Naturally Occurring Retirement Communities Supportive Service Program

Request for Proposals

EPIN: 12526P0003



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Basic Information

General Guidelines	To respond to this Request for Proposals (RFP) and all other Human/Client Service RFPs, organizations must have (i) a PASSPort account, and (ii) have an Approved HHS Prequalification Application in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort. If you do not have a PASSPort account or an Approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started. • Please allow sufficient time to complete and submit proposals, which include entering information, uploading documents, and entering log-in credentials. • Providers are responsible for the timely electronic submission of proposals. NYC Aging strongly recommends that proposers complete and submit their proposals at least 24 hours in advance of the proposal due date and time. • Resources such as user guides and videos are listed on www.nyc.gov/passport. For more information about submitting a proposal through the PASSPort system, please submit an inquiry to the MOCS Service desk at nyc.gov/mocshelp
Anticipated Contract Term	July 1, 2027 - June 30, 2030 NYC Aging reserves the right to renew the contract for up to an additional three years.
Minimum Requirements	Health agencies, social support agencies, and housing entities proposing to operate out of a location that meets the following eligibility criteria may apply: 1. Be a non-age restricted apartment building or housing complex, and have either: a. At least 350 older adults (60+ years of age) residing in the apartment building or 500 older adults residing in the housing complex, in which at least 40 percent (40%) of the units within the building and/or complex have an occupant who is an older adult; **or** b. A minimum of 1,500 residents aged 60+ years, regardless of the percentage of units they occupy. 2. The majority of older residents in the apartment building or housing complex must be of low or moderate income, as defined by the U.S. Department of Housing and Urban Development. (i.e., at or below 120% of the Area Median Income, or AMI).[1] To confirm eligibility, proposers must fill out and submit **Document 05. NORC Eligibility Verification Form**. The provider must have an ADA-compliant[2] site for hosting the NORC and must have site control of the location by day one of the contract start date and[3] upload **Site Control Documentation.** All sites must meet the Facility Compliance Standards[4] set forth by NYC Aging.

[1] If the NORC's median income is at or below 120% of the Area Median Income, or AMI, it could qualify to operate a NYC Aging-Funded NORC social service program. Area Median Income - HPD (nyc.gov)

[2] Learn more about the ADA Standards for Accessible Design: https://www.ada.gov/law-and-regs/design-standards/

[3] Site control includes having a current Certificate of Occupancy (https://www.nyc.gov/site/buildings/property-or-business-owner/certificate-of-occupancy.page), Place of Assembly Certificate of Operation (https://www.nyc.gov/site/buildings/property-or-business-owner/place-of-assembly-certificate-of-operation.page), and all necessary food service permits (https://www.nyc.gov/site/doh/business/permits-and-licenses/restaurants.page).

[4] To read the complete facility compliance requirements set forth by NYC Aging, please reference the General Program Standards of Operation, Section 8. Physical Environment and Equipment.

Anticipated Funding, Payment Structure, and Budget

The anticipated funding available for all contracts awarded through this RFP is as follows:

FY28	FY29	FY30	TOTAL
$16,308,961	$16,308,961	$16,308,961	**$48,926,883**

The total funding for the RFP may change after the release of the RFP, particularly as these numbers do not account for meal and transportation costs. The payment structure is anticipated to be a line-item reimbursement based on actual expenditures, not to exceed the approved budget.

Please refer to **Document 11. Budget Proposal Worksheet** for additional guidelines in developing proposal budget.

- NYC Aging will approve annual budgets for NORC contracts at the following amounts based on anticipated annual participants served by the NORC, unless a contractor offers a compelling reason to exceed the limit:
    - Small NORC: Up to 350 participants- max of $400,000
    - Medium NORC: 351-600 participants- max of $500,000
    - Large NORC: 601+ participants- max of $600,000

*T*his guidance does not account for meal and transportation costs and budgets may be augmented on a case-by-case basis depending on services proposed.*

Match Requirement: The NORC contractor must provide, with annual cash and/or in-kind matching funds, an amount equal to at least 50% of the annual NYC Aging funding for the NORC contract. Note: The match must be used for direct program costs only; the match may not be used for indirect or administrative costs.

Competition Pools & Catchment Areas

NYC Aging anticipates awarding 36 NORC Supportive Services Program (NORC) contracts through this RFP. The competition pools for NORCs are borough based:

Competition Pool	Total 60+ in Competition Pool	60+ as % of Total Population	FY22-26 Number of NORCs	Anticipated Number of NORCS
Manhattan North (CDs M7-M12)	233,063	24.2%	6	6
Manhattan South (CDs M1-M6)	139,456	23.5%	10	7
Bronx	254,920	19.4%	5	6
Brooklyn/Staten Island	641,867	20.8%	6	7
Queens	540,968	23.5%	9	10
		TOTAL	**36**	**36**

*See **Document 10. Demographic Information and Borough Maps of Current OACs and NORCs** for more details about geographic demographics and its impact on competition pool shifts.

	NYC Aging reserves the right to change the number of contracts awarded within each competition pool determinant on need.
Subcontracting	Subcontracting is permitted. Subcontracting amount is to be determined by the Contractor; the prime Contractor would be responsible for all administrative duties related to the contract. All subcontractors are subject to NYC Aging approval and may be contingent upon staffing, financial terms, roles and duties assigned to the subcontractor, and nature of the collaboration. There will not be added funds to cover administrative or other costs due to subcontracting. Prime Contractors are required to ensure subcontractors meet NYC Aging expectations in all relevant areas. NYC Aging does not define the rate the prime Contractor shall pay a subcontractor; the determination shall be negotiated solely between the prime Contractor and subcontractor. NYC Aging encourages the use of Minority and Women-Owned Business Enterprises in subcontracting partnerships.[5]
Questions Regarding this RFP	Any and all communication with NYC Aging about this RFP should be done through the Office of Procurement at: RFP@aging.nyc.gov. Substantive information/responses to questions addressed at the Pre-Proposal Conference will be released in an addendum to the RFP to all organizations that are prequalified to propose in response to this RFP through PASSPort, unless in the opinion of the Agency, the question is of a proprietary nature. NYC Aging cannot guarantee a response to written questions regarding this RFP if received less than one week prior to the proposal due date.

Proposal Documents

Required Documents
A separate and complete proposal, including all required documents, must be submitted for each competition pool, unless otherwise noted.

