays off mortgage by taking out new loan, usually on more favorable terms, or through programs like HARP and NMS
Mortgage Modified	The terms of the existing loan are modified, often by decreasing the interest rate and/or extending the term of the loan.
Resolved non-mortgage lien issue	Resolved a non-mortgage lien on the property. For example: Property tax lien; water lien; etc...
Reverse Mortgage Obtained	Homeowner takes equity out of the home. Monthly payments decrease to \$0 or homeowner may get paid
Homeownership Preserved through other intervention	Homeowner keeps home through means not listed herein
Avoided Foreclosure but Lost Home	
Property Sold	The homeowner sells the property and pays off the outstanding balance on the mortgage.
Executed Deed-In-Lieu	The homeowner conveys all interest in the house to the lender to satisfy a loan that is in default and avoid foreclosure. The lender, rather than the borrower, then tries to sell the property.
Short Sale	The homeowner sells the mortgaged property for less than the outstanding balance of the loan, and turns over the proceeds of the sale to the lender
Storm-Related	
Homeowner Relocated	Displaced homeowner successfully relocates to new housing AND obtains at least one secondary positive outcome of obtaining private insurance funds, federal assistance funds, and/or private loan/grant funds

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Homeowner Protection Program (HOPP) – Anchor Partners
Request for Applications (RFA)

Appendix III – Project Budget and Scope of Services

Please fill out and return the Microsoft Excel worksheet provided. Do not convert Excel worksheet to a pdf

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL



Homeowner Protection Program (HOPP) – Anchor Partners
Request for Applications (RFA)

Appendix IV - Certifications - 1

PRIVACY CERTIFICATION

Each organization receiving a grant must have an established privacy policy for protecting the confidentiality of personally identifiable information or “private information.”

I hereby certify that _____, the applicant organization, maintains a privacy policy that, at a minimum:

- restricts the use and/or disclosure of “private information” to the purpose for which it was obtained;
- requires the person’s consent for other uses or disclosures;
- limits access to “private information” to those employees with a need to fulfill the purpose for which it was obtained; and
- provides adequate precautions to ensure administrative and physical security of “private information.”

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL



Homeowner Protection Program (HOPP) – Anchor Partners
Request for Applications (RFA)

Appendix IV - Certifications - 2

CIVIL RIGHTS CERTIFICATION

I hereby certify that _____, the applicant organization:

- will comply with all applicable federal, state, and local laws relating to nondiscrimination in employment;
- will not discriminate against any individual who receives or applies for services on the basis of actual or perceived age, race, religion, color, gender, sexual orientation, age, national origin, ancestry, citizenship, disability, or veteran status or classification; and
- Will forward to the appropriate Anchor Partner a copy of any finding by a court or administrative agency that it has violated any federal, state, or local law relating to nondiscrimination.

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL



Homeowner Protection Program (HOPP) – Anchor Partners
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Appendix IV - Certifications - 3

LABOR CERTIFICATION

I hereby certify that _____, the applicant organization:

- will comply with all applicable federal, state, and local labor and employment laws and regulations, including any applicable schedules or determinations made by the State Labor Department in accordance with the Labor Law; and
- Will forward to the appropriate Anchor Partner a copy of any finding by a court or administrative agency that it has violated any federal, state, or local law relating to labor or employment.

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL



Homeowner Protection Program (HOPP) – Anchor Partners
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Appendix IV - Certifications - 4

INSURANCE CERTIFICATION

I hereby certify that _____, the applicant organization:

- Maintains appropriate insurance, including but not limited to all insurance required by law, against any liability, in reasonable amounts, for injury to persons or property arising to the performance of activities proposed in this RFA.
- Will forward a copy of all proof of insurance documents to the appropriate Anchor Partner upon request by such Anchor Partner

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL



Homeowner Protection Program (HOPP) – Anchor Partners
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Appendix IV - Certifications - 5

COMPLIANCE WITH LAW CERTIFICATION

I hereby certify that _____, the applicant organization:

- Currently and shall continue to comply with all applicable federal, state, and local laws rules, regulations, resolutions, orders, judgments, decrees, and ordinances which are in effect or become effective during the term of the project described in this RFA

Signature of Authorized Certifying Official

Date

Name/Title

Sworn to before me this _____ day of _____, 20____;

