**Supporting Documents Checklist for RFQ:**

**THE PROVISION OF INTENSIVE IN HOME INDIVIDUALIZED BEHAVIORAL INTERVENTION SUPPORTS AND SERVICES FOR YOUTH WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES**

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|  |  | **Documents Required with all Applications Submitted in Response to this RFQ**  |
| 1 | [ ]  | **Proposal Cover Sheet** – Use the RFP/Q 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** – Each submitted document must be labeled and indexed in this table. Page numbers are appreciated. |
| 3 | [ ]  | **Attachment 3** – Submit a signed/dated “**Attestation” form** (attached) |
| 4 | [ ]  | **Attachment 4** – **For Community Agency Head Only for this RFQ** – Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information (attached) |
| 5 | [ ]  | **Crisis Policy** – Submit a copy of your agency’s policy for handling crisis situations. Policy must address prevention, recognition, intervention and debriefing. It must also demonstrate compliance with “Danielle’s Law”, P.L.2003, c.191 [C.30:6D-5.1-5.6]. Submission of agency policy which does not meet these criteria will result in rejection of your application. Website: [www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)  |
| 6 | [ ]  | Three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). One professional letter of support should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities; additionally, a professional letter of support from the CMO of the county 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. |

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| ▶ | **contract documents to be submitted once with the response:**  |
| 1 | [ ]  | **Signed 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**, with signature under Business Associate (signed/dated) [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 |
| 4 | [ ]  | **Disclosure of Investigations and Other Actions Involving Bidder Form** (PDF) (signed/dated)Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>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>Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 6 | [ ]  | For Profit: **Statement of Bidder/Vendor Ownership Form** (PDF) (signed/dated)Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf>  |
| 7 | [ ]  | **Subcontract/Consultant Agreements** related to this RFQ - If not applicable, include a written statement |
| 8 | [ ]  | Document showing **Data Universal Numbering System** (**DUNS**) Number [2006 Federal Accountability and 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 onWebsite: <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>  |
| ▶ | **contract documents to be submitted once with the response:** (continued) |
| 15 | [ ]  | For Profit: **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 | [ ]  | **Chapter 271/Vendor Certification and Political Contribution Disclosure Form** (signed/dated)Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf> |
| ▶ | **contract documents to be submitted with the response and annually updated thereafter:**  |
| 17 | [ ]  | **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 barHelpline: 1-866-606-8220 |
| 18 | [ ]  | **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  |
| 19 | [ ]  | **Affirmative Action Certificate** --or-- **Renewal Application** [AA302] sent to TreasuryWebsite: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> |
| 20 | [ ]  | **Annual Report to Secretary of State** Website: <http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml> |
| 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 RFQ - If not applicable, include a written statement  |
| 23 | [ ]  | Proposed **Organizational Chart** for Services Required by this RFQ - include date created |
| 24 | [ ]  | IIH **Agency Data Information** (Attachment 1) |
| 25 | [ ]  | IIH **Program Component Form** (Attachment 2) |