Document Type	Description
Budget Worksheet	Completed **Document 11. Budget Proposal Worksheet**.
Budget Narrative	Completed **Document 12. Budget Narrative.**
Proposed Weekly Hours of Operation and Proposed Service Levels	Completed **Document 04. Proposed Hours of Operation and Proposed Service Levels Form.**
Organizational Chart	Organizational Chart demonstrating both accountability and supervisory structure.
List of Board of Directors Members	A list of current board members, including name, role and length of service.
Key Staff Resume(s)	Resumes and/or job descriptions of key staff members.
NORC Eligibility Verification Form	Completed **Document 05. NORC**

[5] https://www1.nyc.gov/nycbusiness/mwbe

		Eligibility Verification Form certifying that the NORC site meets the definition of a Classic NORC.
	Certificate of Occupancy (for each site contained in the proposal)	1) Certificate of Occupancy (C of O) for the premises and, 2) if applicable, the latest Fire Department of New York Place of Assembly Permit. Indicate the floor or floors the program occupies or will occupy.
	Site Control Documentation (for each site contained in the proposal)	Documentation of site control of center premises (lease, license/occupancy agreement, or letter from the site owner) demonstrating that the proposer has or will have site control of the proposed program facility as of the anticipated contract start date and for a period of at least three years. Programs applying for NYCHA, City owned, or City leased sites will be exempt from this requirement.
	Accessibility and Accommodation Attestation	Completed form **Document 09. Accessibility and Accommodation Attestation Form** certifying the site is ADA compliant.
	Telephonic Interpretation Services Documentation	Contract or quote for telephonic interpretation services for at least the first year of the proposed contract.
	NORC SSP Partners' Statement of Commitment and Mission Statement	Statements from each of the core NORC partners* (other than the Contractor) that confirm support for the program and describe the active role they will play in assuring its success. These statements must include a formal statement agreed to by all of the NORC partners regarding the goals of the NORC SSP and the means of achieving those goals. **Core partners may include a housing entity, health care provider, and/or social service provider.*
	Financial Documentation	The most recent organizational wide audited Financial Statements/programmatic audited Financial Statements. Note that proposers must have their FY25 audited financial statements submitted to the Agency prior to finalization of award selections. Failure to do so may result in a determination of non-responsibility and the proposer may not be considered for an award.
	Current City of New York Contractors: Performance Evaluation and Corrective Action Plans	***For City of New York Contractors within the last three years:*** NYC Aging will be pulling the past four (4) years' Performance Evaluations from City agencies directly from PASSPort. Please upload copies of any Corrective

		Action Plans (CAPs) or Performance Improvement Plans (PIPs) that were given as a result of Program Assessments or NYC Performance Evaluations from the previous four (4) years or upload a document saying there are no CAPs/PIPs.
	Non-City of New York Contractors: Contact Information/ References	***For Non-NYC Contractors:*** Please upload three (3) reference letters from organizations for whom the proposer currently provides services.
Optional Documents	• Linkage agreements, Memorandums of Understanding (MOUs), and/or letters of support • List of NORC Community Advisory Council members • Maps, floor plans and/or photographs of the proposed program facility/facilities • NORC Community Needs Assessment or other documentation of a recent community needs assessment for the NORC and its surrounding community • Completed **Document 06. NORC SSP Housing Match Exemption Form**, if seeking a waiver for the match requirement • Educational and Outreach Materials	

Section 1: General Program Information and Design Specifics

About NYC Aging

There are more than 1.8 million New Yorkers aged 60 and older, making up more than one-fifth of the City's residents.[6] The NYC Department for the Aging ("NYC Aging") is deeply committed to supporting older adults in their ability to live safely, affordably, and in good health, helping them remain in their homes and communities.[7] With our community-based partners, we advance a community-care approach that strengthens independence and connection while reflecting a model age-inclusive city.

Aligning with the NYC Aging's community care model,[8] which promotes universal access to the continuum of services and supports in the community to foster the ability to age-in-place with dignity, a crucial component of NYC Aging's portfolio is the Naturally Occurring Retirement Community (NORC) Supportive Service Program. The primary purpose of the NORC program is to provide older New Yorkers with wrap-around services where they live, supporting active community participation and a sense of security and well-being.

Program Background

NORC programming is embedded in residences that, over time, have become home to a significant concentration of older adults, particularly those with low or moderate incomes. This process is organic due to a growing population of older adults; NORCs are not created purposefully but develop as residents age in place over time.

New York State Elder Law[9] places NORCs into two categories: Classic NORCs and Neighborhood NORCs.[10] A Classic NORC in New York State is defined as a non-age-restricted apartment building or housing complex in which:

1. At least 40 percent of the units have an occupant who is an older adult and at least 250 of the residents of an apartment building are older adults or 500 residents of a housing complex are older adults; **and**
2. A majority of the older adults to be served are low or moderate income, as defined by the U.S. Department of Housing and Urban Development.

NYC Aging provides funding for health and social support services provided on-site within a designated NORC apartment building, housing complex, or NYCHA development under common management. NORC programs are uniquely structured to promote shared responsibility and participation in program design and operation through a partnership among the social services provider, the NORC housing entity, a

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[6] NYC Department for the Aging (Sept 2025). Annual Plan Summary, covering April 2024 – March 2028. Accessible at: https://www.nyc.gov/assets/dfta/downloads/pdf/reports/Four_Year_Plan_Summary_Published_September_2025.pdf

[7] Nearly 75% of Americans age 50+ express a desire to continue living at home, yet many (44%) believe that a move is inevitable. AARP Public Policy Institute (2024), 2024 Home and Community Preferences and Future Possibilities: https://www.aarp.org/pri/topics/livable-communities/housing/2024-home-community-preferences/?CMP=RDRCT-PRI-HOMFAM

[8] In 2021, NYC Aging released its Community Care Plan, *Building Community Care for an Age-inclusive City*, which aims to comprehensively and equitably address the rapid growth, increasing diversity, and changing needs of the City's older adult population, including calling for an expansion of in-home community care services in order to reach a larger number of older New Yorkers. https://www1.nyc.gov/assets/dfta/downloads/pdf/publications/DFTACommunityCarePublicVisionFinal040221.pdf

[9] New York Consolidated Laws, Elder Law - ELD § 209: https://codes.findlaw.com/ny/elder-law/eld-sect-209.html

[10] Naturally Occurring Retirement Community (NORC) | Office for the Aging (ny.gov): https://tinyurl.com/4km5z8p4

healthcare provider or professional, and the older adult residents.[11] NYC Aging currently funds thirty-six (36) Classic NORC programs that are located in the Bronx (5), Brooklyn (6), Manhattan (16), and Queens (9).

For a provider to qualify for NYC Aging funding in this RFP, a NORC must be a Classic NORC that meets the following requirements*:*

a. Be a single apartment building or a housing complex, and have either:
    1. at least 350 older adults (60+ years of age) residing in the apartment building or 500 older adults residing in the housing complex, in which at least 40 percent (40%) of the units within the building and/or complex have an occupant who is an older adult; **or**
    2. a minimum of 1,500 residents aged 60+ years, regardless of the percentage of units they occupy.
b. The majority of older residents in a qualifying NORC must be of low or moderate income (i.e., at or below 120% of the Area Median Income, or AMI).[12]

NORCs offer socialization opportunities, social support, healthcare promotion, and other wellness activities through on-site individual and congregate services. Programs also factor in the residents'/participants' preferences on programming; interests from a community perspective; level of poverty; linguistic and cultural composition; level of educational attainment; and population-wide health concerns. NORC programs are required to offer the core services listed below (see **Section 2.B.1.c** for more information):

a. Case Assistance
b. Case Management
c. Healthcare Assistance
d. Healthcare Management
e. Health Promotion

In addition to the required Core Services, NORC programs may also offer additional supplemental services (see **Section 2 B.1.d** for more information). Supplemental services are optional and tailored to the specific needs of the NORC community, as identified through community needs assessments or other appropriate methods.

RFP and Program Goals

In 2024, to better understand the diverse needs of older adults and inform program development, NYC Aging conducted a Service Needs Assessment[13] (also referred to as "survey").[14] The subsequent *State of Older New Yorkers*[15] report identified the key challenges facing older New Yorkers today, including social isolation, mental and physical health concerns, mobility barriers, and limited access to technology. Many of these key themes are addressed through the NORC programs. Additionally, NYC Aging gathered feedback on successes, challenges, and opportunities for the program from providers in multiple settings,

[11] Any one of the organizations that comprise the NORC partnership (the NORC housing entity, the social service provider, or the healthcare partner) may be the lead agency and submit a proposal in response to this RFP.

