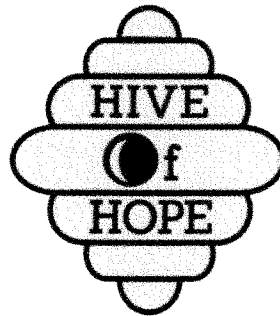


PROPOSAL SUBMISSION

HIVE OF HOPE, INC.



RFP 2026-068

**MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE
PREVENTION, TREATMENT AND RECOVERY SUPPORT
PROVIDERS**

HIVE OF HOPE, INC.
161 CENTRAL AVE.
ALBANY, NY 12206

CONTACT PERSON: NATHAN WRITER
CONTACT NUMBER: 518-573-0549

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: **MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE PREVENTION,
TREATMENT AND RECOVERY SUPPORT PROVIDERS**

RFP Number: 2026-068

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 820
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:
 - (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
None	

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers.

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary.

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Proposal shall be addressed to:

Nathan Writer

hiveofhope@gmail.com

Phone: 518-573-0549

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

PROPOSAL SECTION I
Table of Contents

PROPOSAL SECTION I: Title Page & Table of Contents
Title Page 1
Proposal Form..... 2
Table of Contents 4

PROPOSAL SECTION II: Qualification & Experience
Qualification & Experience 5
Resume of Nathan A. Writer..... 6
Resume of Shawn Sanders..... 8

PROPOSAL SECTION III: References
References..... 9

PROPOSAL SECTION IV: Plan Implementation
Description of the Problem 9
Description of the Approach 10
Performance Measures..... 11

PROPOSAL SECTION V: Cost Proposal
Cost Proposal 11
Cost Proposal Form 12
Budget..... 13

PROPOSAL SECTION VI: Mandatory Documentation
Attachment A: Non-Collusive Bidding Certificate..... 15
Attachment B: Acknowledgment by Proposer..... 16
Attachment C: Vendor Responsibility Questionnaire 17
Attachment D: Iranian Energy Divestment Certification 16

LETTERS OF SUPPORT
Letters of Support 18

- Senator Patricia Fahy
- Assemblymember John McDonald
- Honorable Sherri J. Brooks-Morton, Drug Treatment Court Judge
- Albany County District Attorney Lee Kindlon
- Hospitality House – Young Do, CEO
- Hope House – Kevin Connally, CEO
- Addictions Care Center of Albany – Keith Stack, CEO
- New Choices Recovery Center – Laura Combs, CEO
- Fusion Recovery – Andrew Gautsch, Director of Operations
- Capital District Latinos – Micky Jiminez, Regional Executive Director

PROPOSAL SECTION II:
Qualification/Experience

Hive of Hope, Inc. is a 501(c)(3) nonprofit recovery community organization based in Albany, NY, operating a recovery recreation center at 161 Central Avenue that provides peer-based support, sober social activities, wellness programming, and harm reduction services for individuals impacted by substance use disorder. Guided by its philosophy, “Sober Living Through Giving,” Hive of Hope emphasizes connection, service, and community as essential components of sustained recovery, serving as a central hub for individuals seeking support beyond traditional treatment settings.

Over more than three years of operation, Hive of Hope has grown to over 1,000 members and averages 700 visits per month, many from individuals recovering from opioid use disorder, demonstrating its critical role in Albany County’s response to the opioid epidemic by reducing isolation and increasing engagement in recovery. The organization has extensive experience providing recovery support and through structured programming, peer engagement, and partnerships with local treatment providers, courts, and community organizations, while also contributing to prevention through outreach, education, and distribution of naloxone.

During its time in operation The Hive has hosted nearly 100 events from holiday gatherings, service initiatives, sober dances, barbecues, recreational activities, hikes, and much more. Member reviews have been overwhelmingly positive. Since its inception the Hive has been staffed by its founder Nathan Writer, and the beloved Shawn Sanders, both of whom have completed the CRPA training process and have lived experience.

The individual authorized to bind the proposer is Nathan Writer, Founder and Director, Hive of Hope, Inc., 161 Central Avenue, Albany, NY 12206, (518) 573-0549.

