



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

**REQUEST FOR QUALIFICATIONS  
FOR  
SUMMER CAMP PROVIDERS  
FOR  
CHILDREN'S SYSTEM OF CARE**

**Responses will be accepted on a rolling basis from  
January 31, 2014 through April 16, 2014**

Allison Blake, PhD., L.S.W.

Commissioner

January 31, 2014

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**Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street, 3rd Floor  
Trenton, New Jersey 08625-0717

**Section I – General Information**

**A. Purpose:**

The New Jersey Department of Children and Families' (DCF) Division of Children's System of Care (CSOC), announces the availability of funding for the purpose of providing financial support towards summer camp for families of children, youth, adolescents and young adults with intellectual/developmental disabilities throughout State of New Jersey. As with all services provided through CSOC, financial support toward summer camp tuition is based on available resources in a given fiscal year. The amount available per child, youth or young adult is capped and may vary by year and by the number of families that apply.

CSOC financial support toward summer camp tuition is the funding source of last resort. Families/Caregivers are encouraged to explore all avenues for funding summer camp tuition such as contacting local recreation departments and civic groups, and asking camp providers about the availability of scholarships.

CSOC will provide financial support toward summer camp tuition solely for camps on the Qualified Provider (QP) list located at [www.performcarenj.org](http://www.performcarenj.org) .

Participation of camps to become a qualified camp provider for youth with intellectual/developmental disabilities eligible to receive services through the Division of Children's System of Care (CSOC) in the Department of Children and Families (DCF) is a valuable resource to the children and families we serve.

The family/caregiver must register the child, youth or young adult with the camp before initiating the request for CSOC financial support toward summer camp tuition.

Financial support is contingent upon available resources in a given fiscal year.

An official letter of Qualification will be mailed to the applicant, along with the billing instructions upon approval of application.

Camps must respond and be approved through this RFQ in order to be on the qualified provider list.

## **B. Background:**

The New Jersey Department of Children and Families is the state's comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve. Within the Department, the Children's System of Care (CSOC) serves children, youth, adolescents, and young adults with emotional and/or behavioral healthcare challenges, intellectual and/or developmental disabilities, and/or in need of addiction services. CSOC is committed to providing these services based on the needs of the child and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of children and involves families throughout the planning and treatment process in order to create successful life experiences for their children.

As you may be aware, eligibility determination and provisions for services for youth with intellectual/developmental disabilities have been transitioned to CSOC from the Division of Developmental Disabilities (DDD) within the Department of Human Services.

DCF will provide financial support to eligible children and their families for camp. Since CSOC financial support toward summer camp tuition is not guaranteed, families/caregivers should consider their financial ability to pay the balance that exceeds the CSOC tuition cap. Families/caregivers are responsible for the cost of summer camp tuition minus any financial support provided by CSOC.

Children, youth and young adults who reside in Community Care Residences and out of home treatment settings, including but not limited to: Treatment Homes, Specialty Homes, Skill Development Homes, Group Homes, Residential Treatment Centers and Psychiatric Community Homes, are not eligible to receive CSOC financial support toward summer camp tuition.

DCF is seeking to approve summer camp providers, whose qualifications are overall conforming to this RFQ and who are able to work with children, youth, adolescents, or young adults under the age of 21 who have intellectual/developmental disabilities (ID/DD).

### **I. Employees of the agency are required to have background checks**

A statement is required from the Executive Director certifying that s/he and all employees rendering respite services will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing services must complete the employee certification form that is provided as part of this RFQ. Form is attached.

The cost of the fingerprinting criminal history background check to become a qualified summer camp provider will be paid for by the Department of Children and Families. Please call 609-888-7192 to obtain the fingerprinting form.

II. In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must assure that the names of all agency employees, volunteers, and consultants, that provide services to children with intellectual/developmental disabilities should be checked against those names in the central registry. Additional information can be found at [http://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](http://www.state.nj.us/humanservices/staff/opia/central_registry.html)

If you are not registered to access the registry, information to do so can be found at this website.

