

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

NEW YORK STATE  
LAWYERS ASSISTANCE PROGRAM (LAP)

Request for Proposals  
OCA/P&CS RFP #002

APPLICATION FORMS AND  
INSTRUCTIONS

**OCA/P&CS RFP #002**  
**BID OPENING 8/8/2014 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 #002**  
**BID OPENING 8/8/2014 2:00PM**

**I. Background Information**

The New York State Unified Court System, through the New York State Lawyers Assistance Program (LAP), has targeted \$250,000 in fiscal year 2014-2015 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
- 2) Prevention
- 3) Outreach
- 4) Service

**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 or bar foundations.

**B. Funding**

Total available funding for the program is \$250,000 for the initial period April, 1, 2014 – March 31, 2015.

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. LAP funds may not be used for general overhead expenses such as rent, utilities or maintenance. 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. Award Selection Criteria and Method of Award**

The Lawyers Assistance Program Advisory Board (“Board”) will review grant proposals with the assistance of Co-Counsel, 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:

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 2:00PM**

<u>Category</u>	<u>Point Value</u>
Organizational Capacity	15
Program Plan	50
Staffing Plan	15
Reasonableness of Cost	20
<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

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. A preference will be given for applications that address education, prevention, outreach, or services regarding alcohol or substance abuse dependency as well as mental health concerns and wellness.
- The estimated number of clients to be served.
- Expertise in providing services to a specific sub-population or sub-populations within the catchment area.
- 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 Linkage agreements with other departments of the applicant's organization or other organizations in the community that provide services to the target population and that might result in greater client access to education, prevention, outreach, or service.

**D. 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 multi-year term. The term of the contracts is expected to be from April 1, 2014 – March, 31 2019. Funding in subsequent periods beyond the initial period of April 1, 2014 – March 31, 2015 during the multi-year term is contingent on available funding and presumes the same level of funding each year.

**E. 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 you are applying for funding of \$20,000 or more in 2014-15, you are required to submit a Vendor Responsibility Questionnaire. If you are applying for less than \$20,000 in 2014-15, you 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 #002  
BID OPENING 8/8/2014 2:00PM**

**F. Questions**

All questions regarding this RFP must be in writing by email only to: [ssproule@nycourts.gov](mailto:ssproule@nycourts.gov). Indicate in "Subject" field: OCA/P&CS RFP 002- Question(s).

The deadline to submit questions is **July 25, 2014, before 12:00 pm**. 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. Proof of Federal tax exempt status
- G. A statement that you have timely filed with the NYS Attorney General's Charities Bureau all required periodic or annual reports, or are exempt from such filings
- 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 **August 8, 2014 at 2 pm**. Send TWO copies of the application and attachments to:

Sheila M. Sproule NYS Lawyers Assistance Program c/o NYS Unified Court System, Division of Professional and Court Services 25 Beaver Street, Room 859A New York, NY 10004	<b>And include the following notation below the address:</b> "Deliver immediately to Sheila M. Sproule" "Sealed Application - Do not open" "OCA/Professional and Court Services #002"
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**OCA/P&CS RFP #002  
 BID OPENING 8/8/2014 2:00PM**

**II. Application Cover Sheet**

Legal Name of Applicant Organization		
Executive Director/CEO		
Proposal Contact Person, Title, Phone Number and Email Address		
Program Director		
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)		
Total Funding Requested		
Percentages of your organization's overall operating revenue derived from:	<input type="checkbox"/> Government Funding <input type="checkbox"/> Grants <input type="checkbox"/> Fundraising	<input type="checkbox"/> Investment Income <input type="checkbox"/> Membership Dues <input type="checkbox"/> Other (explain)
Address		
County		
Judicial District		
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		
<b>Date of Application</b>		

Grant Request Amount:		
Total funding necessary to complete the program:		
Program is:	<input type="checkbox"/> New	<input type="checkbox"/> Ongoing

**OCA/P&CS RFP #002**  
**BID OPENING 8/8/2014 2:00PM**

**III. Proposal Narrative (Page limit: 3-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 to the substance abuse population and, if applicable, developing an effective working relationship with appropriate providers.
2. What persons or groups will be served [including specifics about demographics such as gender, age]? Estimate the number of clients that will be served during each year of the five-year term.
3. What geographic area will be served by the program?
4. Describe the policies and procedures the organization has in place to ensure client confidentiality.
5. 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.
6. Briefly describe the organization's: (a) internal controls procedure<sup>1</sup> and (b) role of senior program staff in developing and monitoring program budgets.