NATHAN A. WRITER, ESQ.
Email: nwritesq@gmail.com

BAR ADMISSION

State of New York Supreme Court, Appellate Division, Third Judicial Department

EDUCATION

Albany Law School of Union University, Albany, NY — Juris Doctor, May 2015

University at Albany, SUNY — B.A., Communications (Honors), December 2008

LEGAL EXPERIENCE

Schenectady County Attorney's Office, Schenectady, NY – Deputy County Attorney (March 2025 – Present)

- Represent Department of Social Services in child support proceedings
- Handle Fair Hearings involving State Central Registry appeals
- Draft motions, memoranda, and legal documents
- Collaborate with agency personnel on case preparation

Schenectady County Public Defender's Office – Assistant Public Defender (March 2023 – March 2025)

- Represented clients from arraignment through disposition
- Conducted investigations and client counseling
- Drafted legal documents and motions

Nathan A. Writer, Attorney at Law – Solo Practitioner (March 2019 – Present)

- Defend clients in criminal matters
- Manage case files and client communications
- Provide pro bono legal services

Albany County Public Defender's Office – Assistant Public Defender (June 2018 – March 2019)

- Defended indigent clients in criminal proceedings
- Drafted and argued motions

OTHER EXPERIENCE

Hive of Hope, Inc. – Founder & CEO (August 2021 – Present)

- Lead and manage a sober community center serving individuals in recovery

- Supervise staff and coordinate a team of volunteers to deliver programming and services
- Plan and host dozens of recovery-focused events annually to support wellness and community engagement
- Secure and manage funding through grants and private donations
- Oversee operations serving approximately 700 visits per month

ACHIEVEMENTS

- United Way Philanthropist of the Year Finalist (2023)
- Friends of Recovery-NY Illuminator Award Recipient (2026)

SHAWN L. SANDERS

Email: hivealbany@gmail.com

PROFESSIONAL EXPERIENCE

Operations Manager 03/2024 - Present

Hive of Hope - Sober Community Center

Albany, NY

- Oversee daily operations of a sober community center, ensuring a safe, welcoming, and supportive environment for all participants.
- Manage staff, volunteers, and programs to promote recovery, empowerment, and personal growth.
- Develop and implement policies, procedures, and program initiatives that align with the center's mission and goals.
- Build and maintain partnerships with community organizations and resources to enhance services and outreach.
- Monitor budgets, maintain records, and ensure compliance with organizational standards.

Program Counselor 01/24 - Present

Hospitality House Addiction Treatment Center

Albany, NY

- Support individuals in recovery through case management and peer support.
- Facilitate group sessions and recovery-focused activities.
- Assist with building a safe and supportive environment for clients.

EDUCATION

General Educational Development (GED) - 1995

Suny Westchester Community College – 1996

- Broadcasting
- Sports Psychology

TRAINING

Certified Recovery Peer Advocate (CRPA) - 2024

New York State Office of Addiction Services and Supports (OASAS)

ACHIEVEMENT

Humanitarian Award for Service in the Recovery Community – 3/2025

PROPOSAL SECTION III:
References

- 1) Young Do
Hospitality House, CEO
young@hospitalityhouse.info
- 2) Keith Stack
Addictions Care Center of Albany, CEO
kstack@theacca.net
- 3) Kevin Connolly
Hope House, CEO
kevin@hopehouseinc.org

PROPOSAL SECTION IV:
Plan Implementation

Description of the Problem

Hive of Hope addresses a critical gap in Albany County's response to the opioid epidemic: the lack of safe, structured, and supportive spaces during high-risk hours for individuals in recovery.

Substance use disorder—particularly opioid use disorder—continues to impact hundreds of Albany County residents. While treatment services are available, individuals in recovery often face social isolation, lack of structured activity, and limited access to sober community spaces, especially during late afternoon and evening hours when relapse risk is elevated.

Since its founding, Hive of Hope has demonstrated both the need for and effectiveness of a recovery recreation model with over 1,000 members, and an average of 700 visits per month.

Despite this growth, current operating hours limit access during critical times. Many individuals—especially those transitioning from treatment, attending methadone clinics, or re-entering the community after incarceration—require consistent, accessible evening support to maintain recovery.