III. Agencies must also comply with Danielle's Law  
[www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)

## **C. Roles and Responsibilities:**

### **THE PROVIDER AGREES TO:**

1. Participate in a fee for service system which results in a list of providers qualified to render supports and services to individuals. Qualification does not guarantee a contract, funding or a particular fee;
2. Maintain status as a qualified provider of services by complying with all applicable federal, state and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities
3. Within five (5) business days, notify the Division of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e. licenses, certifications, accreditations, insurance;
4. Ensure staff meet the minimum requirements for employment and receive training as or any other licensing, certifying or accreditation entities by which your agency is regulated;
5. Not subcontract any of the services you have committed to provide pursuant to this qualification;
6. Be in compliance with staff/participant ratios when providing facility based and/or community based services;
7. Comply with and accept the reimbursement schedule for services rendered as set forth by the Division as payment in full and not make any additional

- charges to the participant or others on his/her behalf;
8. Follow instructions for submission of invoices for services provided.
  9. Limit billing procedure to receive payment for only the unit of service(s) authorized to the participant;
  10. Promptly initiate and terminate billing procedures when a participant informs you your service(s) are no longer being requested;
  11. Make available to the Division and/or its agents, at all reasonable times and places in New Jersey, the following if requested: documentation in participant's records which will enable the Division, its agents or designee to verify that each charge is due and proper prior to payment;
  12. Within five (5) business days, notify the Division of changes in Executive Director, name of agency, address, telephone number or contact person;
  13. Notify the Division, in writing, thirty (30) days prior to the Provider's decision to terminate this agreement;
  14. Authorize Perform Care of New Jersey to list your agency as a DCF Qualified Camp Provider on the website.
  15. Breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the Division's discretion.

**THE DIVISION AGREES TO:**

1. Pay for authorized services rendered by the Provider in keeping with the availability of State appropriations and on the basis of service provision in accordance with the billing requirements; but in no event will payment be made for service provision **not** in accordance with billing requirements;
2. Make such payments as promptly as feasible after proper payment vouchers and supportive documentation as defined by the Children's System of Care are submitted and approved;

Qualified providers of summer camp services will be reimbursed according to the below rate table for authorized eligible youth:

| Type      | Authorized Units of Service                | Rate Per Unit |
|-----------|--|---------------|
| Day       | Up to 10 days per youth per summer season  | \$80.00       |
| Overnight | Up to 6 nights per youth per summer season | \$133.00      |

CSOC financial support toward summer camp tuition does not cover the following costs: camp registration, deposit, transportation to and from camp, trips taken during camp.

When a determination regarding eligibility for CSOC financial support toward summer camp tuition has been made, CSA will provide written notification of the outcome (approval/authorization, denial because eligibility criteria are not met, denial due to lack of resources) to the family and camp within 30 days.

Agencies are required to submit their invoices (claims) within 30 days of the date of service delivery.

#### **D. Funding Information:**

DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions of DCF. DCF reserves the right to terminate a provider's qualifying status at any time without notice.

#### **E. Applicant Eligibility Requirements:**

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants may not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. 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 [www.dnb.com](http://www.dnb.com)

9. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, may respond to be qualified.

## F. RFQ Schedule

|                                       |   |
|---------------------------------------|---|
| January 31, 2014                      | Notice of Availability of Funds/RFQ publication   |
| January 31, 2014 to February 14, 2014 | Period for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a> |
| April 16, 2014                        | Deadline for Receipt of Proposals by 12:00PM  |

Applications received after 12:00 PM on the final day will **not** be considered. Applicants should submit **one (1) signed original** and **one CD ROM**, including a signed cover letter of transmittal as indicated below.

