

# ATTACHMENT 1

## SUBMISSION CHECKLIST

### Solicitation of Interest (SOI) #1017 Residential Services for Individuals Who Are Legally Blind

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"/>		<p>Does the applicant have experience administering the proposed residential services program(s) for participants who are legally blind for at least one program cycle? (i.e., for a program with a duration of 6 months, the applicant has administered the program for 6 months.) This <u>must be documented by the provision of a completed <b>Attachment 1 – Submission Checklist and Attachment 2 – Letter of Interest.</b></u></p>
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		<p>Does the applicant propose a residential program(s) that seeks to develop and expand the participant’s abilities in <b><u>one or more</u></b> of the following areas?</p> <ul style="list-style-type: none"> <li>• Vocational rehabilitation</li> <li>• Academic instruction/college prep</li> <li>• Workplace readiness</li> <li>• Specific job training skills</li> <li>• Independent living</li> <li>• Self-advocacy</li> <li>• Use of assistive and/or adaptive technology</li> <li>• Socialization skills</li> <li>• Financial literacy</li> </ul> <p><u>Provide a detailed narrative in the <b>Attachment 2 – Letter of Interest</b> explaining how the proposed residential program(s) meet this requirement.</u> <b><i>Please note: Proposed program(s) that are solely of a recreational nature will not be accepted under this SOI.</i></b></p>
Yes <input type="checkbox"/>	No* <input type="checkbox"/>		<p>Does the applicant have a pre-established, all-inclusive daily/weekly program rate per participant for the proposed program? If proposing more than one program, provide this information for each of the proposed programs. This proposed rate(s) must be at or below the currently published program rate at the time this SOI was released (see Date of Issue on first page of this SOI). This proposed rate is for the period from 7/1/2020 – 6/30/2025. If a program requires a cost of living adjustment (COLA) during this period, the methodology of any price increase must be spelled out in the SOI response. Any cost increases that are not spelled out in the SOI will not be allowed. If an organization has official rates that are approved by a third-party entity, NYSCB will pay the official approved third-party entity rates for the program at the time of referral. No additional fees will be allowed to be charged to NYSCB or to program participants (including family members) for services delivered under any awards that may result from a response to this SOI. <u>Provide this information in the <b>Attachment 2 – Letter of Interest.</b></u></p> <p><b><i>Note: NYSCB will entertain additional upfront costs that are integral to the proposed program. Such costs like tuition at a local college would need to be clearly broken down and a detailed explanation of the costs would need to be provided in your LOI.</i></b></p>

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Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	N/A <input type="checkbox"/>	Does the applicant agree to provide NYSCB with a “Pre-Employment Transition Services (Pre-ETS) - Breakdown,” if applicable? This applies to applicants who provide services to participants who are age 14 to 21. <i>(If this checklist item does not apply to your organization, please choose “N/A.”)</i>
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>		Does the applicant employ staff capable of working with the unique needs of participants who are legally blind as required by the <b>Staff Qualifications</b> section of this announcement? <u>Explain how you meet this requirement</u> in the <b>Attachment 2 – Letter of Interest</b> .
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>	N/A <input type="checkbox"/>	If the state in which the applicant’s proposed program resides requires the program to be licensed or certified in some way, <b>specifically for the purpose of providing residential services to participants who are legally blind</b> , are the applicable license(s) and/or certification(s) in good standing? <u>If applicable: provide a copy of the required license, certification or other relevant supporting documentation to demonstrate compliance with your state’s requirement(s).</u> <i>(If this checklist item does not apply to your organization please choose “N/A.”)</i>
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>		Does the applicant agree to accept all participants who are legally blind who are referred by NYSCB to the proposed program?
Yes <input type="checkbox"/>	<b>No*</b> <input type="checkbox"/>		Is the applicant eligible to do business with New York State? If you are not currently eligible, do you agree to become eligible prior to contracting 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 that 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 before the deadline via email to [RFP@ocfs.ny.gov](mailto:RFP@ocfs.ny.gov):

- Attachment 1 – Submission Checklist
- Attachment 2 – Letter of Interest
- If applicable: a copy of the required license, certification or other relevant supporting documentation to demonstrate compliance with your state’s requirement(s)**

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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_