**Component 1 of the New Jersey Youth At-Risk of Homelessness Federal Project: Connect to Family and Connect to Well-Being**

**RFP Checklist**

**Part I: Proposal**

1. **Proposal Cover Sheet\***
2. **Table of Contents-Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices**
3. **Proposal Narrative (in following order) 20 page limit**
   1. **Applicant Organization**
   2. **Needs Justification**
   3. **Program Approach**
   4. **Outcome Evaluation**
   5. **Budget Narrative**
   6. **Completeness**

**Part II: Appendices**

1. **A written plan for emergency/crisis situations and on-call staffing**
2. **Descriptions of key personnel, resumes if available for key personnel (please do not provide home addresses or personal phone numbers)**
3. **Proposed organizational and staffing chart for program**
4. **Organizational chart for agency.**
5. **Proposed program implementation plan and schedule.**
6. **Safe-Child Standards Description of your agency’s implementation of the standards (no more than 2 pages)**
7. **DCF Annex B Budget Forms\***
8. **Copy of agency’s Conflict of Interest policy**
9. **Copies of any audits or reviews completed or in process by DCF or other State entities from 2013 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**
10. **Letters of Commitment, MOUs, and Letters of Support (limit to 15 pages).**
11. **Dated List of Names, Titles, Address of Current Board of Directors**
12. **Signed DCF Standard Language Document** [**http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc**](http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc)
13. **Documentation Demonstrating Compliance with Obtaining a DUNS Number. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at:** [**http://www.dnb.com**](http://www.dnb.com)
14. **Renewal Printout from the System for Award Management (SAM) website (**[**https://www.sam.gov/portal/public/SAM/**](https://www.sam.gov/portal/public/SAM/)**)**
15. **Signed HIPAA Business Associate Agreement (**[**http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc**](http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc)**)**
16. **Copies of Applicable Licenses-Licenses are not required but if you have licensed individuals you may provide them**
17. **Current Affirmative Action Certificate or Copy of Renewal Application Sent to Treasury**
18. **Certificate of Incorporation**
19. **New Jersey Business Registration Certificate with the Division of Revenue**
20. **Agency By-laws or Management Operating Agreement if an LLC**
21. **Tax Exempt Certification-IRS Determination Letter regarding applicant’s charitable contribution or non-profit status, if a non- profit**
22. **Disclosure of Investigation and Other Actions Involving Bidder- Full Version\*\* Signed and dated**
23. **Disclosure of Investment Activities in Iran\*\* Signed and dated**
24. **MacBride Principles\*\* Signed and dated**
25. **Statement of Bidder/Vendor Ownership Full Version\*\* Signed and dated**
26. **Chapter 271\*\* Signed and dated**
27. **Source Disclosure Certification\*\* Signed and dated**
28. **Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (For-Profit only) \*\*Signed and dated**
29. **Annual Report to the Secretary of State (**[**https://www1.state.nj.us/TYTR\_COARS/JSP/page1.jsp**](https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp)
30. **Annual Report- Charitable Organizations (If applicable)** [**http://www.njconsumeraffairs.gov/charity/charfrm.htm**](http://www.njconsumeraffairs.gov/charity/charfrm.htm)
31. **W-9 form (new agencies only) (**[**http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf**](http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf)
32. **Certification regarding Debarment\*** [**http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf**](http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf)
33. **Statement of Assurances\***
34. **Form 990 for Non-Profits or Form 1120 intended for For-Profit entities. LLC’s shall provide an applicable tax form and may delete or redact any SSN or personal information**
35. **Copy of Most Recent Audit or financial statement certified by an accountant or accounting firm**
36. **A 60 day sample schedule of well-being (life skills) activities and sample educational incentives program for attendance**
37. **Citations and references to materials cited, if applicable**