Applications must be delivered either:

### 1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records  
 Department of Children and Families  
 50 East. State Street, 3<sup>rd</sup> Floor  
 Trenton, New Jersey 08625

Please allow time for the elevator and access through the security guard. Applicants submitting applications in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

### 2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records  
 Department of Children and Families  
 50 East. State Street, 3<sup>rd</sup> Floor  
 Trenton, New Jersey 08625

Applicants submitting applications in person or by commercial carrier shall submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

### 3) Online- <https://ftpw.dcf.state.nj.us>



DCF offers the alternative for our bidders to submit applications electronically to the web address above. Online training is available on our website at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting an application online.

## **G. Administration**

### **1. Screening for Eligibility, Conformity and Completeness**

DCF will screen applications for conformity with the qualifications and specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received on or after the stated due date;
- b. The application is signed, dated and authorized by the applicant's Chief Executive Officer or equivalent;
- c. The application is complete in its entirety, including all required Appendices; and
- d. The application conforms to the specifications set forth in the RFQ.

Upon completion of the initial screening, applications meeting the requirements of the RFQ will be distributed to the Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications, constitutes grounds for immediate rejection of the application.

### **2. Application Review Process**

The Department also reserves the right to reject any and all applications when circumstances indicate that it is in its best interest to do so.

The Department's best interests in this context include, but are not limited to: State loss of funding for the service; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including any indication of misrepresentation of information and/or non-compliance with State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified of the Department's intent to qualify the provider.

## H. Appeals

An appeal of the qualification process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in refusing to qualify a provider. An appeal will not be heard based upon a challenge to the evaluation of a provider's qualifications. Applicants may appeal by submitting a written request, no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement, to:

Office of Legal Affairs  
Contract Appeals  
50 East State Street 4<sup>th</sup> Floor  
Trenton NJ 08625

## I. Post Qualification Requirements

Qualified applicants will be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding. If a qualified provider is found incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of qualification may be rescinded at any time.

Applicants found qualified to provide services **will make available upon request**, and as applicable, one (1) copy of the following;

- Board Resolution Validation, if applicable;
- Current agency by-laws;
- Copy of lease or mortgage if applicable;
- Certificate of Incorporation, if applicable;
- Conflict of Interest policy;
- Affirmative Action policy and certificate;
- A copy of all applicable professional licenses/certifications;
- Current single audit report;
- Current IRS Form 990;
- Copy of the agency's annual report to the Secretary of State;
- Applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.
- Applicants are also advised that any data collected or maintained for purposes of this funding shall remain the property of DCF.

## **Section II - Application Instructions**

### **A. Review Criteria:**

Applicants are required to complete the Application Form for Qualification Requirements and provide supporting appendices.

### **B. Requests for Information and Clarification:**

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

Questions must be submitted in writing via email to: [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us).

All inquiries submitted to this email address must identify, in the Subject heading, the specific RFQ for which the question/clarification is being sought.

Written questions must be directly tied to the RFQ. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ. Each question should begin by referencing the RFQ page number and section number to which it relates.

All other types of inquiries will not be accepted. Applicants may not contact the Department directly, in person, or by telephone, concerning this RFQ. Inquiries should only be addressed for technical support through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFQ.

### **C. Qualification Documents**

Paper documents submitted must be separated by dividers that include the name(s) of each document(s). All applications submitted in response to this RFQ, whether in paper or electronic form, shall be organized in the following order:

Table of Contents

Each submitted document must be labeled and indexed in this table.

Check List of Qualification Requirements

This completed checklist is confirmation that you are able to meet the requisite credentials and able to provide services consistent with the scope of services delineated in the RFQ.

Appendices of Supporting Documentation (page 27)

Applicants must append documentation in support of their qualifications.

