**Substance Use Navigator Checklist- For County Organizations**

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|  | **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** (**25 page limit**) in following order:   1. Applicant Organization 2. Program Approach 3. Outcome Evaluation 4. Budget |
|  |  | **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 |  | **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. |
| 5 |  | Current County Organization Chart |
| 6 |  | Three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services for individuals with intellectual and developmental disabilities under this RFP from agencies within the defined service area. (References from individuals that received services from the program or their family members or New Jersey State employees are prohibited). Please include telephone numbers and e-mail for all references so they may be contacted directly. |
| 7 |  | Letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of services |
| 8 |  | A summary of any evaluation tools that will be used to determine the effectiveness of the program services. (limit of 5 pages) |
| 9 |  | Budget Narrative (See Budget Section) |
| 10 |  | Attach a detailed week by week description of your action steps in preparing to provide this service.Applicants must have the ability to become fully operational within **60 days** of award. |

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| 11 |  | **Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
| 12 |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013]  Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
| 13 |  | Dated List of Names, Titles, Addresses of **Board of Chosen Freeholders or responsible governing body** |
| 15 |  | **Disclosure of Investment Activities in Iran** (PDF)  <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 16 |  | **Subcontract/Consultant Agreements** related to this RFP/RFQ - If not applicable, include a written statement |
| 17 |  | **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> |
| 18 |  | **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> |
| 19 |  | 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. |
| 20 |  | **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 |
| 21 |  | Certification Regarding **Debarment**  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
| 22 |  | **Professional Licenses** related to job responsibilities for this RFP - If not applicable, include a written statement |
| 23 |  | Proposed **Organizational Chart** for Services Required by this RFP |