[12] If the NORC's median income is at or below 120% of the Area Median Income, or AMI, it could qualify to operate a NYC Aging-Funded NORC social service program. Area Median Income - HPD (nyc.gov)

[13] https://www.nyc.gov/site/dfta/news-reports/nyc-department-for-the-aging-service-needs-assessment.page

[14] The survey received 8,600 responses from diverse racial, ethnic, and geographic communities across the five boroughs, making it a strong tool for developing inferences about the wider aging population of NYC.

[15] New York City Department for the Aging. The State of Older New Yorkers. 2025. https://www.nyc.gov/assets/dfta/downloads/pdf/news-reports/the-state-of-older-new-yorkers-2025-v2.pdf

including focus groups, feedback forms, meetings with executive directors and other providers, and meetings with NORC Advisory Councils. Analysis from the focus groups and feedback form aided in the development of this RFP, including updated and expanded approaches to the NORC program. Details on these approaches are further elaborated below.

Tailoring Services to Community Needs: NYC Aging encourages NORCs to design services based on the specific needs, preferences, and demographics of the residential community they serve. Within their communities, NORC programs are encouraged to develop tailored and innovative programming that attracts a broader range of older adults, particularly older adults from different cultures, younger cohorts of older adults, and other diverse groups of older adults who may be more difficult to reach (e.g., LGBTQ older adults, Limited English Proficiency (LEP) populations, and immigrant populations). While all NORC providers would be expected to deliver each of the core program services, NYC Aging recommends that programs consider diversification and variety in the nature and type of programming they offer to better adapt and closely align with the identified needs of their unique communities.

Programming Inclusive of Multiple Age Cohorts: Although NYC's older adult population ranges in age, older adults aged 60-64 have been underrepresented in NORC programming compared to older cohorts. This occurs for various reasons, including the fact that many of those aged 60-64 are still employed, are connected socially, take classes at local community centers and at libraries, or do not identify as an older adult. Stakeholder feedback often discussed how best to provide programming that is attractive to different age cohorts. As needs and interests of older adults vary widely across age cohorts, programs may struggle to provide programming that all age cohorts enjoy. Each age group may have distinct preferences, health needs, and social interests. Strategies to attract multiple age cohorts may include: offering more technology classes at higher levels or through different formats, maintaining programming that supports healthy and active aging, offering workforce and career development classes, or organizing group trips to recreational destinations (e.g., museums, Broadway shows). Providers are encouraged to consider intergenerational programming as well, with younger generations or even non-older adult residents of the NORC building. Additionally, offering programming with diversified hours, including weekend hours or adjusting operating hours during the week, may help reach a younger cohort of older adults and/or to accommodate the schedules of residents who may be still active in the workforce.

Appealing to New Members in Innovative Ways: Several programs noted that misunderstandings about what NORCs are and what programs they offer may have a negative impact on attendance and dampen the efficacy of outreach efforts. Additionally, there is some stigma around attending programs that are specifically meant for older adults as well as within the younger cohort of older adults. (For example, many older adults do not attend programming because they do not think of themselves as "older.") In an attempt to shift the perception of NORC programming that may be less appealing to certain populations, many programs have put a focus on using language that is more inclusive and avoiding terminology that may sound institutional.

Community Service and Advocacy: To further improve the quality of life and the ability of NORC residents to age in place, NYC Aging encourages NORC providers to pursue community service and advocacy efforts that extend beyond traditional NORC programming. While core NORC services play a critical role in advancing the wellbeing of older New Yorkers, some programs have identified additional opportunities to address broader community needs. Examples may include: seeking grant funding to support the addition of on-site laundry facilities within buildings without

washers and dryers, advocating for the addition or preservation of a nearby bus stop, or facilitating partnerships between the housing entity and external organizations to establish additional on-site resources, such as food pantries or other supportive services.

Ensuring Cultural and Linguistic Competency and Diversity: NYC Aging is committed to addressing and removing barriers to full inclusion and equity, particularly for underrepresented groups to ensure they can age well in their communities. NYC Aging aims to ensure that language and cultural differences are not barriers to service. Understanding that the older adult population in NYC is growing and that demographics are changing, all RFP proposers will be asked to demonstrate their approaches to fully addressing the needs of underserved and minority populations within the NORC housing community. Furthermore, NYC Aging is looking to award contracts to proposers who can successfully demonstrate their knowledge of the community it serves, including ethnic groups, immigrant populations, older LGBTQ+ adults and older adults with disabilities. NYC Aging encourages providers to plan activities, trips, programming, and other services that are culturally and socially aligned with the communities that the NORCs serve.

Building Strong Relationships with Building Management and Boards

NYC Aging recognizes that strong partnerships between NORC programs and the housing entities in which they are located are critical to program success. However, feedback from current NORC providers has highlighted a number of recurring challenges, including a lack of support from building management, delayed or unresolved maintenance issues, pressure to pay rent, housing entities refusing to contribute to the match requirement[16], and attempts by building management to exert inappropriate control over program operations. In many cases, providers have noted that frequent staff turnover within housing management can make it difficult to establish and maintain productive relationships. New management staff, in particular, may be unfamiliar with the value and impact of the NORC program, further exacerbating these issues. NYC Aging expects proposers to develop detailed plans for forming and sustaining strong working relationships with their housing partners. Strategies may include, but are not limited to, establishing regular meetings with building management, attending board meetings hosted by the housing entity, and proactively communicating the benefits of the NORC program to the housing entity (e.g., addressing resident needs before they escalate, reducing hoarding behaviors, identifying and preventing pest issues).

Partnerships and other Linkages: Strong partnerships with community agencies, neighborhood cultural, educational, and recreational institutions, and other local resources are essential to the success of NORC programs. The community-centered nature of the NORC program is strengthened by relationships with nearby organizations, which enable residents to remain engaged in their communities, access local resources, and maintain broader social connections. These partnerships also support relevant programming and help address challenges that NORCs may encounter. Infrastructure limitations, such as limited space, facility issues, or insufficient resources, may restrict the services providers can offer. NYC Aging highly encourages providers to increase community partnerships to mitigate these challenges. Examples may include, in addition to including transportation in the NORC contract, collaborating with other transportation providers who can provide free or reduced cost transportation services or group vehicles, working with schools, local youth programs, and younger residents of the apartment building or housing complex to gain intergenerational volunteers, and partnering with local churches or libraries who

[16] The contractor must provide, with annual cash and/or in-kind matching funds, an amount equal to at least 50% of the NORC contract's annual NYC Aging funding. Note: The match must be used for direct program costs only; the match may not be used for indirect or administrative costs.

can provide additional space. Additionally, recognizing that budget limitations can present challenges in hiring nursing staff, NYC Aging would encourage providers to explore alternative healthcare staffing approaches, such as partnering with nursing schools to bring in student interns or hiring other types of healthcare staff like community health workers.

