CHARLOTTE

Department of General Services – City Procurement

Addendum #1	Out of School Time Programs RFP # 269-2021-016

To: All Prospective Companies

Date: January 29, 2021

Subject: Addendum #1 – RFP # 269-2021-016 - Out of School Time Programs

Please note the specification changes/modifications below for the RFP.

Item #	Page #	Section #	Specification	Modifications and Questions
1	15	3	3.1 General Scope	**Service Provider Question:** The RFP states "the programs can be provided at either neighborhood facilities or school facilities". Who is responsible for finding/booking the neighborhood or school facility? **Answer:** The awarded organization will be responsible for determining where they will operate services.
2	15	3	3.2 Out of School Time Program Goals	**Service Provider Question:** Does computer programming/coding fall under the second bullet, "Learning, Aspiration, and Healthy Development"? **Answer:** Yes, it could fall into the description of "youth gain knowledge and build skills that promote health and wellness and reduce risk behavior."
3	16	3	3.5 Organization Qualifications	**Service Provider Question:** Does the City have a preference of the virtual platform? Is Google Classroom a viable solution? **Answer:** The City does not determine which virtual platform vendors use for executing their services.
4	16	3	3.5 Organization Qualifications	**Service Provider Question:** The RFP states that the program must have youth in attendance for five (5) days per week, with a minimum of three (3) hours per day.

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				If some or all of school is virtual, can some of the three (3) hours take place during the school day? We are offering full day attendance to assist students with school and are also offering some out-of-school programing for the same students. **Answer:** We understand that programs are working overtime to support students throughout the school day in addition to during out of school time hours. Within the proposal, programs should detail how their program operates when conducting in-person programming, in addition to virtual programming as programs offering support solely during school hours do not meet the initial requirements under the Out of School Time Program.
5	16	3	3.5 Organization Qualifications	**Service Provider Question:** The RFP states that the summer program must have youth in attendance for at least six (6) weeks during the CMS summer break. Do the six (6) weeks have to be consecutive? Can we request funding for school year only and run summer programs for a shorter period? We would not request funding for the summer program from this grant. **Answer:** Programs can solely request funding for school-year services, however if programs do indicate in their proposal that they are requesting funding for the summer program in addition to a school-year program (year-round), then they will be held to the requirement of offering a summer program for 6 weeks.
6	16	3	3.5 Organization Qualifications	**Service Provider Question:** The educational qualification for a Program Director is a relevant two-year degree – what is considered relevant? Can you provide examples? **Answer:** Within the RFP, it lists the "Program Director will have a minimum of a relevant two-year degree" which translates to an associate degree. If the Program Director has an associate degree, please list that within the proposal and the concentration for their degree. The "relevant" category indicates that their education provided should translate to their qualifications for the role. However, if the Program Director holds an associate degree, within any major or concentration, please list that information within the proposal.

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7	16	3	3.5 Organization Qualifications	**Service Provider Question:** How do you define a "lead teacher"? Do all tutors need the NC Early Childhood Administration credential? **Answer:** Lead Teachers are staff that are responsible for leading a group of youth throughout the duration of out of school time programming. Tutors are separate from lead teachers, while they should be qualified in offering tutoring services to youth they do not fall under the category and requirements of a lead teacher.
8	16	3	3.5 Organization Qualifications	**Service Provider Question:** The RFP requires one staff member to have knowledge of and be able to recognize symptoms of illness. Since we do not have an onsite nurse, is there a recommendation on how to meet this requirement? For example, a specific Red Cross or other more advanced certification that an employee can get? **Answer:** This requirement does not include staff needing to have an advanced certification, rather indicates that your organization should have a staff member who while caring for children is able to recognize symptoms of illness.
9	17	3	3.6 Reporting Requirements	**Service Provider Question:** Regarding student files, what documentation is needed to show proof of income? What period does the proof of income need to cover (annual, prior 90 days, etc.)? **Answer:** "CDBG regulations permit self-certification of income for public service activities as referenced in 24 CFR 570.506(b) It is important to note that grantees should develop their own policies and procedures relating to a self-certification program. These policies and procedures would include such items as the definition of income, income verification (third party verification or review of documents provided by the applicant) what activities will be allowed to use self-certification, monitoring requirements and training of grantee and subrecipient staff. We recommend that you request source documentation for 20% of the certifications and inform the beneficiary that all sources of income and assets must be included when calculating annual income. Depending on your policies and procedures, you would verify income through third party verification or review of documents. In the CDBG program a