Notary Public

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

BUSINESS ENTITY INFORMATION					
Legal Business Name			EIN		
Address of the Principal Place of Business/Executive Office			New York State Vendor Identification Number		
			Telephone ext.	Fax	
Email		Website			
Authorized Contact for this Questionnaire					
Name:			Telephone ext.	Fax	
Title			Email		
List any other DBA, Trade Name, Other Identity, or EIN used in the last five (5) years, the state or county where filed, and the status (active or inactive): (if applicable)					
Type	Name	Type	EIN	State or County where filed	Status

I. BUSINESS CHARACTERISTICS	
1.0 Business Entity Type – Please check appropriate box and provide additional information:	
a) <input type="checkbox"/> Corporation (including PC)	Date of Incorporation
b) <input type="checkbox"/> Limited Liability Co. (LLC or PLLC)	Date Organized
c) <input type="checkbox"/> Limited Liability Partnership	Date of Registration
d) <input type="checkbox"/> Limited Partnership	Date Established
e) <input type="checkbox"/> General Partnership	Date Established County (if formed in NYS)
f) <input type="checkbox"/> Sole Proprietor	How many years in business?
g) <input type="checkbox"/> Other	Date Established
If Other, explain:	
1.1 Was the Business Entity formed in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “No,” indicate jurisdiction where Business Entity was formed:	
<input type="checkbox"/> United States State _____	
<input type="checkbox"/> Other Country _____	
1.2 Is the Business Entity currently registered to do business in New York State with the Department of State? <i>Note: Select ‘not required’ if the Business Entity is a General Partnership.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
If “No,” explain why the Business Entity is not required to be registered in New York State.	
1.3 Is the Business Entity registered as a Sales Tax vendor with the New York State Department of Tax and Finance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain and provide detail, such as ‘not required,’ ‘application in process,’ or other reasons for not being registered.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

I. BUSINESS CHARACTERISTICS

1.4 Is the Business Entity a Joint Venture? <i>Note: If the submitting Business Entity is a Joint Venture, also submit a separate questionnaire for the Business Entity comprising the Joint Venture.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5 Does the Business Entity have an active Charities Registration Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Number: _____ If exempt, explain: _____ If an application is pending, enter date of application: _____ Attach a copy of the application	
1.6 Does the Business Entity have a DUNS Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter DUNS Number _____	
1.7 Is the Business Entity's principal place of business/Executive Office in New York State? If "No," does the Business Entity maintain an office in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the address and telephone number for one New York Office.	
1.8 Is the Business Entity's principal place of business/executive office:	
<input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord Name (if 'rented') _____ <input type="checkbox"/> Other Provide explanation (if 'other') _____	
Is space shared with another Business Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other Business Entity _____ Address _____ City _____ State _____ Zip Code _____ Country _____	
1.9 Is the Business Entity a Minority Community Based Organization (MCBO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10 Identify current Key Employees of the Business Entity. Attach additional pages if necessary.	
Name	Title
Name	Title
Name	Title
Name	Title
1.11 Identify current Trustees/Board Members of the Business Entity. Attach additional pages if necessary.	
Name	Title
Name	Title
Name	Title
Name	Title

II. AFFILIATES AND JOINT VENTURE RELATIONSHIPS

2.0 Does the Business Entity have any Affiliates? Attach additional pages if necessary (If no, proceed to Section III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Affiliate Name	Affiliate EIN (If available)	Affiliate's Primary Business Activity
Explain relationship with the Affiliate and indicate percent ownership, if applicable (enter N/A, if not applicable):		
Are there any Business Entity Officials or Principal Owners that the Business Entity has in common with this Affiliate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual's Name	Position/Title with Affiliate	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

III. CONTRACT HISTORY

3.0 Has the Business Entity held any contracts with New York State government entities in the last three (3) years? If “Yes,” attach a list including the Contract Number, Agency Name, Contract Amount, Contract Start Date, Contract End Date, and the Contract Description.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

IV. INTEGRITY – CONTRACT BIDDING

Within the past five (5) years, has the Business Entity or any Affiliate

4.0 Been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

4.2 Been denied a contract or had a bid rejected based upon a finding of non-responsibility by a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

4.3 Agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

4.4 Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

For each “Yes” answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

V. INTEGRITY – CONTRACT AWARD

Within the past five (5) years, has the Business Entity or any Affiliate

5.0 Been suspended, cancelled or terminated for cause on any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

5.1 Been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

5.2 Entered into a formal monitoring agreement as a condition of a contract award from a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

For each “Yes” answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VI. CERTIFICATIONS/LICENSES

6.0 Within the past five (5) years, has the Business Entity or any Affiliate had a revocation, suspension or disbarment of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If “Yes,” provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate

7.0 Been the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7.1 Been the subject of an indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

7.3 Had any New York State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

VII. LEGAL PROCEEDINGS

Within the past five (5) years, has the Business Entity or any Affiliate

7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than the previously disclosed: (i) Been subject to the imposition of a fine or penalty in excess of \$1,000, imposed by any government entity as a result of the issuance of citation, summons or notice of violation, or pursuant to any administrative, regulatory, or judicial determination; or (ii) Been charged or convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VIII. LEADERSHIP INTEGRITY

Note: If the Business Entity is a Joint Venture, answer 'N/A- Not Applicable' to questions 8.0 through 8.4.

