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Manhattan Community Board 4 Social Services – Provider and Project Checklist

Introduction

Manhattan Community Board 4 (MCB4) has long welcomed and integrated social services into the Chelsea and Clinton/Hell's Kitchen communities. Successful integration is achieved through communication and cooperation with MCB4, local block associations, community organizations, other existing not-for-profits, and neighborhood residents. By presenting and thoroughly discussing proposed social service programs and projects in advance, MCB4 has found both increased acceptance by local residents and improvements to social service programs.

To accomplish better community integration, Manhattan Community Board 4 has created a Social Service Provider Checklist. The Checklist is a guide for what information to provide to MCB4 when proposing a project in Manhattan Community District 4 (MCD4). Projects may be for homeless services, drop-in centers, safe havens; transitional housing or permanent supportive housing. Other social services may include, community service programs, drug treatment programs, health programs or childcare and afterschool programs.

The goal of the Checklist is to gather information early in the development process of a proposed social service program or project to enable MCB4 to make informed recommendations to the social service provider, government agencies and elected officials. This will help to ensure a proposed project's success.

Who needs to complete the checklist?

Any social service provider proposing to site, provide, or expand social services in Manhattan Community District 4 (see attached map of existing Social Services in the District).

When must this checklist be submitted?

When a social service provider is contemplating new or expanded services, MCB4 requests that this Checklist to be submitted prior to applying for government funds or seeking to acquire a site

in MCD4. Please complete this checklist and submit to the MCB4 District Manager prior to scheduling a presentation to the Housing Health and Human Services (HHHS) Committee. The District Manager may schedule a briefing with relevant Committee Chairs and/or the Board leadership prior to scheduling a committee presentation.

How must this checklist be submitted?

This checklist is a fillable PDF and should be submitted by email to the MCB4 District Manager, Jesse Bodine at jbodine@cb.nyc.gov and Assistant District Manager, Nelly Gonzalez at negonzalez@cb.nyc.gov.

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1. Organizational Overview
2. Proposed Program Description
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1. Organizational Overview

Social Service Provider Name	Address
Zip Code	Contact Person
Phone	Contact Email
Website	

a. Organizational history (or link to webpage)

b. List of social services provided by the provider

c. Organizational Chart

Please attach organizational staff chart as Appendix A.

d. Affiliates and Subsidiaries

Please provide chart of affiliates and/or subsidiaries as Appendix B.

e. Has this provider managed any social service programs in [Manhattan Community District 4](#) (the area between West 14th and West 59th Streets, west of Eighth Avenue to the Hudson River, from West 59th to West 26th Streets and west of Sixth Avenue to the Hudson River south of West 26th Street)?

Yes No

2. Proposed Program Description

a. Program Name

b. Program Type

Homeless Services	Social Services
Drop-in Center Safe Haven Transitional Housing Permanent Supportive Housing	Community Service Program Drug Treatment Program Health Program Other: _____

c. Program Description

Please attach program chart as Appendix E

d. Program Start Date

Proposed program start date _____

e. Proposed Funding Sources

Funding Agency or Source	Contract or Grant term	Value

f. Staffing Plan

(Provide program staffing chart as Appendix F)

Staffing Statistics

a) Number of total employees _____

b) Number of full-time employees _____

c) Number of visiting staff, consultants and part time employees _____

1. Will there be supervisors on every shift? Yes No
If yes, for which positions? _____

d) Social service staff to client ratio _____

e) Case manager to client ratio _____

g. Staffing Qualifications

a) Full-time employee roles and licenses required

b) Full-time employee roles and certifications required

h. Supervision & Training

a) How often will the social service staff meet?

b) Describe staff supervision

c) Describe staff training

d) Describe client eligibility or entry criteria

i. Provider Experience

a. What is the organization’s experience in serving the target population?

b. What are the organization’s service delivery strengths and limitations?

c. What are the organization’s metrics for success and performance?

d. What is the organization’s experience with community engagement? Has the organization worked with MCB4 or other community boards?

j. Community Engagement

Collaboration with other organizations in MCD4

- a. Describe methods to engage the community, hear and address concerns pre-opening, at opening and beyond.

- b. Describe collaboration with community agencies, off-site services, and other organizations that serve the clients for this project, and in past projects.