Without expanded hours, individuals are left with few alternatives outside of meetings or unstructured environments, increasing the risk of relapse, overdose, and disengagement from recovery supports.

Description of the Approach

Hive of Hope proposes to expand operating hours at The Hive by extending hours of operation on Monday and Tuesday from 4pm – 8pm. This expansion will provide 8 additional hours per week of structured, supervised recovery programming. During these hours, participants will have access to: Recreational and wellness activities (fitness, games, music); Peer support and recovery coaching; Community-building events; Service opportunities and volunteer engagement; and Harm reduction resources, including naloxone distribution and education.

This project directly aligns with Albany County and NYS Opioid Settlement priorities by: providing recovery support and prevention services; harm reduction services; serving a priority population of individuals with opioid use disorder and co-occurring conditions; expanding services; and reducing isolation and improving community connection thus improving social determinants of health. Additionally, the project addresses County priorities by: expanding access to integrated behavioral health services; addressing service disparities in underserved urban populations; and providing immediate life-saving and stabilizing supports.

Hive of Hope utilizes the evidence-based Sober Active Community model, which emphasizes peer connection; structured, healthy activities; and service and purpose-driven engagement. Research shows that social connection and community engagement significantly reduce relapse rates and improve long-term recovery outcomes.

Expanded hours will be staffed by trained employees with lived experience and be supported by volunteers. Staff will provide supervision, facilitate programming, and ensure a safe, inclusive environment.

Grant funds will support staff wages for expanded hours and outreach supplies. Hive of Hope will continue contributing in-kind resources, including: facility space and equipment; volunteer support; and existing programming infrastructure.

Performance Measures

Hive of Hope will track the success of this initiative by: 1) tracking the number of visits during expanded hours; and 2) conducting member satisfaction surveys to determine if their experience with Hive of Hope met their expectations, if they would recommend Hive of Hope to others, and whether they are likely to attend future Hive events. These measures will demonstrate increased access, engagement, and impact of recovery services.

PROPOSAL SECTION V:

Cost Proposal

Hive of Hope, Inc. is requesting \$25,000 to support the expansion of operating hours at The Hive, adding Monday and Tuesday evening hours from 4:00 PM to 8:00 PM. Approximately \$23,400 of grant funds will be used to cover wages for two staff members who will supervise programming and provide peer-based recovery support during these additional hours. The remaining \$1,600 of grant funds will be used for outreach supplies such as naloxone, testing strips, and flyers. These funds will be used exclusively to support this new service expansion and will not supplant any existing funding sources. Hive of Hope has received \$225,000 in Opioid Settlement Funds from Albany County, all of which have been used for employee wages. The Hive has also received \$9,500 from NYS OASAS which was used for general operating expenses including rent, utilities, and programmatic expenses.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

**Title: MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE PREVENTION,
TREATMENT AND RECOVERY SUPPORT PROVIDERS**

RFP Number: 2026-068

COMPANY: Hive of Hope, Inc.

ADDRESS: 161 Central Ave

CITY, STATE, ZIP: Albany, NY 12209

TEL. NO.: 518-650-8951

FAX NO.: _____

FEDERAL TAX ID NO.: 87-2438182

REPRESENTATIVE: Nathan Writer

E-MAIL: hiveofhope@gmail.com

SIGNATURE AND TITLE *Nathan Writer* CEO

DATE 4/20/26

Budget

**MINI-GRANTS FOR ALBANY COUNTY SUBSTANCE USE
PREVENTION, TREATMENT AND RECOVERY SUPPORT PROVIDERS**

Albany County Department of Mental Health

RFP #2026-068

Budget Form

Budget Category	Year 1	Year 2 (if applicable)	Year 3 (if applicable)
Personnel			
Director/CRPA/NASM CPT - Recovery & Recreation (9 hours x \$30/hr x 52 weeks)	\$14,040		
CRPA - Outreach & Prevention (9 hours x \$20/hr x 52 hours)	\$9,360		
A) Personnel Subtotal	\$23,400		
Fringe Rate			
B) Personnel + Fringe Subtotal	\$23,400		
<small>Supplies and Equipment (please list any equipment over \$1,000)</small>			
Outreach Supplies (Naloxone, Testing Strips, Flyers, etc)	\$1600		
C) Supplies Subtotal	\$1600		
Other Expenses (please identify)			
D) Other Expenses Subtotal			
Subtotal Lines B-D			
Admin (Admin is limited to no more than 5% of Lines B-D)			
Total by Year			
	\$25,000		
Total Funding Requested			\$25,000