Summary

The next section of this RFP provides specific expectations for proposers, and eventually, contractors. Potential contractors would be fully responsive to the local regulations and procedural requirements, which help promote excellent services and activities for New York City's older adults. NYC Aging values applications from all organizations, especially but not exclusively those with expertise in working with older people from the varied cultural backgrounds comprising New York City. NYC Aging encourages both current contractors and organizations that are not currently funded by NYC Aging to apply for the NORC program.

Section 2: Program Expectations, Proposal Instructions, and Evaluation

A. Experience **20 Percent**

1. **Program Expectations-**
    - **a)** The Contractor would have a minimum of five (5) years of experience working with the older adult population.
        - i) The Contractor would preferably have experience working with individuals, particularly older adults, with cognitive and physical disabilities and/or with chronic health conditions.
    - **b)** The Contractor, and/or its subcontracted partner(s), would have a minimum of five (5) years of experience providing community-based social, educational, and wellness programming in a congregate and/or residential setting.
    - **c)** The Contractor, and/or its subcontracted partner(s), would have a minimum of five (5) years of experience and expertise in providing: 1) information on and assistance with applying for benefits and entitlements; 2) social support services and 3) social work/ case management services or partnering/coordinating with an organization with such expertise.
    - **d)** The Contractor, and/or its subcontracted partner(s), would have a minimum of five (5) years of experience and expertise in providing healthcare management or assistance services or partnering/coordinating with an organization with such expertise.
    - **e)** The Contractor would have demonstrated experience in establishing, leading, and working within a multi-disciplinary, collaborative partnership.
    - **f)** The Contractor would have demonstrated experience in community organizing and identifying community needs.
    - **g)** The Contractor, and/or its subcontracted partner(s), would have demonstrated knowledge of the different populations within the NORC community.
    - **h)** The Contractor would preferably have experience working with New York City government agencies through previous or current formal contracting relationships.

2. **Proposal Instructions**
    - **a)** Complete **Section A. Experience** of the 'Questionnaire' tab in PASSPort.
    - **b)** If applicable, upload any corrective action plans (CAPs) or performance improvement plans (PIPs) from the past four (4) years. If not applicable, upload a document saying that there are no CAPs/PIPs.
    - **c)** If applicable, upload reference letters from three (3) organizations for whom the proposer currently provides services.

3. **Evaluation**
    - **a)** This section will be evaluated based on the demonstrated degree of experience and quality of that experience based on the criteria set out in this section. It is worth a maximum of 20 Percent in the Proposal Evaluation.

B. **Program Service Delivery** **26 Percent**

1. **Program Expectations**
    - **a)** The Contractor would either be a social service provider or would subcontract with a social service provider or professional, and deliver services within a housing entity that

meets the requirements laid out in this RFP, such as an apartment building, housing complex, or NYCHA development.

b) Space Requirements:

- **i.** The Contractor must have an onsite main office.
- **ii.** The Contractor must have regular access to a space that can adequately accommodate group activities. It is preferred that this space be located on the NORC premises, but programs may utilize dedicated off-site locations within a half mile of the NORC complex, such as community centers, libraries, or OACs (if using OAC space, there must be a clear delineation of NORC and OAC roles, responsibilities, and allocation of services and units). Programs must have an agreement and documentation that secures the space by the start date of the contract.
- **iii.** The Contractor would ensure the program complies with the Americans with Disabilities Act (ADA).[17]
- **iv.** While OACs and NORCs are permitted to be co-located at the same location and/or within the same development, they would only be funded for services that do not overlap.

c) The Contractor, and/or any subcontractor(s)[18], would be responsible for all required Core Services of the NORC program operations: case assistance, case management, healthcare assistance, healthcare management, and health promotion. The Contractor would employ innovative approaches to ensure programming appeals to NORC residents. All programming would be provided fully in accordance with the expectations listed below and in **Document 02. NORC SSP Standards of Operation and Scope of Services** (Document 02. NORC Standards):

- **i.** **Case Assistance Services:** The Contractor would assist individual older adult participants in obtaining appropriate services, benefits/entitlements, and other resources to address identified short-term needs.
    1. The Contractor would adhere to all standards and compliances included in **Document 02. NORC Standards, Case Assistance**.
    2. As part of case assistance, the Contractor, or a subcontractor, would provide:
        - **a.** Assistance in defining concerns, needs and capacities;
        - **b.** Direction or guidance in relation to those concerns/needs;
        - **c.** Linkage to services that address these issues as warranted;
        - **d.** Assisted referral (as appropriate);
        - **e.** Follow-up;
        - **f.** Immigrant assistance (as appropriate); and
        - **g.** Supportive contacts with demonstrated action(s) of assistance (as appropriate).
    3. The Contractor would ensure all casework staff demonstrate strong intake and assessment skills, cultural sensitivity and competence, knowledge of entitlement/benefits for older adult participants, local and citywide

[17] ADA Standards for Accessible Design | ADA.gov: https://www.ada.gov/law-and-regs/design-standards/

[18] The contractor is responsible for these services. If using a subcontractor, the contractor would oversee the subcontractors to make sure the services are managed properly.

resources, the ability to prepare applications and assist participants in gathering documentation, and the ability to make appropriate referrals.

ii. **Case Management Services:** The Contractor would engage older adult residents in an independent and ongoing process of identifying their needs and strengths, developing a plan to address those needs and build on identified strengths and capacities, and arranging and coordinating services on the resident's behalf.
    1. The Contractor would adhere to all standards and compliances included in **Document 02. NORC Standards, Case Management**.
    2. The case management service includes a comprehensive assessment; development of a care/service plan; referral to and coordination of services; counseling, advocacy, and supportive contacts when needed; and coordination with an interdisciplinary team where appropriate. See **Document 02. NORC Standards** for more information.
    3. The Contractor would employ case management staff who are either trained professionals (a minimum of a Bachelor's of Social Work degree OR have a high school diploma AND four years or more of casework experience in a community social service or social action program) or who are under the supervision of trained professionals.

iii. **Healthcare Assistance:** The Contractor would provide health-related consultations and other assistance to older adults with specific, health-related issues or needs that are short-term, non-urgent, or require only routine monitoring.
    1. The Contractor would adhere to all standards and compliances included in **Document 02. NORC Standards, Healthcare Assistance**.
    2. The Contractor would ensure that trained healthcare workers are able to address the medical needs of residents. The staff can be nurses, nursing school interns (may be utilized as supplemental assistance to the healthcare worker and must be supervised), community health workers, nurse practitioners or physicians' assistants. depending on the nature of the assistance.
    3. Healthcare assistance may include the following:
        a. Health-related consultations;
        b. Short-term assistance dealing with specific health-related issues/needs or chronic conditions;
        c. Coordination/advocacy with healthcare providers;
        d. Health screenings;
        e. Monitoring of a specific condition for a limited period of time, such as blood pressure and other health indicators for residents who have been identified to be at risk; and
        f. Help with medication management.

iv. **Healthcare Management:** The Contractor would provide individual healthcare consultation and coordination and help NORC residents live with and manage chronic conditions, respond to acute episodes, and get the care they need from the healthcare system.
    1. The Contractor would adhere to all standards and compliances included in **Document 02. NORC Standards, Healthcare Management**.
    2. The healthcare management service includes:
        a. A comprehensive assessment of health-related needs;

b. Development of a care plan in partnership with the older adult resident and/or caregiver;

c. Referral to and coordination of needed services and resources; advocacy and education;

d. Possible ongoing medication monitoring, monitoring of a chronic condition, health education, and coordination with physicians and other healthcare providers; and

e. Coordination with an interdisciplinary team where appropriate.