- c. Provide examples of how the organization resolved any community and neighbor issues that occurred in other projects.

- d. What is the organization's complaint mitigation and conflict resolution strategy?

- e. Describe the frequency of intervention by emergency medical services and law enforcement that occurred in similar projects.

3. Proposed Site and Building Description

a. Location and Zoning

Is this project located in a Special Zoning District? Yes No

If yes, please check

- Clinton Special District
- West Chelsea Special District
- Hudson Yards Special District
- Garment Center Special District
- Hudson River Park Special District

b. Does the project require any zoning action, or will it comply with zoning?

c. Project Summary

Total Gross Square Footage (SF)	
Social Service SF	
Office Space SF	
Number of Clients	
Funding Source	
Acquisition or Lease	
Length of Lease	
Lease term and renewals	

d. Project Type

- New Construction
- Renovation

e. Provide proposed plans for renovation or construction of program space.
Attach as Appendix G.

f. Surrounding Area

List other social service facilities or residences with social services within a two-block radius of the proposed site.

(MCB4 Recommended resources for information

cbmanhattan.cityofnewyork.us/cb4/resources/

cbmanhattan.cityofnewyork.us/cb4/all-committees/mcd4-social-service-maps/)

Name	Location	Type of Facility or Residence	Number of Residents or Clients

4. Proposed Residential Program (complete only if applicable)

a. Gross residential SF _____

b. Total units in project _____

c. Number of residents per room _____

d. Provide stacking plan and floor plans in Appendix H.

e. Tenant Relocation

Are there any residential tenant relocations required? If yes, please attach relocation plan as Appendix I.

f. List Amenities and Program Spaces

Amenities and Program Spaces	Yes/No	Notes (Square footage, location, floor #)
Bike Storage		
Children's Center / Playroom		
Community Kitchen		
Community Room		
Courtyard		
Fitness Center/Gym		
HVAC		
Internet Service		
Laundry		
Lobby		
Meeting rooms		
Package Lockers		

Patio		
Play Area (inside or outside)		
Recreational Space		
Roof Space		
Smoking Area		
Tenant Storage		
Other:		

g. Describe the tenant selection process

h. Describe the tenant orientation process

i. Describe the building's sanitation collection protocol.

j. Social services provided

Social Service	Yes/No	Notes
Advocacy and Support		
Assistance with Rental Arrears		
Case Management		
Client Documentation and Case Progress Notes		
Clothing		
Coordination of Outpatient Services		
Counseling / therapy		
Crisis Intervention		
Health Education and Counseling		
Health Services		
Health Status Monitoring and Medical Referrals		
Home Health Care		
Housing Search Assistance		
Job Placement		
Meals--Onsite		
Meals--Delivery		
Mediation among of Suite Relations		
Money Management		

Nutritional Referrals		
Psychosocial Assessments and Goal-oriented Service Plans		
Procurement and Maintenance of Benefits/Entitlements		
Recreational Activities and Socialization Groups		
Referrals		
Referrals to Off-site Community Agencies		
Support Groups		
Other:		

k. Additional descriptions about services provided on-site not noted above

l. Additional descriptions about services provided virtually

m. Describe the organization's Covid-19 protocols

n. **Security staff** will be: In house Vendor, details and name _____
 Number of security staff per shift _____

Will security staff wear uniforms Yes No

Where will security staff patrol, during what hours, and with what frequency?

o. Describe onsite assistance with vocational training planned.

5. Community Notification & Communication

a. Community Notification

Provider agrees to send notification of proposed facility to community institutions, organizations and block associations. Please contact Community Board 4 District Manager for most recent community organizations list at jbodine@cb.nyc.gov and Assistant District Manager, Nelly Gonzalez at negonzalez@cb.nyc.gov

Other notification, please list in Appendix J.

b. Are you willing to meet on a quarterly basis with MCB4, local block organizations, residents, businesses owners, and other providers to discuss best practices through Community Advisory Board Meetings?

c. How and when would the organization notify CB4 and the community regarding issues/concerns with clients which could/did impact the neighborhood?

d. Provider's 24/7 Contact Information

Community contact phone Number _____

Community contact email for community residents and store owners

By signing below, I confirm all the information above is true and accurate.

Social Service Provider

Social Service Provider's Rep

Building Owner

Building Owner's Rep