Hive of Hope is seeking to expand their opioid use disorder outreach, prevention, treatment, and recovery by expanding our hours of operation to include evening hours from 4pm-8pm on Monday and Tuesday. Grant funds will be used to staff the recovery recreation center, as well as provide them with outreach supplies and equipment.

Hive of Hope will provide in-kind support in the form of recovery recreation space, exercise and recreation equipment, office equipment, vast referral network, and supervision.

PROPOSAL SECTION VI:
Mandatory Documentation

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation

Nathan Winter

Signature

CEO

Title

Hive of Hope, Inc.

Company Name

4/20/26

Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

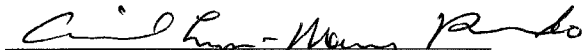
Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Albany) SS.:

On this 20th day of April, 2026, before me personally appeared Nathan Writer to me known, who, being by me sworn, did say that he resides at (give address) 22 Marinello Ter., Albany, NY 12209; that he is the (give title) Chief Executive Officer of the (name of corporation) Hive of Hope, Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.



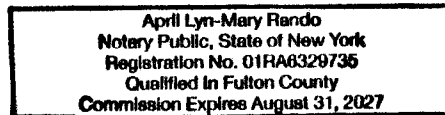
Notary Public, State of New York

Qualified in Fulton County

Commission Expires 08/31/2027

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:



On the _____ day of _____, 20____, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Hive of Hope, Inc.		3. IDENTIFICATION NUMBERS a) FEIN # 87-2438182 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) www.hivealbany.org	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 161 Central Ave. Albany, NY 12206		7. TELEPHONE NUMBER 518-650-8951	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Nathan Writer Title CEO Telephone Number 518-573-0549 Fax Number e-mail hiveofhope@gmail.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Nathan Writer	TITLE CEO	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16.	<p>WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<p>a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>	
	<p>b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<p>c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:

Yes No

a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

CEO

Title

Hive of Hope, Inc.

Company Name

4/20/26

Date

CHAIR
DISABILITIES
COMMITTEES
AGRICULTURE
CITIES 2
ENVIRONMENTAL CONSERVATION
HIGHER EDUCATION
LOCAL GOVERNMENT
RACING, GAMING AND WAGERING

NEW YORK
STATE
SENATE



PATRICIA A. FAHY
SENATOR, 46TH DISTRICT

ALBANY OFFICE:
708 LEGISLATIVE OFFICE BLDG.
ALBANY, NY 12247
PHONE: (518) 455-2225
FAX: (518) 426-6807

EMAIL:
fahy@nysenate.gov

April 27th, 2026

Albany County Department of Mental Health

Re: RFP #2026-068 – Mini-Grants for Substance Use Prevention, Treatment and Recovery Support Providers

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee,

I am writing to express my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services in Albany County.

Substance use disorder—particularly opioid use disorder—continues to impact residents across our community. While treatment services exist, significant gaps remain in access to structured, supportive environments during high-risk hours, particularly in the late afternoon and evening. Hive of Hope’s proposal directly addresses this gap by expanding access to safe, supervised recovery programming during these critical times.

Hive of Hope has demonstrated measurable community impact, serving over 1,000 members and averaging approximately 700 visits per month. Their recovery recreation model provides peer-based support, sober social engagement, and harm reduction services that reduce isolation and strengthen long-term recovery outcomes.

This proposal to expand operating hours will:

- Increase access to recovery support during high-risk periods
- Provide structured programming, peer engagement, and community connection
- Deliver harm reduction resources, including naloxone distribution and education
- Address disparities in access to supportive recovery environments

These efforts align closely with Albany County’s priorities, including expanding access to integrated behavioral health services, addressing service disparities, and providing immediate, life-saving interventions.