Within the past five (5) years, has any individual previously identified, any other Key Employees not previously identified or any individual having the authority to sign execute or approve bids, proposals, contracts or supporting documentation with New York State been subject to

8.0 A sanction imposed relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.1 An investigation, whether open or closed, by any government entity for a civil or criminal violation for any business related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.2 An indictment, grant of immunity, judgment, or conviction of any business related conduct constituting a crime including, but not limited to, fraud, extortion, bribery, racketeering, price fixing, bid collusion or any crime related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.3 Misdemeanor or felony charge, indictment or conviction for: (i) any business-related activity including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.4 A debarment from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
For each "Yes" answer, provide an explanation of the issue(s), the individual involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

IX. FINANCIAL AND ORGANIZATIONAL CAPACITY	
9.0 Within the past five (5) years, has the Business Entity or any Affiliates received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.1 Within the past five (5) years, has the Business Entity or any Affiliates had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.2 Within the past five (5) years, has the Business Entity or any Affiliates had any liens, claims or judgments over \$15,000 filed against the Business Entity which remain undischarged or were unsatisfied for more than 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, relevant dates, the lien holder or claimant's name(s), the amount of the lien(s), claim(s), or judgments(s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the last seven (7) years, has the Business Entity or any Affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, regardless of the date of filing, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the Bankruptcy Chapter Number, the Court name, the Docket Number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
9.4 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any tax returns required by federal, state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the taxing jurisdiction (federal, state or other), the type of tax, the liability year(s), the Tax Liability amount the Business Entity failed to file/pay, and the current status of the Tax Liability. Provide answer below or attach additional sheets with numbered responses.	
9.5 During the past three (3) years, has the Business Entity and any Affiliates failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the Business Entity involved, the relationship to the submitting Business Entity, the year(s) the Business Entity failed to file/pay the insurance, explain the situation, and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.6 During the past three (3) years, has the Business Entity or any Affiliates had any government audits? If "Yes," did any audit reveal material weaknesses in the Business Entity's system of internal controls If "Yes," did any audit reveal non-compliance with contractual agreements or any material disallowance (if not previously disclosed in 9.6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes" answer, provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, relevant dates and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

X. FREEDOM OF INFORMATION LAW (FOIL)

10.0 Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.

Yes No

Indicate the question number(s) and explain the basis for your claim.

**NEW YORK STATE
VENDOR RESPONSIBILITY QUESTIONNAIRE
NOT-FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding award or approval of a contract or subcontract and that such government entities will rely on information disclosed in the questionnaire in making responsibility determinations; (2) acknowledges that the New York State government entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or Federal Law, as well as a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State government entities will rely on the information disclosed in the questionnaire when entering into a contract with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State government entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Official _____

Printed Name of Signatory _____

Title _____

Name of Business _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____, 20____;

_____ Notary Public



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:

2. Business name/disregarded entity name, if different from Legal Business Name:

3. Entity Type (Check one only):

- Individual Sole Proprietor
 Partnership
 Limited Liability Co.
 Corporation
 Not For Profit
 Trusts/Estates
 Federal, State or Local Government
 Public Authority
 Disregarded Entity
 Other _____

Exempt Payee

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (*DO NOT USE DASHES*)
See instructions.

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN)
 Social Security No. (SSN)
 Individual Taxpayer ID No. (ITIN)
 N/A (Non-United States Business Entity)

Part III: Address

1. Remittance Address:

2. Ordering Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Email Address

Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor

Primary Contact Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Part V: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and

2. I am a U.S. citizen or other U.S. person, and

3. (Check one only):

I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or

I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Sign Here:

Signature Title Date

Print Preparer's Name Phone Number Email Address

DO NOT SUBMIT FORM TO IRS – SUBMIT FORM TO NYS ONLY AS DIRECTED

NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

Part III: Address

1. **Remittance Address:** Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. **Ordering Address:** Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

Part V: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.