**Please review Exhibits on page 21**

**SECTION III**  
**APPENDIX**

**CHECKLIST FOR CSOC SUMMER CAMP QUALIFIED PROVIDERS**

**Provider Agency** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **Federal ID #** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number**        -    -  
\_\_\_\_\_  
**Web Address** \_\_\_\_\_

**Organization Type**

|                         |                          |
|-------------------------|--------------------------|
| County                  | <input type="checkbox"/> |
| Municipal (i.e. School) | <input type="checkbox"/> |
| Private, Non-Profit     | <input type="checkbox"/> |
| Private, For-Profit     | <input type="checkbox"/> |
| Faith-Based             | <input type="checkbox"/> |
| Hospital-Based          | <input type="checkbox"/> |

**Chief Executive Officer** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number**        -    -  
\_\_\_\_\_  
**Fax Number**                -    -  
\_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_

**All notices relevant to this application should be sent to:**

**Name & Title** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number**        -    -  
\_\_\_\_\_  
**Fax Number**                -    -  
\_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_

**Providers are required to check all of the following boxes to confirm their compliance with each of the following qualification requirements. To be qualified to provide services under this RFQ, a provider agency shall:**

- Comply with background checks-All employees rendering direct services to youth where CSOC is providing financial support, will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing services must complete the employee certification form that is provided as part of this RFQ. The cost of the fingerprinting criminal history background check to become a qualified summer camp provider will be paid for by the Department of Children and Families. Please call 609-888-7192 to obtain the fingerprinting form upon becoming qualified.
  
- Comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must assure that the names of all agency employees, volunteers, and consultants, that provide services to children with intellectual/developmental disabilities should be checked against those names in the central registry. Additional information can be found at [http://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](http://www.state.nj.us/humanservices/staff/opia/central_registry.html).
  
- If you are not registered to access the registry, information to do so can be found at this website.
  
- Comply with Danielle's Law  
<http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html>
  
- Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
  
- Identify and report child abuse and neglect. (Any incident that includes an allegation of child abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10.)
  
- Complete a report for all related accidents, incidents, or unusual occurrences involving staff and/or families to send to CSOC.
  
- Maintain a written program description that specifies its statement of purpose and description of overall approach to service delivery and family involvement.
  
- Adhere to the requirements of HIPAA;
  
- Protect the confidentiality of the families served;
  
- Inform families at intake of:
  - the mandated reporting responsibilities of agency staff;

- the grievance procedure established by the agency;
- their access to records upon request and within statutory authority
  
- Promote the improvement of the quality of services provided by training **every** worker:
  - Agency policies
  - Child and adolescent development
  - Cultural competency
  - CPR and First Aid
  - Recognition and reporting of child abuse and neglect
  - Infectious disease control
  - Interpersonal communication and effective listening
  - Limit setting and boundaries
  - Conflict resolution
  - Impulse control and anger management
  
- Be available via phone to address urgent policy and procedure issues and/or provide support.
  
- Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments by:
  - informing the CSA of the reason for delay if services have not been provided as authorized within 30 days.
  - submitting invoices within 30 days of the date of service delivery that comport with billing requirements

**Site #1**

|   |     |
|---|-----|
| <b>Program Site Name (s):</b>                       |     |
| <b>Medicaid Provider Number (if applicable):</b>    |     |
| <b>**Site Address</b>                               |     |
| <b>City, State, and Zip</b>                         |     |
| <b>Site Phone Number:</b>                           | - - |
| <b>License Number and Capacity ( if applicable)</b> |     |
| <b>Program Director/Coordinator</b>                 |     |
| <b>Telephone Number:</b>                            | - - |
| <b>Fax Number:</b>                                  | - - |
| <b>E-Mail Address:</b>                              |     |



**Site #2**

|   |     |
|---|-----|
| <b>Program Site Name (s):</b>                       |     |
| <b>Medicaid Provider Number (if applicable):</b>    |     |
| <b>**Site Address</b>                               |     |
| <b>City, State, and Zip</b>                         |     |
| <b>Site Phone Number:</b>                           | - - |
| <b>License Number and Capacity ( if applicable)</b> |     |
| <b>Program Director/Coordinator</b>                 |     |
| <b>Telephone Number:</b>                            | - - |
| <b>Fax Number:</b>                                  | - - |
| <b>E-Mail Address:</b>                              |     |

