**2018 RFP-CRISIS STABILIZATION AND ASSESSMENT SERVICES**

**GENERAL CHECKLIST**

All supporting documents submitted in response to this RFP must be organized in the following manner:

|  |  |  |
| --- | --- | --- |
|  | **Part I: Proposal** | |
| 1 |  | **Proposal Cover Sheet** – Use the RFP forms found directly under the Notices section on  Website: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)  Form: <http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc> |
| 2 |  | **Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies. |
| 3 |  | **Proposal Narrative** in following order **25 pages**   1. Applicant Organization 2. Program Approach 3. Outcome Evaluation 4. Budget Narrative |
|  |  | **Part II: Appendices: The documents below are required to be submitted in following order with your response to the RFP** |
| 4 |  | **Appendix #1** “**Crisis Assessment and Stabilization Services Staffing Attestation”** signed and dated by the Community Agency Head or Equivalent |
| 5 |  | **Appendix #2** “**Community Agency Head Certification”** Permission for Background Check and Release of Information” signed and dated by the Community Agency Head or equivalent. |
| 6 |  | **Appendix #3 “Response to** **Vignette**” |
| 7 |  | A copy of the letter from the **Accrediting body** regarding the agency’s accreditation status. If not applicable, include a written statement. |
| 8 |  | **Job descriptions** of key personnel – required. If available to support your application, resumes for key personnel (please do not provide home addresses or personal phone numbers. |
| 9 |  | Current Agency **Organization Chart** |
| 10 |  | Proposed **Program Implementation Schedule** |
| 11 |  | **Policy or procedures** regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step-down. |
| 12 |  | Three **(3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.) A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly. |
| 13 |  | **Letters of Affiliation** and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care |
| 14 |  | Attach **Curricula Table of Contents** for age, gender, and developmentally appropriate psycho-educational groups |
| 15 |  | **Copies of any audits or reviews (not financial audit)** (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant’s position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Exhibit C**  **CSOC Pre Award Documents**  **Required to Be Submitted with a Response to an OOH RFP** | Rev. 10-25-17 |
|  | ▶ | **contract documents to be submitted once with the response:** | | |
| 1 |  | **Standard Language Document** (SLD) (signed/dated) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> | | |
| 2 |  | **Business Associate Agreement/HIPAA** (signed/dated under Business Associate)  [Version: Rev. 9-2013]  Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> | | |
| 3 |  | Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of **Board of Directors**  --or-- **Managing Partners**, if an LLC or Partnership --or-- **Chosen Freeholders** of Responsible Governing Body | | |
| 4 |  | **Disclosure of Investigations and Other Actions Involving Bidder Form** (PDF) (signed/dated)  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml> [Version 8-4-17]  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> | | |
| 5 |  | **Disclosure of Investment Activities in Iran** (PDF) (signed/dated)  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml> [Version 6-19-17]  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> | | |
| 6 |  | For Profit: **Ownership Disclosure Form** (PDF) (signed/dated)  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml> [Version 6-19-17]  Form: <http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf> | | |
| 7 |  | **Subcontract/Consultant Agreements** related to this response - if not applicable, include a written statement | | |
| 8 |  | Document showing **Data Universal Numbering System** (**DUNS**) Number [2006 Federal Accountability & Transparency Act (FFATA)  Website: <http://www.dnb.com> Helpline: 1-866-705-5711 | | |
| 9 |  | **Certificate of Incorporation**  Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> | | |
| 10 |  | For Profit: **NJ Business Registration** Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement.  Website: <http://www.nj.gov/njbusiness/registration/> | | |
| 11 |  | **Agency By Laws** --or-- **Management Operating Agreement** if an LLC | | |
| 12 |  | **Tax Exempt Certification**  Website: <http://www.state.nj.us/treasury/taxation/exemption.shtml> | | |
| 13 |  | **Statement of Assurances** (signed/dated) -use the RFP Forms found directly under the Notices section on  Website: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)  Form: <http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc> | | |
| 14 |  | **Safe-Child Standards Description** – submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced)  Policy: <http://www.state.nj.us/dcf/SafeChildStandards.pdf> | | |
| 15 |  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification --and--  Disclosure of Political Contributions (signed/dated) [Version: Rev 4/17/15]  See instructions for applicability to your organization. If not applicable, include a written statement.  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml> | | |
| 16 |  | Proposed **Annex B Budget Form** documenting anticipated budget (include signed cover sheet)  Annex B: <http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>  Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab. | | |
| 17 |  | Proposed **Program Implementation Status Update Form** documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified  Website for OOH Form: <http://nj.gov/dcf/providers/contracting/forms/csoc.html> | | |
|  | ▶ | **contract documents to be submitted with the response & annually updated thereafter:** | | |
| 18 |  | **System for Award Management** (**SAM**) printout showing "active" status (free of charge)  Website: Go to SAM by typing **www.sam.gov** in your Internet browser address bar Helpline: 1-866-606-8220 | | |
| 19 |  | **Tax Forms:**  Non Profit **Form 990** Return of Organization Exempt from Income Tax --or--  For Profit **Form 1120** US Corporation Income Tax Return --or--  LLC **Applicable Tax Form** and may delete or redact any SSN or personal information | | |
| 20 |  | **Affirmative Action Certificate** --or-- **Renewal Application** [AA302] sent to Treasury  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> | | |
| 21 |  | Certification Regarding **Debarment** (signed/dated)  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> | | |
| 22 |  | **Professional Licenses** related to job responsibilities for this response - if not applicable, include a written statement | | |
| 23 |  | Proposed **Organizational Chart** for services required by this response - include date created | | |
| 24 |  | Proposed **Program Staffing Summary Report (PSSR)** documenting anticipated staff levels and assignments  Form: ProgramStaffingSummaryReport.xlsm  Website: <http://nj.gov/dcf/providers/contracting/forms/csoc.html> | | |