**Program Plan (Page limit: 3-pages, single-spaced).**

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

1. Is the program new or ongoing?
2. Describe the facilities available for the program.
3. Describe the need your program plans to address and how the program plans to address it.
4. Describe the intake process for potential clients referred to the program. Describe each step in the process.
5. Provide information regarding the service delivery method(s).
6. Provide information on how your organization determines the proportion of treatment covered by LAP funds.
7. Describe the proposed process for reporting the program's progress to the LAP.
8. Describe the method that will be utilized to evaluate the success of the program.
9. Explain how the program will address special needs, for example, physical disabilities, etc.
10. If the program is being conducted in cooperation with other entities, identify them, their role, contact persons including address, telephone and fax.

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<sup>1</sup>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 plans.

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 2:00PM**

**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 12-month period April 1, 2014 - March 31, 2015, using the Excel budget file available at: <http://nycourts.gov/admin/bids/currentsolicitations.shtml>.

Please include a one-sentence description of each item. Provide a list other funding sources for the request (where applicable), 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 the grant, e.g., staff salaries, direct providers of services, transportation expenses, equipment, supplies, printing and copying, telephone and fax, and/or postage and delivery.

**Reminder:** LAP funds may not be used for general overhead expenses such as rent, utilities or maintenance. 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 #002  
BID OPENING 8/8/2014 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. Proof of Federal tax exempt status
	G. A statement that you have timely filed with the NYS Attorney General's Charities Bureau all required periodic or annual reports, or are exempt from such filings
	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)

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 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/](http://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 #002**  
**BID OPENING 8/8/2014 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.

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 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:

The name and address of the licensed professional who performed or will perform the evaluation of, and determined the level of treatment required by the attorney or judge requiring treatment 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. If the Applicant requests a grant to reimburse funds already expended for treatment-related expenses, supply copies of the treatment provider's invoices for services rendered and proof of payment, such as a cancelled check.

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 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](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](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](mailto: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 #002  
BID OPENING 8/8/2014 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 #002  
BID OPENING 8/8/2014 2:00PM**

**DETAIL RATING SHEETS**

**APPLICANT:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

**A. ORGANIZATIONAL CAPACITY (15 POINTS TOTAL)**

A1. Evaluate the extent to which the applicant demonstrates that the organization is organized to provide substance abuse and mental health and wellness services under this program (5 points)

A1. \_\_\_\_\_

A2. Evaluate the extent to which the applicant plans to establish and maintain an effective working relationship with appropriate providers (2 points)

A2. \_\_\_\_\_

A3. Evaluate the extent to which the applicant demonstrates that the organization has instituted mechanisms likely to result in high quality services (5 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 #002  
BID OPENING 8/8/2014 2:00PM**

**B. PROGRAM PLAN (50 POINTS TOTAL)**

B1. Evaluate the extent to which the applicant proposes facilities adequate for the program (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 proposed intake, service delivery and client progress reporting plan (20 points)

B3. \_\_\_\_\_

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

B4. \_\_\_\_\_

B5. Evaluate the collaborative nature of the proposed program (5 points)

B5. \_\_\_\_\_

**SUBTOTAL FOR PART "B" (B1 + B2 + B3 + B4 + B5): \_\_\_\_\_**

**OCA/P&CS RFP #002  
BID OPENING 8/8/2014 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 #002  
BID OPENING 8/8/2014 2:00PM**

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

D1. Evaluate the extent to which the salaries and fringe benefits for the proposed program are appropriate for the positions listed in the proposal (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 percentage of UCS funds allocated for the support of administrative and/or indirect costs are reasonable (5 points)

D3. \_\_\_\_\_

**SUBTOTAL FOR PART "D" (D1 + D2 + D3) \_\_\_\_\_**