Hive of Hope represents an innovative, community-based solution that complements existing treatment systems while addressing the social determinants of health that are critical to sustained recovery.

I strongly support this proposal and encourage Albany County to invest in this initiative. Expanding access to recovery-centered spaces like Hive of Hope is essential to strengthening our response to the opioid epidemic and improving outcomes for our residents.

Please do not hesitate to contact me at Fahy@nysenate.gov or (518) 455-2225, should you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Fahy". The signature is fluid and cursive, with a large initial "P" and "F".

Patricia Fahy
New York State Senator
46th District



JOHN T. McDONALD III, RPh
Assemblymember 108th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Governmental Operations
COMMITTEES
Alcoholism and Drug Abuse
Higher Education
Health
Ways and Means

April 22, 2026

Albany County Department of Mental Health
260 S Pearl St,
Albany, NY 12202

Re: RFP #2026-068 – Mini-Grants for Substance Use Prevention, Treatment and Recovery Support Providers

Dear Review Committee:

I am writing to express my support for Hive of Hope, Inc. They have submitted a proposal to expand recovery support services in Albany County. Substance use disorder, particularly opioid use disorder, continues to impact residents across our community. While treatment services exist, significant gaps remain in access to structured, supportive environments during high-risk hours, particularly in the late afternoon and evening. Hive of Hope’s proposal directly addresses this gap by expanding access to safe, supervised recovery programming during these critical times.

Hive of Hope has demonstrated measurable community impact, serving over 1,000 members, and averaging approximately 700 visits per month. Their recovery recreation model provides peer-based support, sober social engagement, and harm reduction services that reduce isolation and strengthen long-term recovery outcomes.

This proposal to expand operating hours will:

- Increase access to recovery support during high-risk periods
- Provide structured programming, peer engagement, and community connection
- Deliver harm reduction resources, including naloxone distribution and education
- Address disparities in access to supportive recovery environments

These efforts align closely with Albany County’s priorities, including expanding access to integrated behavioral health services, addressing service disparities, and providing immediate, life-saving interventions.

I respectfully ask you to consider Hive of Hope’s proposal to expand recovery support services in Albany County.

Thank you for your consideration.

Sincerely,

Hon. John T. McDonald III, RPh
Member of NYS Assembly, 108th District

(text box: 1)

Text Box 1:

STATE OF NEW YORK
ALBANY COUNTY
SUPREME AND COUNTY COURTS

ALBANY COUNTY COURTHOUSE

16 Eagle Street, Room 323

ALBANY, NY 12207

518-788-9561

brooks-mortonchambers@nycourts.gov

(text box: 2)

Text Box 2:

CHAMBERS OF **Rachel A. Rappazzo, Esq.**

SHERRI J. BROOKS-MORTON Principal court attorney

E. Fissette, jr.

Secretary

Virginia

Personal and Unofficial

April 30, 2026

Albany County Department of Mental Health

Grant review committee

Re: RFP #2026-068 – Mini-Grants for Substance Use Prevention, Treatment and Recovery Support Providers

Dear review committee,

I am writing in support of Hive of Hope, Inc.'s proposal to expand recovery support services in Albany County. As the presiding judge of the Albany County felony Drug Treatment court, I have seen the devastating effects of substance use disorder—particularly opioid use disorder—and the impact it has had on our participants and the residents across our community. While treatment services exist, significant gaps remain in access to structured, supportive environments during high-risk hours, particularly in the late afternoon and evening. Hive of Hope's proposal directly addresses this gap by expanding access to safe, supervised recovery programming during these critical times.

Hive of Hope has demonstrated measurable community impact, serving over 1,000 members and averaging approximately 700 visits per month. Their recovery recreation model provides peer-based support, sober social engagement, and harm reduction services that reduce isolation and strengthen long-term recovery outcomes.

This proposal to expand operating hours will:

- Increase access to recovery support during high-risk periods
- Provide structured programming, peer engagement, and community connection
- Deliver harm reduction resources, including naloxone distribution and education
- Address disparities in access to supportive recovery environments

Hive of Hope represents an innovative, community-based solution that complements existing treatment systems while addressing the social determinants of health that are critical to sustained recovery. I have heard numerous stories about the positive impact this facility has had on our participants and even their families. Not only do I encourage participants to go there, I often order community service to be completed there as well.