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				grantee or subrecipient need only document that the beneficiary is low-and moderate-income at the time CDBG assistance is provided. There is no re-qualification of income once assistance has been provided. There is no need to collect annual income information on existing clients that have been previously qualified and continue to be assisted." **Income Verification Forms Attached.**
10	17	3	3.6 Reporting Requirements	**Service Provider Question:** Regarding student files, what documentation is needed to show proof of residence? Are utility bills acceptable? **Answer:** "CDBG regulations permit self-certification of income for public service activities as referenced in 24 CFR 570.506(b) It is important to note that grantees should develop their own policies and procedures relating to a self-certification program. These policies and procedures would include such items as the definition of income, income verification (third party verification or review of documents provided by the applicant) what activities will be allowed to use self-certification, monitoring requirements and training of grantee and subrecipient staff. We recommend that you request source documentation for 20% of the certifications and inform the beneficiary that all sources of income and assets must be included when calculating annual income. Depending on your policies and procedures, you would verify income through third party verification or review of documents. In the CDBG program a grantee or subrecipient need only document that the beneficiary is low-and moderate-income at the time CDBG assistance is provided. There is no re-qualification of income once assistance has been provided. There is no need to collect annual income information on existing clients that have been previously qualified and continue to be assisted."
11	17	3	3.8 Security Requirements	**Service Provider Question:** Are there recommendations or minimum requirements regarding network security? **Answer:** The potential vendor is responsible for determining their organization's network security.
12	27-31	6	Form 4A – Current Program Worksheet; Form 4B – Proposed	**Service Provider Question:** As we approach these application components for our 2021-2022 programming, should we assume that our program will be operating in-person according to its

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			Program Worksheet	pre-COVID structure? (If COVID continues to be a significant concern in the fall, we would operate virtually, and both our enrollment and contact hours would be affected.) **Answer:** For this OST RFP, organizations should detail how they operate when offering in-person services as well as when offering virtual services. Unfortunately, there is no predictor of how the operation of services will look once the FY22 OST Contracts go into effect, due to COVID-19. Therefore, organizations should provide as much detail as possible that reflects how their services operate in both situations so that the Evaluation Committee is able to fully access proposed services.
13	27-31	6	Form 4A – Current Program Worksheet; Form 4B – Proposed Program Worksheet	**Service Provider Question:** Does the city expect to offer flexibility both in the enrollment number and in the number of contact hours if programs must operate virtually at any point during the contract year? **Answer:** While the City of Charlotte is currently working with vendors with flexibility to best maneuver throughout the COVID-19 pandemic as organizations offer virtual services, unfortunately due to COVID-19, there is no clear indicator on how services will need to be provided at the time of contract execution for the FY22 contract that is to begin September 1, 2021. For the purposes of the OST RFP, organizations should submit the proposal based on how many students their organization has show a history of serving that provides an overview of virtual and in-person services.
14	28-31	6	Form 4B – Proposed Program Worksheet	**Service Provider Question:** Are you anticipating that we will change our program (i.e. offer it to less students or run the program for less hours) at these 3 funding levels? Is there anything wrong with stating that we would offer the same program under all three (3) funding amounts? In that case, we'd rely on other fundraising to fill the gaps. **Answer:** The City of Charlotte is not encouraging organizations to change their service structure as the proposal submitted should be based on the history of what your organization has done which should prove effective for your target audience. The funding charts are to list how many students would be served, etc. if your organization were to receive funding under this grant program.

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15	39-40	6	Form 10 – Organization's Program Budget	**Service Provider Question:** Does the total program budget in the Budget Summary Section at the bottom of page 40 have to be equal to the sum of Personnel Expenses, Operating Expenses and In-Kind Support listed in the detailed tables on page 39 and 40? Should we also include our fundraising expenses in the Operating Expenses section? In the Personnel and Operating Expense sections, under the columns "Funding Type" and "Sources", do you want that information based on the current year budget or the proposed budget? The answers will be different between the 2 years and there is not much space. Is this form available in Excel or a csv file? We would return it as a pdf doc. **Answer:** The RFP is available in a Word document and can be accessed through www.charlottenc.gov/ost. Organizations complete the entire form indicating its expenses for the current budget year as well as the proposed budget. On the second page of the form, it indicates space to list total dollar valuation of in-kind support. The budget summary should detail the entire program budget, inclusive of personnel services, operating expenses, and in-kind support.
16	15	3	3.1 General Scope	Does the afterschool program already have to be serving students afterschool or can a weekend program be proposed to be expanded? **Answer:** Proposals should be submitted based on the history of what your organization has done which should have proven effective for your target audience. Unfortunately, if your organization has solely served youth on the weekend then it does not meet the initial qualification for the Out of School Time Program.

In order to constitute a complete proposal response, you must acknowledge receipt of this addendum with the Addenda Receipt Confirmation Form in Section 6 of the RFP in your Proposal. ***Any Company not acknowledging receipt of an issued addendum may not be considered.***

In the event additional changes or clarifications to this RFP are warranted, all Companies are responsible for monitoring the City's Contract Opportunities site or www.ips.state.nc.us or for additional addenda.

