

NJ Department of Children & Families (DCF)

Attestation Regarding Claimed Exemptions from the Obligation to Submit Requested Documents

Agency Name: _____

Directions:

- Complete this form after you have reviewed and signed your Attestation Regarding The Obligation to Report Significant Events and Changes.
- Read each numbered section carefully and check which statement applies. Each numbered section must be completed.
- Once completed, this form should be signed, dated, and uploaded to your organization profile.
- IF YOU ARE UNSURE OF WHAT TO CHECK OR NEED FURTHER CLARIFICATION, PLEASE ASK YOUR CONTRACT ADMINISTRATOR.

1. H or F: Health or Fire Certificate

- ☐ Not applicable. We do not have contracts in service locations that require a health or fire certificate. If checked, no action required at this time.
- ☐ Yes, we have contracts that provide services at locations that require a health or fire certificate. If checked, a non-expired health or fire certificate must be submitted for each service location with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements and/or all new service locations that open and/or are renovated during a contract term.

2. OOL: Office of Licensing Certificate

- ☐ Not applicable. We do not have contracts in service locations subject to OOL requirements. If checked, no action required at this time.
- ☐ Yes, we have contracts that provide services at locations subject to OOL requirements. If checked, a non-expired OOL certificate must be submitted for each service location with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements and/or all new service locations that open and/or are renovated during a contract term.

3. CO: Certificate of Occupancy

- ☐ Not applicable. We do not have contracts in service locations that require a CO. If checked, no action required at this time.
- ☐ Yes, we have contracts that provide services at locations that require a CO. If checked, a non-expired CO must be submitted for each service location with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements and/or all new service locations that open and/or are renovated during a contract term.

4. LMD: Lease, Mortgage or Deed

- ☐ Not applicable. We do not have contracts that provide services at locations subject to a formal LMD. **Nor** do we rely on rent, interest income, or depreciation in our annual budget for a contracted program. If checked, no action required at this time.
- ☐ Yes, we have contracts that provide services at locations subject to a formal LMD, **and/or** we rely on rent, interest income, or depreciation in our annual budget for a contracted program. If checked, a non-expired LMD must be submitted for each service location with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements and/or all new service locations that open and/or are renovated during a contract term. Any updates, lease renewals, new, or satisfied mortgages or deeds must be included with our annually submitted contract requirements.

5. Chapter 51 (Executive Order 117 Vendor Certification and Disclosure of Political Contributions - 2-year certification)

- ☐ Non-Profit: We are exempt by NJ Department of Treasury (DoT). If checked, no action required at this time.
- ☐ For Profit: We are in good standing with DoT. We understand it is our responsibility to file new forms with the State should we make any political contribution(s) during the 2-year validity timeframe and/or have any change(s) in ownership structure.

6. NLPA: Notification of Licensed Public Accountant Form & Accountant Certification (\$100,000 threshold includes fee-for-service reimbursements made via Medicaid)

- ☐ Not applicable. We will not exceed \$100,000 in combined federal/state awards or contracts. If checked, no action required at this time.
- ☐ Yes, we may exceed the \$100,000 threshold in combined federal/state awards or contracts. If checked, the executed and signed NLPA Form and Accountant Certification are required documents and must be submitted with each requested Audit.

7. Subcontract/Consultant Agreements

- ☐ Not applicable. We do not have/use subcontract and/or consultant agreements. If checked, no action required at this time.
- ☐ Yes, we have/use subcontract and/or consultant agreements. If checked, a copy of all executed subcontract and/or consultant agreements must be submitted with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements.

8. Employee Fidelity Bond Certificate (\$50,000 threshold includes fee-for-service reimbursements made via Medicaid)

- ☐ Not applicable. We will not exceed \$50,000 in combined NJ State contracts for the current year. If checked, no action required at this time.
- ☐ Yes, we may exceed the \$50,000 threshold in combined NJ State contracts for the current year. If checked, proof of a bond certificate must be submitted with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements.

9. Accreditation (Joint Commission, COA, CARF, as applicable)

- ☐ Not applicable. We do not have contracts that require accreditation. If checked, no action required at this time.
- ☐ Yes, we have contracts that require accreditation. If checked, the non-expired accreditation must be submitted with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements (loss of accreditation must be reported to DCF immediately).

10. Professional Licenses and/or Certificates (related to contracted job responsibilities)

- ☐ Not applicable. We do not have contracts that require professional licenses and/or certificates. If checked, no action required at this time.
- ☐ Yes, our contracts require professional licenses and/or certificates. If checked, copies of non-expired professional licenses and/or certificates related to contracted job responsibilities must be submitted with our application(s) to form any contracts with DCF and/or must be submitted with our annually submitted contract requirements.

IIH Note: Clinicians to submit non-expired professional licenses. Behaviorists to submit non-expired professional certificates.

11. DCF or Other State Agency Audit/Review (not your agency financial audit) conducted within the last 2 years.

- ☐ Not applicable. We have not had a state agency audit/review. If checked, no action required at this time.
- ☐ Yes, we have had a state agency audit/review. If checked, a copy of that audit/review must be submitted with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements.

12. DCF or Other State Agency Licensing Corrective Action Plans and any Resolution/Corrective Action.

- ☐ Not applicable. We have not had any state agency licensing corrective action plans and/or any resolution/corrective action issues. If checked, no action required at this time.
- ☐ Yes, we have had a state agency licensing corrective action plan. If checked, a copy of that corrective action plan and/or any resolution/corrective action issues must be submitted with our application(s) to form any contracts with DCF and/or with our annually submitted contract requirements.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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