3. The Contractor would employ a trained healthcare worker(s) or subcontract with a healthcare organization to provide and supervise such staff. The staff can be nurses, nursing school interns, community health workers, nurse practitioners or physicians' assistants.

v. **Health Promotion:** The Contractor would offer workshops and activities that promote chronic disease prevention and management, improve or maintain quality of life, promote physical and mental health, and increase awareness and understanding of healthy lifestyles.

1. The Contractor would adhere to all standards and compliances included in **Document 02. NORC Standards, Health Promotion**.
2. Health Promotion services include, but are not limited to:
    a. Physical fitness programs such as group exercise classes and walking clubs;
    b. Health Management programs such as blood pressure monitoring, weight management, brain exercise/memory enhancement workshops, medication review and management, routine screenings (hypertension, glaucoma, cholesterol, vision, hearing, diabetes, mental health, etc.), and educational workshops and presentations.
3. The Contractor would ensure that any persons who provide health promotion services have appropriate qualifications and supervision, as detailed in **Document 02. NORC Standards, Health Promotion**.

vi. **Elder Abuse Educational Sessions:** The Contractor would provide at least **two (2)** sessions annually on elder abuse awareness and prevention.

d) The Contractor may opt to provide additional supplemental services to better address the community needs and provide innovative programming. See **Document 02. NORC Standards** for more information on supplemental services options. Examples of supplemental services may include:

i. Education and Recreation: Scheduled and organized activities designed to foster the well-being of older adults through 1) satisfying use of leisure time; 2) social interaction; 3) development/enjoyment of interests, skills, talents, creative expression; and 4) participant leadership.

1. In addition to other Education and Recreation activities, the Contractor would be strongly encouraged to offer individual and group technology services.
    a. Individual technology services would include one-on-one technical support related to the use of computers, tablets, and/or phones.
    b. Group technology services would include age-appropriate, group technology training classes that would encourage older

adults to engage with technology, connect to other people, and research information on health and other meaningful topics of concern.

ii. Transportation Services[19]: Primarily group transportation services for NORC residents to and from fixed destinations (e.g., recreational, cultural, educational, and social activities) to promote socialization and community involvement; individual rides may be provided, as capacity allows, for residents to access essential services such as medical rides.[20]

iii. Meal Services: Provision of an appropriate meal[21] (breakfast, lunch, or dinner) to eligible participants; meal services would be subject to regular nutrition assessments.

1. Nutrition Education: Contractors providing meal services would be subject to the nutrition education and information requirements as set forth by the NYSOFA Nutrition Program Standards.[22]
2. All NORC sites serving meals would have a kitchen that is compliant with the NYC Building Code Requirements for Eating and Drinking Establishments.[23]
    - **a.** The Contractor would also meet the Facility Compliance Standards set forth by NYC Aging (See **Document 2. NORC Standards**).
    - **b.** The Contractor, and any subcontractor(s), would comply with all applicable city, state, and federal regulations, including, but not limited to, DOHMH and NYS Sanitary code requirements, regarding meal programs and food products such as food handling and preparation, storage, cleanliness, sanitation, disease control, facilities, ad equipment, including the proper postings of any required permits, notices, or certificates.[24]

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[19] Should the Contractor choose to offer transportation services, the provider must have the vehicle capital necessary, either directly, or through a subcontractor, for service provision. If owning vehicles, the Contractor must also be in possession of the necessary licensure and registration.

[20] Vehicles currently in the network that are in good condition may also be transferred from programs no longer in need of them; however, providers should not depend on this as there is no guarantee vehicles will be available to all who propose transportation. Through feedback from NORC residents, we are aware that preference for group rides is to have one vehicle that fits the entire group; however, in some circumstances, alternative options may be considered such as utilizing two standard size vehicles for the purpose of taking one group on a trip.

[21] Executive Order 8 reaffirms New York City's commitment to comply with the NYC Food Standards measuring food procurement against the values of the Good Food Purchasing (GFP) initiative. Accordingly, the Contractor, and any subcontractor(s), must ensure that all meals and snacks served adhere to the requirements outlined in the NYC Food Standards (https://www.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf). This includes minimum requirements for servings of fruits, vegetables, whole and minimally-processed plant proteins, and whole grains, while limiting servings of beef and restricting processed meats. City agencies are required to report on compliance annually. This information is compiled into a public report that is submitted to both the Mayor and the Speaker of the City Council, redacted to not include contractor-specific information.

[22] NYSOFA 26-PI-10 Nutrition Program Standards (https://aging.ny.gov/system/files/documents/2026/06/26-pi-10-revised-nutrition-program-standards-program-instruction.pdf)

[23] NYC Department of Buildings- Eating and Drinking Establishments (nyc.gov/assets/buildings/pdf/code_notes_eatinge_drinking_establishment.pdf)

[24] Guidance for Food Establishments; https://www1.nyc.gov/assets/doh/downloads/pdf/environmental/fse-application-packet.pdf; https://www1.nyc.gov/assets/doh/downloads/pdf/about/healthcode/health-code-article81.pdf https://regs.health.ny.gov/volume-title-10/1997429580/subpart-14-1-food-service-establishments

3. Meals would meet one-third of the Dietary Reference Intake (DRI) and adhere to USDA's Dietary Guidelines for Americans, the New York State Office for the Aging (NYSOFA) and NYC Aging guidelines, and the NYC Food Standards.[25]
4. The Contractor, and any subcontractor(s), would align with the guidelines and requirements of the Good Food Purchasing initiative set forth by the Mayor's Office of Food Policy (MOFP).[26]
5. If more than $100,000 in annual contract funding is used to purchase food or food-related services, the Contractor would ensure compliance with Local Law 50 of 2011. See **Document 02. NORC Standards** for additional information.
6. If the NORC serves meals represented as Halal or Kosher, the Contractor, and any subcontractor(s), would provide proof of Halal or Kosher registration with the New York State Department of Agriculture and Markets Halal or Kosher registration, as well as appropriate certifications for all applicable food products. See **Document 02. NORC Standards** for additional information.
7. The Contractor would submit menus through NYC Aging's web-based menu application, Simple Servings, annually for review and approval by NYC Aging. Throughout the year, the Contractor would make changes to the menu, as needed, based on participant feedback. The Contractor would make menus available to participants.

iv. Shopping Assistance: Shopping on behalf of an older adult.

v. Friendly Visiting Services: Scheduled visiting service provided on a regular basis to older adults in their homes or virtually to: 1) help reduce social isolation, and 2) monitor the older adult's safety, well-being, and need for additional services.

vi. Telephone Reassurance: Scheduled calling service provided on a regular basis to older adults to 1) help reduce isolation, and 2) monitor the older adult's safety, well-being and, need for additional services.

vii. Personal Care/Home Health Care: Some or total assistance with home care tasks (e.g., bathing, personal hygiene, dressing, preparation of meals).

viii. Housekeeping: Assistance with housekeeping support tasks.

ix. Other additional services not detailed in this RFP, as long as a complete description of the service is included along with a justification of need (e.g., the Contractor does not receive funding from another source for the same service; no other program exists nearby from which participants can receive the service). This is subject to the availability of funds and whether the service is aligned with the service definitions for the NORC program.

