**GROUP HOME LEVEL 1-I/DD INTENSITY OF SERVICES (IOS) CHECKLIST**

|  |  |  |
| --- | --- | --- |
|  | **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** (**15 page limit**) in following order:  Applicant Organization  Program Approach  Budget Narrative  Outcome Evaluation  Reduction of Seclusion and Restraint |
|  |  | **Part II: Appendices: As a condition of receiving an award, the documents below are required to be submitted with your response to the RFP in the order as presented.** |
| 4 |  | Summary of **Reduction of Seclusion** and Restraint Use (Max 3 pages) |
| 5 |  | **Job descriptions** that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers. |
| 6 |  | Current **Agency Organization Chart** |
| 7 |  | **Policy or procedures** regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning. |
| 8 |  | Three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (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.) Signed templates substituted for unique letters of support will not be accepted. Please include telephone numbers and e-mail for all references so they may be contacted directly. |
| 9 |  | **Letters of affiliation** and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care. If not applicable, include a written statement. |
| 10 |  | Attach **Curricula Table of Contents** for age, gender, and developmentally appropriate psycho-educational groups |
| 11 |  | **Summary of any evaluation tools** that will be used to determine the effectiveness of the program services- Limit of 5 pages |
| 12 |  | **Narrative** Explaining Optional Start Up Facility Renovation Costs (See Budget Section) |
| 13 |  | **Copies of any audits or reviews (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.** |
| 14 |  | A copy of the letter from the **accrediting body** regarding the applicant’s accreditation status. If not applicable, include a written statement. |
| 15 |  | **Policy** regarding engaging and sustaining the involvement of family and/or natural supports |
| 16 |  | **Policy or procedures** regarding community-based activities |
| 17 |  | **Attachment 2** –Group Home Level 1 I/DD Attestation signed and dated by the CEO or equivalent |
| 18 |  | **Attachment 3** – Community Agency Head and Employee Certification, Permission for Background Check and Release of Information signed and dated |

|  |  |  |
| --- | --- | --- |
| 19 |  | **Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
| 20 |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013]  Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
| 21 |  | **Source Disclosure Certification** Form [P.L. 2005, c 92-formerly Executive Order 129]  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf> |
| 22 |  | Dated List of Names, Titles, Addresses & Terms of **Board of Directors** --or-- **Managing Partners**, if an LLC or Partnership |
| 23 |  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF)  <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
| 24 |  | **Disclosure of Investment Activities in Iran** (PDF)  <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 25 |  | For Profit: **Statement of Bidder/Vendor Ownership Form** (PDF)  <http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf> |
| 26 |  | **Subcontract/Consultant Agreements** related to this RFP/RFQ - If not applicable, include a written statement |
| 27 |  | Document showing **Data Universal Numbering System** (**DUNS**) Number [2006 Federal Accountability & Transparency Act (FFATA)]Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
| 28 |  | **Certificate of Incorporation**  Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> |
| 29 |  | 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/> |
| 30 |  | **Agency By Laws** or **Management Operating Agreement** if an LLC |
| 31 |  | **Tax Exempt Certification**  Website: <http://www.state.nj.us/treasury/taxation/exemption.shtml> |
| 32 |  | **Statement of Assurances** -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> |
| 33 |  | **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> |
| 34 |  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification --and--  Disclosure of Political Contributions [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> |
| 35 |  | **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf> |
| 36 |  | 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. |
| 37 |  | Proposed **Program Implementation Status Update Form** documenting anticipated implementation schedule  Website: <http://nj.gov/dcf/providers/contracting/forms/csoc.html> |
| 38 |  | **System for Award Management** (**SAM**) printout showing "active" status (free of charge)  Website: <https://www.sam.gov/portal/public/SAM> Helpline: 1-866-606-8220 |
| 39 |  | **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 |
| 40 |  | **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> |
| 41 |  | **Annual Report to Secretary of State**  Website: <http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml> |
| 42 |  | Certification Regarding **Debarment**  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
| 43 |  | **Professional Licenses** related to job responsibilities for this RFP - If not applicable, include a written statement |
| 44 |  | Proposed **Organizational Chart** for Services Required by this RFP |
| 45 |  | Proposed **Program Staffing Summary Report (PSSR)** documenting anticipated staff levels and assignments  Form: OOH Program Staffing Summary Report April 2015.xls  Website: <http://nj.gov/dcf/providers/contracting/forms/csoc.html> |