



**DEPARTMENT OF YOUTH AND COMMUNITY
DEVELOPMENT
OFFICE OF PROCUREMENT**
156 WILLIAM STREET
NEW YORK, NEW YORK 10038
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JEANNE B. MULLGRAV
Commissioner

August 1, 2007

ADDENDUM #3

Re: Out of School Time (OST) Programs for
Youth Elementary School Expansion
Request for Proposals
PIN: 26007OSTERFP

Dear Prospective Proposer:

Pursuant to Sections 3-02 (i) and 3-03 (f) (2) of the Procurement Policy Board (PPB) Rules, the Department of Youth and Community Development (DYCD) is issuing **Addendum #3** to the Out-of-School Time (OST) Programs for Youth Elementary School Expansion Request for Proposals (RFP) PIN 26007OSTERFP. Proposers should acknowledge receipt of Addendum #2 by using Acknowledgement of Addenda (Attachment 7).

ADDENDUM ITEM

Attachment 1 Revised from Addendum #1 has been revised to include a space for an authorized representative of the proposing organization to sign and date the Proposal Summary Form. Attachment 1, Second Revision, is attached to this addendum.

Patricia Chabla
Patricia Chabla
Agency Chief Contracting Officer

(ABC)

PROPOSAL SUMMARY FORM
(Submit for each proposal.)

RFP TITLE: OST PROGRAMS FOR YOUTH – ELEMENTARY SCHOOL EXPANSION
PIN: 26007OSTERFP

A. Proposer Information:

Proposer Name:		
Address:		
Borough	State	Zip Code

Tax Identification #:

Organization Contact Information:

Contact Name:	Title:
Telephone #:	E-mail:

Executive Director / CEO Contact Information (if different):

Contact Name:	Title:
Telephone #:	E-mail:

Signature _____ **Date** _____

B. Organization Status (Check all that apply.):

- 501(c)(3) Applied for 501(c)(3) Not-for-profit Applied for not-for-profit

C. Organization’s total FY 2007 operating budget: \$

Program Information:

D. Competitions: (Check only one.)

- | | |
|--|--|
| <input type="checkbox"/> Bronx: Target Zip Codes | <input type="checkbox"/> Bronx: Non-Target Zip Codes |
| <input type="checkbox"/> Brooklyn: Target Zip Codes | <input type="checkbox"/> Brooklyn: Non-Target Zip Codes |
| <input type="checkbox"/> Manhattan: Target Zip Codes | <input type="checkbox"/> Manhattan: Non-Target Zip Codes |
| <input type="checkbox"/> Queens: Target Zip Codes | <input type="checkbox"/> Queens: Non-Target Zip Codes |
| <input type="checkbox"/> Staten Island: Target Zip Codes | <input type="checkbox"/> Staten Island: Non-Target Zip Codes |

E. Multiple Proposals

Has the proposer submitted more than one proposal in response to this RFP?

Yes No

If “Yes,” how many?

F. Program Costs and Resources (Enter the requested information in the space provided.)

Note: Participant and budget information should match the numbers on the Budget Calculator (available on DYCD’s website, www.nyc.gov/dycd). **To insure accuracy, the budget calculator must be used to complete this chart.**

SCHOOL YEAR	Number of Participants	Price per Participant	Total Cost	Notes
1. Proposed number of participants to be served during the school year (September - June)				The maximum price per school year is \$2,000.
2. Proposed number of youth with disabilities to be served during the school year (September – June)				Proposers may define the price for children with disabilities.
TOTAL SCHOOL YEAR				

SUMMER	Number of Participants	Price per Participant	Total Cost	Notes
3. Proposed number of participants to be served during the summer (July -August)				The maximum price for summer is \$800.
4. Proposed number of youth with disabilities to be served during the summer (July - August)				Proposers may define the price for children with disabilities.
TOTAL SUMMER				

1. DYCD funding:
(must match the Total DYCD Funding Request on the budget calculator) \$

2. If applicable, additional cash contributions from private sources
(DYCD does not require that proposers have additional cash contributions.) \$

3. If applicable, additional public funding
(DYCD does not require that proposers have additional public funding.) \$
4. Average price per participant
(*must match the Average Price Per Participant on the budget calculator*) \$

G. Reduced Hours

Are you proposing a program at reduced hours to accommodate to participants attending a school with a mandatory extended hours schedule?

- Yes No

H. Program Site Location

Type of Program Site (Check only one.)

- OST Pre-Certified School
- Other Department of Education School, not included in the OST Pre-Certified Schools List (Appendix G), and for which a linkage agreement (Attachment 4) has been secured from the school’s administration.
- NYCHA Facility
- New York City Department of Parks and Recreation Site
- Other, Center-Based Site

Site Address and, if applicable, the 6-digit school identification number.

Site Name:		
Address:		
City	State	Zip Code

6-digit School Identifier Number (DBN) (if applicable):

Site Contact:

Contact Name:	Title:
Telephone #:	E-mail:

I. SACC License Status (at the proposed site):

- Presently Have Have Applied, Awaiting Decision Will Apply Prior to Programming

Note: DYCD will not release funds to any proposer awarded a contract until it is licensed.

If the Organization currently has a SACC License at the proposed site, please provide:

SACC License Number:

SACC Expiration Date:

J. Additional Program Funding at Proposed Site:

Does the proposed site have any of the following programs:

1. Existing OST Yes No

If "Yes," does Proposer operate the existing program? Yes No

2. Beacon Yes No

If "Yes," does Proposer operate the existing program? Yes No

3. NYS Advantage Yes No

If "Yes," does Proposer operate the existing program? Yes No

4. 21st CCLC Yes No

If "Yes," does Proposer operate the existing program? Yes No