We appreciate your interest in doing business with the City and look forward to receiving a Proposal from your company.
Sincerely,

Nakayla Horlback
Procurement Officer

EXHIBIT J

Out of School Time (OST) Program
Income Verification Form
Last updated: October 2020

Organization: _____   Program: _____

Name of Student (Program Participant): _____

Name of Parent(s) or Guardian(s): _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Demographic Information

Please fill out the following information. Ensure that you have completed **both (2)** questions.

1. **Ethnicity** (please check one): _____ Hispanic or Latino   _____ Not Hispanic or Latino

2. **Race** (please check one):

   _____ White   _____ Black or African-American   _____ Asian

   _____ American Indian or Alaska Native   _____ Native Hawaiian or Other Pacific Islander

   _____ Other/Multi-Racial

   If questions, please see description box below:

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
Black/African American: A person having origins in any of the black racial groups of Africa.
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.
American Indian/Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.
Native Hawaiian/Other Pacific Islander: A person having origins in any other the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.
Other/Multi-Racial: Category used for reporting individual responses not included in any of the categories listed above.

SELF CERTIFICATION OF ANNUAL INCOME OF BENEFICIARY

Enrollment Period: ☐ **Fall Term - 20___**   ☐ **Summer Term - 20___**

BENEFICIARY INFORMATION

Address:	City:	State:	Zip Code:

ANNUAL INCOME CERTIFICATION

This document serves to verify total family income of the household.

Total Family Income: $ _____

[Note: If no income, record "0"]

Total Household Members: Adults _____   Children _____

I, _____, attest that I **and** any of my family member(s) in the household:
[Check one of the boxes below]

☐ **have received income** from the following sources: gross amount of all wages, salaries, overtime, commissions, tips and bonuses; net income from businesses; interest, dividends, and net income of any kind from real or personal property; periodic payments such as Supplemental Security Income (SSI) and Social Security; payments in lieu of earnings; welfare assistance (not food stamps); periodic and determinable allowances, alimony, child support and gifts; all regular and special pay and allowances for armed forces (not hostile fire pay); unemployment benefits.

☐ **have not received any income** from sources noted above. As soon as my financial status changes, I understand that it is my obligation to notify the (Sub-Recipient Name) for my child/children to remain eligible.

I certify that the information provided concerning my income and my immediate family income is complete, true and accurate. I understand that the information provided will be used to determine eligibility for (Sub-Recipient Name) programming services and may be released for verification and federal reporting purposes. I agree to provide, upon request, documentation on all income sources to the (Sub-Recipient Name) and the City of Charlotte. The information provided on this form is subject to verification by (Sub-Recipient), City of Charlotte, and HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement(s).

_____   _____

Head of Household of Participant – Print Name   **Date**

_____

Head of Household of Participant – Signature

FOR SUB-RECIPIENT (PROGRAM) USE ONLY:

AREA MEDIAN INCOME: $ _____   _____% AMI

DOES THE TOTAL HOUSEHOLD INCOME **EXCEED 80% OF THE AREA MEDIAN INCOME (AMI)** BY HOUSEHOLD SIZE?

_____ YES   _____ NO

IS CHILD ELIBLE FOR THE CITY OF CHARLOTTE'S, OUT OF SCHOOL TIME (OST) PROGRAM?

_____ YES   _____ NO

VERIFIED BY:

_____   _____   _____

Staff Member | Print Name   Staff Member | Signature   Date

Household Income Level Chart

Using the household's total annual income, follow the instructions to complete the chart below:

1. Identify the column that lists the number of people who live in the home as their <u>main</u> residence.
2. <u>Circle</u> the AMI category that details the total household income which was calculated above.

Number of family members in the household	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	$17,550 or less	$17,551 to $20,050	$20,051 to $22,550	$22,551 to $25,050	$25,051 to $27,100	$27,101 to $29,100	$29,101 to $31,100	$31,101 to $33,100
50% AMI	$17,551 to $29,250	$29,251 to $33,400	$33,401 to $37,600	$37,601 to $41,750	$41,751 to $45,100	$45,101 to $48,450	$48,451 to $51,800	$51,801 to $55,150
60% AMI	$29,251 to $35,100	$35,101 to $40,080	$40,081 to $45,120	$45,121 to $50,100	$50,101 to $54,120	$54,121 to $58,140	$58,141 to $62,160	$62,161 to $66,180
80% AMI	$35,101 to $46,800	$46,801 to $53,450	$53,451 to $60,150	$60,151 to $66,800	$66,801 to $72,150	$72,151 to $77,500	$77,501 to $82,850	$82,851 to $88,200

Source: U.S. Department of Housing and Urban Development.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY
Printed on: **Effective Date:**

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

o **HUD 24 CFR Part 5**	o **IRS Form 1040**	o **American Community Survey**

Beneficiary Information

Last Name:	Beneficiary ID (if applicable):

Member Information

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older;
S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = $ _____

Certification
I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

City of Charlotte | Department of General Services – City Procurement | 600 East Fourth Street Charlotte, NC 28202

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY
Printed on: **Effective Date:**

Beneficiary ID:

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

 * Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.