I strongly support this proposal and encourage Albany County to invest in this initiative. Expanding access to recovery-centered spaces like Hive of Hope is essential to strengthening our response to the opioid epidemic and improving outcomes for our residents.

Sincerely,

Sherry Brooks-Morton

Sherry J. Brooks-Morton
Supreme Court Justice, 3rd Judicial District/ Drug Treatment Court Judge
16 Eagle Street, Room 323

Albany, NY 12207



LEE C. KINDLON
DISTRICT ATTORNEY

COUNTY OF ALBANY
OFFICE OF THE DISTRICT ATTORNEY
ALBANY COUNTY JUDICIAL CENTER
6 LODGE STREET
ALBANY, NEW YORK 12207
518-487-5460
518-487-5093 - FAX

JOSEPH J. MEANY
CHIEF ASSISTANT DISTRICT ATTORNEY

JESSICA BLAIN-LEWIS
DEPUTY CHIEF ASSISTANT DISTRICT ATTORNEY

April 28, 2026

Albany County Department of Mental Health
Re: RFP #2026-068 – Mini-Grants for Substance Use Prevention, Treatment and Recovery Support Providers

Dear Review Committee,

I am writing to express my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services in Albany County.

Substance use disorder, particularly opioid use disorder—continues to impact residents across our community. While treatment services exist, significant gaps remain in access to structured, supportive environments during high-risk hours, particularly in the late afternoon and evening. Hive of Hope's proposal directly addresses this gap by expanding access to safe, supervised recovery programming during these critical times.

Hive of Hope has demonstrated measurable community impact, serving over 1,000 members and averaging approximately 700 visits per month. Their recovery recreation model provides peer-based support, sober social engagement, and harm reduction services that reduce isolation and strengthen long-term recovery outcomes.

This proposal to expand operating hours will:

- Increase access to recovery support during high-risk periods
- Provide structured programming, peer engagement, and community connection
- Deliver harm reduction resources, including naloxone distribution and education
- Address disparities in access to supportive recovery environments

These efforts align closely with Albany County's priorities, including expanding access to integrated behavioral health services, addressing service disparities, and providing immediate, life-saving interventions.

Hive of Hope represents an innovative, community-based solution that complements existing treatment systems while addressing the social determinants of health that are critical to sustained recovery.

I strongly support this proposal and encourage Albany County to invest in this initiative. Expanding access to recovery-centered spaces like Hive of Hope is essential to strengthening our response to the opioid epidemic and improving outcomes for our residents.

Respectfully

A handwritten signature in black ink, appearing to read "Lee C. Kindlon". The signature is fluid and cursive, written over the word "Respectfully".

Lee C. Kindlon
Albany County District Attorney



Hospitality House, Inc.
271 Central Avenue
Albany, New York 12206

Phone: 518 434-6468 | Fax: 518 434-6302 | Bus. Office Fax: 518 434-1566
hospitalityhousetc.org

Date: 4/23/26

To: Albany County Department of Mental Health
Re: Letter of Support for Hive of Hope Inc. Proposal RFP #2026-068

Dear Review Committee,

I am excited to offer Hospitality House’s strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

As a provider serving individuals with substance use disorders, we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments outside of formal care. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.

The proposed expansion of hours will:

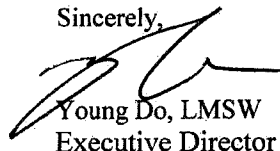
- Provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization
- Reduce relapse risk by addressing isolation and unstructured time
- Enhance continuity of care through peer-based engagement and recovery coaching
- Increase access to harm reduction tools and education

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes.

Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,



Young Do, LMSW
Executive Director



**HOPE HOUSE, INC.
HH FUNDING CORP.**

Date: April 22, 2026

To:

Albany County Department of Mental Health

Re: RFP #2026-068

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee,

I am pleased to offer my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

As a provider serving individuals with substance use disorder, we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments outside of formal care. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.

The proposed expansion of hours will:

- Provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization
- Reduce relapse risk by addressing isolation and unstructured time
- Enhance continuity of care through peer-based engagement and recovery coaching
- Increase access to harm reduction tools and education

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes.