2. **Proposal Instructions**

a) Complete **Section B. Program Service Delivery** of the 'Questionnaire' tab in PASSPort.

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https://govt.westlaw.com/nycrr/Document/I4fb189c8cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

[25] Accessible at https://health.gov/dietaryguidelines/2015/guidelines; https://aging.ny.gov/system/files/documents/2019/11/19_pi_26_nutrition_program_standards.pdf; and https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf

[26] Good Food Purchasing - Food Policy (https://www.nyc.gov/site/foodpolicy/good-food-purchasing/good-food-purchasing.page)

b) Complete and upload **Document 04. Proposed Hours of Operation and Proposed Service Levels**.

3. Evaluation

a) This section will be evaluated based on the quality of the proposal in meeting the requirements for service delivery and other program elements based on the criteria set out in this section. It is worth a maximum of **26 Percent** in the Proposal Evaluation.

C. Participant-Centered Approach, Outreach, and Understanding Community Needs 24 Percent

1. Program Expectations

a) Participant Centered Approach- The Contractor would ensure that the program promotes participant autonomy, independence, decision-making and social/civic engagement to the extent possible.

i. The Contractor would ensure that the program has a written policy and procedure that covers responses to the following categories of grievance:

1. Complaints about service denial;
2. Complaints about satisfaction issues (e.g. program services or staff); and
3. Complaints about other participants.

ii. The Contractor would administer a customer satisfaction survey at least annually to solicit feedback from participants. NYC Aging may coordinate the release of specific satisfaction surveys that NYC Aging takes the lead in developing in collaboration with the NORC provider. If they choose to do so, individual providers may release their own surveys in addition to the required NYC Aging-generated surveys.

iii. The Contractor would administer NYC Aging-validated Health Indicators Surveys of older NORC residents as directed by NYC Aging in collaboration with the NORC partners. The NORC Health Indicators Survey is used to monitor and inform interventions and strategies that measurably improve the health status of older adults by guiding the delivery of NORC services for both individual and group programming (i.e., Health Promotion or Education/Recreation). For additional information, see **Document 02. NORC Standards, Standard 11. Health Indicators Surveys.** After completing the Survey, the Contractor would be responsible for the following:

1. Following up via health care management/assistance services with individuals identified by the survey to be at risk of a chronic condition(s).
2. Providing programming and group activities (health promotion) targeted to specific health conditions identified through the survey as being prevalent in the NORC.
3. Tracking impact of interventions/targeted activities on individual and aggregate health data.

b) Outreach- The Contractor would utilize multi-media methods and materials and traditional outreach and public information efforts to ensure that the residents are aware of the NORC's services and opportunities.

i. The Contractor would conduct targeted outreach to underserved NORC residents.

ii. The Contractor would have a digital presence (i.e., a website) to ensure that older adults can avail themselves of services on which they often depend. Information presented on the website should be accurate. Additional requirements of the Contractor:

1. Ensuring the website would include a calendar of events.

2. Ensuring the website is accessible (with a minimum of WCAG 2.2 AA compliance)[27] and responsive (optimized) for use on a mobile device or tablet. Overall, Contractors' websites would provide a high level of usability and consistent user experience that is appropriate for the population being served.
3. Including information on the website in the languages of the communities they serve, in addition to English.[28]

iii. The Contractor would maintain email/mailing lists for the regular dissemination of outreach materials.

c) Understanding Community Needs- The Contractor would have demonstrated knowledge and an understanding of the community in which it is competing for this contract (e.g., its diverse array of people, challenges, opportunities, service providers, historical background) as it relates to older adults.

i. The program would ensure any eligible older adult resident has equal access to participation, services, activities and informational sessions without regard to race, color, creed, national origin, gender identity, age, non-citizen or citizen status, disability, sexual orientation, marital status, familial status, military status, arrest or conviction record, predisposing genetic characteristics or other categories protected by law against discrimination. (Service denial to eligible individuals may occur only under specific circumstances in accordance with NYC Aging standards).

ii. The Contractor would be linguistically and culturally competent and sensitive to the diversity of its participant population to ensure that linguistic/cultural differences are understood, and unique needs are accommodated in outreach and service delivery.

iii. The Contractor would have relevant policies in place to address the needs of Limited English Proficiency (LEP) individuals, including translation of information to different languages as requested, and a telephonic interpretation service contract. The Contractor would ensure that all service activities reflect: 1) an understanding of needs, characteristics, cultural expectations, and preferences of different ethnic and religious groups residing in the community; 2) sensitivity and responsiveness to issues relating to culture, religion, socioeconomic status, gender equity, sexual orientation, and/or immigration status; 3) sensitivity to cultural barriers impeding service utilization, including language barriers; and 4) knowledge of linguistically and culturally competent service providers in the community.

iv. The Contractor would ensure services are provided with respect for cultural differences, preferences, and styles of communication, and with skill in assisting individuals in overcoming cultural and linguistic barriers. As appropriate to the type of service provided, cultural preferences are respected through holiday celebrations, activities offered, and program communications.

v. The Contractor would address the needs of persons with disabilities, including those with hearing and visual impairments. Resources may include assistive technology for persons with hearing impairments (TTY), large print documents for

[27] Web Content Accessibility Guidelines (WCAG) 2 Level AA Compliance: https://www.nyc.gov/site/process/content/creating-accessible-content.page

[28] https://www.nyc.gov/site/immigrants/language-needs/language-access-hub.page

persons with visual impairments, and other resources specified in service-specific standards.

2. **Proposal Instructions**
   a) Complete **Section C. Participant-Centered Approach, Outreach, and Understanding Community Needs** of the 'Questionnaire' tab in PASSPort.

3. Evaluation
   a) This section will be evaluated on the proposer's demonstrated effort to improve the participant experience, demonstrated depth and breadth of community outreach, and demonstrated quality as it relates to community needs based on the criteria in this section. It is worth a maximum of **24 Percent** in the Proposal Evaluation.

D. Partnerships and Linkages **15 Percent**

1. Program Expectations

a) Partnerships and Linkages- The Contractor would maintain collaborative linkages to build synergies and work in a multi-disciplinary manner with other community-based organizations, government agencies, and programs to provide appealing and varied services to a diverse group of older adults in order to ensure a more streamlined approach to accessing the aging services spectrum.

i. The Contractor would work to maintain strong relationships with its NORC housing partner and management entity, including utilizing strategies such as attending the housing entity's board meetings, meeting regularly with housing management, and highlighting the NORC's benefit to the housing entity (reducing hoarding, proactively addressing pest concerns, etc.).

ii. The Contractor would reach out to local healthcare providers, medical centers, academic institutions, and other organizations to foster health-related services and programs.

iii. The Contractor would establish linkages and/or referral protocols with other NYC Aging providers and resources in the community (e.g. Older Adult Centers, Case Management Agencies, Elder Justice services, Caregiver services, Legal Assistance Providers, etc.).

iv. The Contractor would establish partnerships, consisting of Core (Social Service Provider, Health Care Partner, NORC Resident Representatives from the Advisory Council, and Housing Management) and Community (which include an array of community organizations and other members as appropriate such as NYPD precincts, academic institutions, medical facilities, libraries, schools transportation entities, community centers, settlement houses and other multi-purpose service organizations, houses of worship and religious institutions, ethnic and social clubs, cultural organizations, employment agencies, banks, pharmacies, museums, performing arts centers, arts organizations and other neighborhood/City resources to develop cultural and other opportunities for NORC participants.

