

ATTACHMENT 1
SUBMISSION CHECKLIST

Solicitation of Interest (SOI) # 1005
Settlement House Program Solicitation of Interest

Applicant: _____ FEIN/TIN: _____

Please indicate whether the following statements described in the solicitation apply to your organization:

Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(a) The applicant provides comprehensive, coordinated, family-focused, multi-generational human services such as: childcare if for family employment, employment training, housing assistance counseling, youth development, educational services, counseling, senior services and arts and cultural activities, based on the needs of the neighborhood.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(b) The applicant is a Settlement House as defined herein. For this funding opportunity a Settlement House is defined as an independent, voluntary, not-for-profit organization engaged in community work and social services delivery in a defined neighborhood, in a municipality of New York State that:
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	i. Demonstrates current affiliation with downstate membership organization of United Neighborhood Houses at https://www.unhny.org/our-members ; OR ii. Demonstrates the current provision of community work and social services delivery in a defined neighborhood and its corporate papers include being a settlement house; AND
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	iii. has been incorporated for at least three (3) years and provide written documentation of such incorporation;
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	iv. qualifies as a tax-exempt organization pursuant to section 501(c)(3) of the Internal Revenue Code and provides a copy of the 2019 IRS Form 990;
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	v. provides services to all those who live in the neighborhood(s) served without regard to race, creed, religious practice, color, sex, age, national origin, economic status, disability, or affectional preference;
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	vi. has an independent, autonomous Board of Directors, which meets at regular intervals, has full authority over the policies and operations of the organization, and the membership of which includes community residents;
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	vii. Employs appropriate staff including a position of chief executive officer;
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	viii. has a budget which is adopted on an annual basis by the Board of Directors, utilizes an accepted accounting system, and has an annual fiscal audit prepared by a Certified Public Accountant not connected with the organization; and
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	ix. demonstrates that one of its primary purposes is the improvement of the relationship among groups of different cultural, economic, religious, and social groups in the community through a variety of individual, group, and inter-group activities.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(c) The applicant agrees to provide the required services in the neighborhoods, counties, or regions aligned with the definition of a Settlement House and Solicitation of Interest and has documented their intention <u>by providing a completed</u> Attachment 1 – Submission Checklist and Attachment 2 – Letter of Interest .

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Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(d) The applicant has provided proof of linkages and collaborations with other neighborhood service providers by <u>providing a completed and signed Attachment 5 – Collaboration Commitment Agreement</u> .
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(e) The applicant has <u>provided a completed Attachment 4 – Project Description and Objectives</u> (provide at least 2 objectives) that supports the project Outcome, as defined in the Project Objectives section of the SOI.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(f) The applicant <u>has provided a Certificate of Incorporation (or other equivalent document)</u> that demonstrates the applicant has been incorporated for at least three (3) years.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(g) The applicant <u>has provided a current Organization Chart</u> that depicts the entire organization’s structure, including a position of chief executive officer.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(h) The applicant <u>has provided a copy of their 2019 IRS 990 filing (or other suitable documentation)</u> . OCFS will consider the substitution of a 2019 Certified Financial Statement in lieu of the 2019 Form 990 or a prior year Form 990 if the applicant can demonstrate extenuating circumstances and has applied for a 2019 federal filing extension.
Yes or N/A <input type="checkbox"/>	No* <input type="checkbox"/>	(i) If the applicant is deemed eligible via (b)ii. of the SOI and this is not demonstrated through the certificate of incorporation or IRS 990 filing submitted as required above, <u>applicant has provided the necessary versions of the certificate of incorporation, IRS 990 or other form of corporate papers (i.e. corporate mission statement)</u> to document that the organization meets (b)ii of the SOI.
Yes <input type="checkbox"/>	No* <input type="checkbox"/>	(j) The applicant is eligible to do business with New York State.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	The applicant certifies under penalty of perjury that, by submission of this proposal, each proposer and each person signing on behalf of any proposer, and in the case of a joint proposal each party thereto as to its own organization, has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees, and that such policy does, at a minimum, meet the requirements of section two hundred one-g of the labor law? Please note that a proposal will not be considered for award nor will any award be made to a proposer who is not able to make this certification in compliance with State Finance Law section 139-l; provided, however, that if the proposer cannot make the foregoing certification, such proposer shall so state and shall furnish with the proposal a signed statement which sets forth in detail the reasons therein.

*** A response of “no” to any question marked with an asterisk will disqualify the applicant.**

Submit the following completed documents prior to the deadline via email to RFP@ocfs.ny.gov:

- Attachment 1 – Submission Checklist**
- Attachment 2 – Letter of Interest**
- Attachment 4 – Project Description and Objectives** (provide at least 2 objectives)
- Attachment 5 – Collaboration Commitment Template** (signed linkage agreements)
- Certificate of Incorporation** (or other equivalent document)
- Organizational Chart** (that depicts the entire organization’s structure)
- Copy of the 2019 IRS Form 990 filing** (or other suitable documentation)
- If applicable, an additional certificate of incorporation, IRS 990 filing or other form of corporate papers (i.e. corporate mission statement) to verify the entity meets eligibility criteria (b)ii.
- [OCFS-2647, EO 177 Certification](#)
- [OCFS-4821, CMS User Authorization](#)

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By signing below, I attest that I have express authority to sign these statements on behalf of the applicant and am authorized by law to bind the applicant contractually.

Print Name: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Date: _____