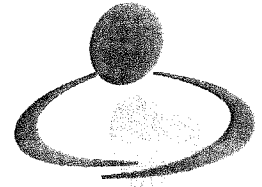
**HOPE HOUSE, INC.
HH FUNDING CORP.**

Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,

Kevin M. Connally
President & CEO
Hope House Inc.



April 23, 2026

To: Albany County Department of Mental Health
Re: RFP #2026-068

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee,

On behalf of the Addictions Care Center of Albany, Inc., I am pleased to offer my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

As a provider serving individuals with substance use disorder, we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments outside of formal care. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.


The proposed expansion of hours will:

- Provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization
- Reduce relapse risk by addressing isolation and unstructured time
- Enhance continuity of care through peer-based engagement and recovery coaching
- Increase access to harm reduction tools and education

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes. Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,



Keith Stack, CEO

32

PH. 518.465.5470 / FAX 518.275.0031 / WWW.THEACCA.NET

ADMINISTRATIVE OFFICES

73 TROY RD STE 1 / EAST GREENBUSH NY 12061

SERVING ALBANY, RENSSELAER, WARREN & WASHINGTON COUNTIES

Date: April 27, 2026

To: Albany County Department of Mental Health
Re: RFP #2026-068

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee,

I am pleased to offer my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

New Choices Recovery Center serves individuals with substance use disorder, and we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.

The proposed expansion of hours at the Hive will provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization, reduce relapse risk by addressing isolation and unstructured time and enhance continuity of care through peer-based engagement and recovery coaching.

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes. Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,

Laura Combs, LCSW-R, CASAC-G, CPP

Laura Combs, CEO, New Choices Recovery Center
lcombs@newchoicesrecovery.org 518-348-7968

Date: 4/28/26

To:

Albany County Department of Mental Health

Re: RFP #2026-068

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee.

I am pleased to offer my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

As a provider serving individuals with substance use disorder, we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments outside of formal care. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.

The proposed expansion of hours will:

- Provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization
- Reduce relapse risk by addressing isolation and unstructured time
- Enhance continuity of care through peer-based engagement and recovery coaching
- Increase access to harm reduction tools and education

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes.

Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,

Andrew Gautsch

Director of Operations

Fusion Recovery



CDL
CAPITAL DISTRICT LATINOS
160 Central Ave
Albany, NY 12206
Main # 518-801-9440 Ext 5080

Date: April 23, 2026

To: Albany County Department of Mental Health
Re: RFP #2026-068

Subject: Letter of Support for Hive of Hope, Inc.

Dear Review Committee,

I am pleased to offer my strong support for Hive of Hope, Inc. and its proposal to expand recovery support services through extended evening hours.

As a provider serving individuals with substance use disorder, we consistently see that recovery outcomes depend not only on clinical treatment, but also on access to supportive, structured environments outside of formal care. One of the most significant challenges individuals face is the lack of safe, engaging spaces during high-risk hours, particularly after treatment programs end for the day.

Hive of Hope directly addresses this need through its recovery recreation model, which emphasizes peer connection, structured activities, and community engagement. Their programming—including wellness activities, peer support, and harm reduction services—provides a critical bridge between treatment and long-term recovery.

The proposed expansion of hours will:


- Provide consistent, accessible evening support for individuals transitioning from treatment, reentry, or stabilization
- Reduce relapse risk by addressing isolation and unstructured time
- Enhance continuity of care through peer-based engagement and recovery coaching
- Increase access to harm reduction tools and education

This model is aligned with evidence demonstrating that social connection and community engagement significantly improve recovery outcomes.

Hive of Hope has already demonstrated strong community engagement, with over 1,000 members and high participation levels. Their ability to meet individuals where they are and provide non-clinical, peer-driven support makes them an essential partner in the continuum of care.

I strongly support this proposal and believe it will significantly enhance recovery outcomes for individuals across Albany County.

Sincerely,


Micky Jimenez | Capital District LATINOS
Regional Executive Director of the Capital District
Capital District Latinos
160 Central Ave | Albany, NY 12206