1. The Contractor would form an Advisory Council, consisting of older adult residents of the NORC, which would meet at least twice annually. If the program is located in a public housing NORC, proposers will also adhere to NYCHA guidelines regarding advisory councils, which require that two older adult residents from the housing development are on the council, as

well as the on-site housing manager. (Please see **Document 02. NORC Standards**, Compliance 13, for more information).

2. **Proposal Instructions**
   a) Complete **Section D. Partnerships and Linkages** of the 'Questionnaire' tab in PASSPort.

3. **Evaluation**
   a) This section will be evaluated on the proposer's ability to create and maintain robust partnerships and linkages with organizations that will enhance the NORC program. It is worth a maximum of **15 Percent** in the Proposal Evaluation.

E. Organizational Capability and Business Operations 15 Percent

1. **Program Expectations**
   a) The NORC program should fit within the proposer's organizational structure, i.e., the organization's mission is closely aligned, and the organization has the capacity to operate a program of this nature in harmony with other services and programs it may be running.
   b) The Contractor, and any subcontractors, would have and maintain all permits and licenses necessary as defined in **Document 02. NORC Standards**.
   c) The Contractor would have an organizational structure, program governance system, and staffing to ensure the successful operation of the program, consistent with what is set forth in **Document 02. NORC Standards**.
   d) **Contractual Responsibilities-** The Contractor's responsibilities under the contract would include, but not be limited to:
      i. Legal and fiscal responsibility for administering and overseeing the NORC program, including the safeguarding of program funding.
      ii. Adopting practices, in collaboration with any partners, that ensure active, independent, and informed governance of the program.
      iii. Ensuring compliance with Federal, state, and local laws and regulations.
      iv. Establishing procedures and criteria for outreach and enrollment of older adults into the program in accordance with the expectations laid out in this RFP.
      v. Establishing procedures and guidelines for accessing and collecting information in accordance with the expectations laid out in this RFP.
      vi. Performing the annual self-assessment and financial audit.
      vii. Timely executing the programmatic and fiscal provisions in such organization's contracts, including implementation of corrective actions. Financial management, accounting, and adhering to reporting policies; Compliance with the Generally Accepted Accounting Principles, and any relevant standards, laws and regulations, including:
         1. Documenting all major financial expenditures of the organization;
         2. Ensuring a fiscally sound operating budget;
         3. Selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who shall report all critical accounting policies and practices to the governing body; and
         4. Correcting any audit findings and other actions necessary to comply with applicable laws (including regulations) governing financial statements and accounting practices.
      iv. Developing and maintaining written personnel policies and procedures for all employees, including policies and procedures regarding the hiring, evaluation,

compensation, and termination of the Executive Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the organization.

v. Establishing, adopting, and periodically updating written standards of conduct that establish standards and formal procedures for disclosing, addressing, and resolving:
    1. Any conflict of interest, and any appearance of conflict of interest, by officers and employees of the program, and consultants and agents who provide services or furnish goods to the program; and
    2. Complaints, including investigations, when appropriate.

vi. Ensuring that any subcontractor adheres to all pertinent expectations as laid out in the RFP and any standards, policies, and procedures established after the commencement of this RFP.

e) Staffing- The Contractor would be responsible for maintaining a staffing structure that supports the program and is consistent with **Document 02. NORC Standards**.

i. The Contractor would have the following:
    1. A fully qualified, full-time Director. The Director would preferably have a master's degree in social work or in a related field with at least one year of relevant experience, or a bachelor's degree in the field of social work or in a related field with at least 3 years of relevant experience. The Director would demonstrate strong leadership qualities and skills in community organizing, team building, interdisciplinary casework, and serving heterogeneous groups of older people;
    2. A case manager/social worker. The Contractor would employ case management staff who are either trained professionals (a minimum of a Bachelor's of Social Work degree OR have a high school diploma AND four years or more of casework experience in a community social service or social action program) or who are under the supervision of trained professionals; and
    3. Experienced healthcare worker. The healthcare worker's qualifications would be commensurate with healthcare programming and they would provide services a minimum of two days per week. This healthcare worker could be a nurse with a bachelor's degree, RN or LPN, nurse practitioner, physician's assistant, community health worker, nursing student, or related titles.

ii. The Contractor would ensure all casework staff demonstrate cultural sensitivity and competence, knowledge of entitlement/benefits for older adult participants, local and citywide resources, the ability to prepare applications and assist participants in gathering documentation, and the ability to make appropriate assisted referrals.

f) Data Management and Record Retention-

i. Data Management- The Contractor is expected to use NYC Aging's client information tracking system.[29] For the purposes of ongoing data integrity, the Contractor would maintain complete, accurate, and up-to-date records of participants and service delivery in the NYC Aging-designated system in line with specific requirements put

[29] All NYC Aging-funded contractors are currently required to adhere to NYC Aging's data collection system– for the purposes of tracking and keeping client information up to date. The Department will provide all necessary user licenses for VIVE once contractors have been awarded a contract.

forth by NYC Aging, but at least monthly. The Contractor is expected to have the capacity, equipment, and staffing to manage the data collection, entry, and review.

ii. Record Retention- The Contractor would maintain all physical records in good order and adhere to the record retention policies established by the City of New York.[30] Record retention may be electronic.

g) Emergency Preparedness- The Contractor would engage in emergency preparedness planning and exercises and would work with NYC Aging's Office of Emergency Preparedness and Response (OEPR) to ensure the provision of services and continuity of care as directed by the Department in an emergency and/or crisis.

i. The Contractor would complete an Emergency Preparedness and Response Plan at the commencement of the contract and update the plan if any changes are made. This plan would detail how the program would continue to provide critical services to participants in the event of an emergency. Please see **Document 07. NORC Emergency Preparedness and Response Plan** for reference (not to be filled out at this time).

h) Financial- The Contractor would meet general financial requirements, which are outlined in the Department for the Aging Financial Manual.[31]

i. The Contractor would be financially sound and stable, as evidenced by the latest organization-wide/program audited Financial Statements, and would adhere to sound financial and accounting practices.

ii. The Contractor and its NORC partners, in combination, would provide annual cash and/or in-kind matching funds of at least half (50%) of the annual total contract value.

1. Matching funds can come from a variety of sources, including NORC partners, private foundations, and individual donations; however, NYC Aging expects that at least half of the matching funds (i.e., one-quarter, or 25%, of the annual total contract value) would be provided by the applicable NORC housing entity or entities unless expressly exempted. ***Note***: Upon request, NYC Aging may grant a temporary waiver of the housing match in accordance with NYC Aging standards.[32]
2. Whether the match is supplied as cash or as in-kind contributions of staffing, program space/equipment, subcontracts, and/or program enhancements, it would be dedicated solely to the NORC program for a period under the proposed contract term and not funded by City, State, or federal agencies.
3. NYC Aging reserves the right to limit reimbursements and/or reduce contract funding amount as a result of any unmet, unrealized and/or disallowed matching funds.

iii. All price and budget proposals should be prepared in accordance with the City of New York's Health and Human Service Cost Policies and Procedures Manual (Cost Manual). For the purpose of responding to this solicitation, proposers may only utilize the 10%

[30] https://www.nyc.gov/assets/records/pdf/NYC%20Supplemental%20Retention%20Schedule.pdf

[31] NYC Aging's financial manual can be found under the Community Partners, Contractor Tools section of the NYC Aging website: https://www1.nyc.gov/site/dfta/community-partners/contractor-tools.page

[32] The matching funds requirement from the housing entity is waived where the NORC housing entity is a public housing development (i.e., New York City Housing Authority). Other housing entities that were constructed with government subsidies and are restricted to low-income tenants according to HUD guidelines will be considered for a waiver on a case-by-case basis. Housing entities may also be considered for a waiver on a case-by-case basis if the housing entity can demonstrate significant financial hardship that limits its ability to provide matching funds. ***Note***: There is no exemption for the non-housing portion of the required match.

de minimis Indirect Cost Rate. Organizations that have a MOCS-approved Indirect Cost Rate above the 10% de minimis will have that rate reflected in the final budgets awarded.

iv. The Contractor would notify NYC Aging of any changes in its financial status in a timely manner, e.g., if the organization is at risk of or becomes financially unstable at any point in the contract term, it should notify NYC Aging at the time the determination is made.

v. The Contractor would have appropriate financial infrastructure related to transactional, operational and strategic staffing, accounting practices, and accounting system, to produce credible data to make financial decisions.

g) NYC Aging Meetings- The Contractor would participate in NYC Aging meetings as requested.

2. Proposal Instructions

a) Complete **Section E. Organizational Capability and Business Operations** of the 'Questionnaire' tab on PASSPort.

b) Attach an organizational chart, indicating details about where the proposed program and staff would be assigned within the organization.

c) Attach key staff resumes and/or job descriptions of individuals performing duties related to the operation of this program if awarded a contract.

d) Attach a Board of Directors list including name, contact information, role, and length of service for each member of the Board.

e) Complete **Document 11. Budget Proposal Worksheet** and **Document 12. Budget Narrative**, which contains the instructions on tab "Instructions." Include in the detailed budget narrative a breakdown that includes staff positions with breakdown of salary and hours worked on the program, justification for the staff, fringe, and OTPS line items charged to this contract.

i. All price and budget proposals should be prepared in accordance with The City of New York's Health and Human Service Cost Policy and Procedures Manual (Cost Manual). For the purpose of responding to this solicitation, proposers may only utilize the 10% de minimis Indirect Cost Rate. Organizations who have a MOCS-approved Indirect Cost Rate above the 10% de minimis will have that rate reflected in the final budgets awarded.

ii. Budgets should include a breakdown of all matching funds and the value of any in-kind match as separate line items in the budget. The source of these matching funds should be indicated as well. If the Contractor is eligible for an exemption of the housing portion of the match, please upload **Document 06. NORC SSP Housing Match Exemption Form**.

f) Upload the latest organization-wide/program audited Financial Statements or other evidence of financial stability/viability. Please submit a copy of the latest IRS 990 Form and organization wide/program audited Financial Statements or IRS filing, preferably for the Fiscal Year 2025 (FY25). If your organization does not have a recent organization-wide/program audit, your organization can submit the following financial documents, according to NYC Aging's preferential order:

i. 990 + FY25 org wide/program audit;

ii. 990 + CPA program audit and latest CPA compilation and review of financial statements + explanation of why an organization wide/program audit is not available;

iii. 990 + CPA program audit and latest unaudited financial statements and an explanation of why an organization wide/program audit is not available;
iv. 990 + CPA compilation and latest review of financial statements and an explanation of why an organization wide/program audit is not available; or
v. 990 + latest unaudited financial statements and an explanation of why an organization wide/program audit is not available.

3. Evaluation

a) This section will be evaluated based on the proposer's demonstrated level of quality related to organizational capability, operations and reporting to successfully operate this program based on the criteria in this section. It is worth a maximum of **15 Percent** in the Proposal Evaluation.

Section 3: Resources

List of Documents

**All documents/attachments for this RFP can be found in the RFP Documents tab in the PASSPort system.*

01. NORC SSP RFP – Main Document
02. NORC SSP Standards of Operation and Scope of Services
03. NYC Aging General Program Standards of Operation
04. Proposed Hours of Operation and Service Levels Form
05. NORC Eligibility Verification Form
06. NORC SSP Housing Match Exemption Form
07. NORC Emergency Response Plan
08. NORC Match Policy
09. Accessibility and Accommodation Attestation Form
10. Demographic Information and Borough Maps of Current OACs and NORCs
11. Budget Proposal Worksheet
12. Budget Narrative
13. General Information and Regulatory Requirements
14. Labor Peace Agreement Rider
15. Appendix A: General Provisions Governing Contracts for Consultants, Professional, Technical, Human, and Client Services

Section 4 – Proposal Evaluation and Contract Award Procedures

A. Responsiveness

All proposals received in PASSPort by NYC Aging by the submission deadline will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by NYC Aging to be non-responsive will be disqualified.

B. Proposal Evaluation

Evaluation committees will review and rate each responsive proposal. NYC Aging reserves the right to conduct site visits, interview proposers, and/or request that proposers make presentations and/or demonstrations, as NYC Aging deems applicable and appropriate. However, the Agency reserves the right to award a contract on the basis of the initial proposal received without information attained post proposal submission. If, during the evaluation process or at any subsequent stage, it is determined that the proposer has intentionally provided false or misleading information, NYC Aging reserves the right to reject the proposal and refuse to award a contract.

C. Contract Award

Contracts will be awarded to the responsible proposal that has the highest technical score and is determined to be the most advantageous to the City, taking into consideration price and the factors and criteria which are set forth in this RFP.

Additionally, NYC Aging reserves the right to take any of the following actions:

- Prior to contract award, determine the length of the initial contract.
- In the best interest of the City, determine how many and which contracts a proposer may receive if the proposer is eligible for more than one award, ensuring appropriate programmatic diversity and capacity within the program's portfolio. This determination will be based on: 1) the proposer's demonstrated organizational capability; 2) geographic diversity; and 3) ability of the proposer to properly transition active participants from the existing incumbent contractor to the newly awarded contractor, if applicable.
- To skip over one or more proposals to ensure appropriate and equitable programmatic and geographic diversity and capacity within the NORC Supportive Services Program portfolio.
- Award less than the full amount of funding requested and modify the allocation of funds and geographic area being covered in the best interests of the City.
- Consolidate multiple awards to the same provider entity into a single contract for administrative purposes.
- Determine the selected awardee as non-responsible and withdraw consideration of the award if the proposer does not provide their FY25 audited financial statements to the Agency prior to finalization of award selections.
- Decide not to award a contract in a competition pool in the best interest of the City.
- Prior to contract registration and during the term of the contract, change or modify the geographic area of the catchment, payment structure and/or reimbursement rate, program service size, program type, and change units if City, State and/or federal definitions of service are changed.
- Adjust program service level units, in consultation with the awarded provider. As per the City's contractual terms found in Appendix A, Section 10.02, titled "Reductions in Federal, State and/or City Funding," any reduction in funds "shall be accompanied by an appropriate reduction in services."

Contract awards shall be subject to timely completion of contract negotiations between NYC Aging and the selected proposer.

D. Award Termination

During the project's contract term, NYC Aging has the right to terminate the agreement, in whole or in part. At the conclusion of the contract term, based upon the assessment and documented results of the project, NYC Aging shall make a determination to discontinue the contract or continue the contract by means of a contract renewal or extension (if applicable).