*\*Submit additional sheets as needed for all sites that are being applied for*

**Description of Services**

|   |  |
|---|--|
| <b>Years of Operation</b>                               |  |
| <b># of Children and Youth Under 21 Served Annually</b> |  |
| <b>Do you offer special accommodations?</b>             |  |
| <b>Do you offer 1:1?</b>                                |  |
| <b>Is transportation provided?</b>                      |  |
| <b>Is Day Camp Provided?</b>                            |  |
| <b>What is the cost per day?</b>                        |  |
| <b>Is Overnight Residential Camp Provided?</b>          |  |
| <b>What is the cost per night?</b>                      |  |

What are the ages of the children you will serve?

- |                                      |                                     |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 0-1 yr. old | <input type="checkbox"/> 8 yrs old  | <input type="checkbox"/> 15 yrs old |
| <input type="checkbox"/> 2 yrs. old  | <input type="checkbox"/> 9 yrs old  | <input type="checkbox"/> 16 yrs old |
| <input type="checkbox"/> 3 yrs. old  | <input type="checkbox"/> 10 yrs old | <input type="checkbox"/> 17 yrs old |
| <input type="checkbox"/> 4 yrs. old  | <input type="checkbox"/> 11 yrs old | <input type="checkbox"/> 18 yrs old |
| <input type="checkbox"/> 5 yrs. old  | <input type="checkbox"/> 12 yrs old | <input type="checkbox"/> 19 yrs old |
| <input type="checkbox"/> 6 yrs. old  | <input type="checkbox"/> 13 yrs old | <input type="checkbox"/> 20 yrs old |
| <input type="checkbox"/> 7 yrs. old  | <input type="checkbox"/> 14 yrs old |                                     |

**Counties Served**

- |            |                          |           |                          |
|------------|--------------------------|-----------|--------------------------|
| Atlantic   | <input type="checkbox"/> | Middlesex | <input type="checkbox"/> |
| Bergen     | <input type="checkbox"/> | Monmouth  | <input type="checkbox"/> |
| Burlington | <input type="checkbox"/> | Morris    | <input type="checkbox"/> |
| Camden     | <input type="checkbox"/> | Ocean     | <input type="checkbox"/> |
| Cape May   | <input type="checkbox"/> | Passaic   | <input type="checkbox"/> |
| Cumberland | <input type="checkbox"/> | Salem     | <input type="checkbox"/> |
| Essex      | <input type="checkbox"/> | Somerset  | <input type="checkbox"/> |
| Gloucester | <input type="checkbox"/> | Sussex    | <input type="checkbox"/> |
| Hudson     | <input type="checkbox"/> | Union     | <input type="checkbox"/> |
| Hunterdon  | <input type="checkbox"/> | Warren    | <input type="checkbox"/> |
| Mercer     | <input type="checkbox"/> |           |                          |

Are your agency programs required to have a **license, certification, accreditation** or approval by an outside agency? If yes, complete the following:

| Requirement | Term | Issued By |
|-------------|------|-----------|
|             |      |           |
|             |      |           |
|             |      |           |

*\*Copies of licenses, certifications, accreditations or approval letters must be submitted to CSOC as part of this application*

Are the above indicated licenses, certifications, accreditations or approval currently valid?  
 Yes  No

If No, Why? \_\_\_\_\_

**Type of Criminal Background Checks Conducted:**

- State     Local     Federal     None

**What type of experience does your agency have supporting individuals with intellectual/developmental disabilities?**

**Please provide a description of the services provided at the camp your agency operates:**

By my signature below, I hereby certify that:

I have all necessary authority to execute agreement between my Agency and the Department of Children and Families (DCF). I have read, understand and comply with all of the above requirements as a condition of providing services described in this RFQ. Failure to abide by the terms of this attestation is a basis for DCF's withdrawal of my qualification to provide these services.

**I certify that all of the information provided in this application is valid and accurate.**

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

---

**PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.**

**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF  
INFORMATION**

I hereby authorize the Department of Children and Families to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below.

Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 - I hereby affirm that I have been convicted of the following offense listed below \_\_\_\_\_

on \_\_\_\_\_. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**FOR PROVISIONAL EMPLOYEES ONLY:** As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping

ix. Interference with custody of children

x. Sexual assault

xi. Criminal sexual contact

xii. Lewdness

xiii. Robbery

--against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

i. Endangering the welfare of a child

ii. Endangering the welfare of an incompetent person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee (Signature Date)

\_\_\_\_\_  
Witnessed by (please print)

\_\_\_\_\_  
Witness (Signature Date)

## **EXHIBITS**

(REVISED 4/10)

### **EXHIBIT A**

#### **MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**

**N.J.A.C. 17:27**

#### **GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at [www.state.nj.us/treasury/contract/compliance](http://www.state.nj.us/treasury/contract/compliance)).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**EXHIBIT B**

\*\*\* This section is current through New Jersey 215th Legislature \*\*\*  
First Annual Session, P.L. 2012 Chapter 16, 18-25.  
Annotations current through August 1, 2012

TITLE 10. CIVIL RIGHTS  
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

**GO TO THE NEW JERSEY ANNOTATED STATUTES ARCHIVE  
DIRECTORY**

*N.J. Stat. § 10:2-1 (2012)*

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.



No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).

**HISTORY:** Amended 1945, c. 171, § 1; 1962, c. 213, § 1; 1970, c. 80, § 7; 1985, c. 490, § 9; 1988, c. 37, § 8; 1991, c. 519, § 10; 2006, c. 100, § 1, eff. June 17, 2007.

**NOTES:**

Amendment Note:

2006 amendment, by Chapter 100, inserted "gender identity or expression" in a. and b.

Effective Dates:

Section 16 of L. 2006, c. 100 provides: "This act shall take effect on the 180th day following enactment." Chapter 100, L. 2006, was approved on Dec. 19, 2006.

Cross References:

Complaint of violation; decision of attorney general final, see *10:2-2*.

Rules and regulations; notice of complaint and hearing, see *10:2-3*.

Notice of decision; fixing penalty, see *10:2-4*.

Definitions, see *10:5-31*.

Administrative Code:

1. *N.J.A.C. 2:76-6.18* (2012), CHAPTER STATE AGRICULTURE DEVELOPMENT COMMITTEE, SADC grant agreement with county: General provisions.
2. *N.J.A.C. 5:80-18.2* (2012), CHAPTER NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY, Causes for debarment of a person(s).
3. *N.J.A.C. 7:1A-2.17* (2012), CHAPTER WATER SUPPLY LOAN PROGRAMS, Loan conditions.
4. *N.J.A.C. 7:22-3.17* (2012), CHAPTER FINANCIAL ASSISTANCE PROGRAMS FOR ENVIRONMENTAL INFRASTRUCTURE FACILITIES, Loan conditions.
5. *N.J.A.C. 7:22-4.17* (2012), CHAPTER FINANCIAL ASSISTANCE PROGRAMS FOR ENVIRONMENTAL INFRASTRUCTURE FACILITIES, Loan conditions.
6. *N.J.A.C. 7:22-6.17* (2012), CHAPTER FINANCIAL ASSISTANCE PROGRAMS FOR ENVIRONMENTAL INFRASTRUCTURE FACILITIES, Loan conditions.
7. *N.J.A.C. 7:22A-2.4* (2012), CHAPTER SEWAGE INFRASTRUCTURE IMPROVEMENT ACT GRANTS, Grant conditions.

8. *N.J.A.C. 7:24A-4.2* (2012), CHAPTER DAM RESTORATION AND INLAND WATERS PROJECTS LOAN PROGRAM, Loan conditions.
9. *N.J.A.C. 7:26-14A.10* (2012), CHAPTER SOLID WASTE, Loan agreement.
10. *N.J.A.C. 7:26-15.12* (2012), CHAPTER SOLID WASTE, Discriminatory practices.
11. *N.J.A.C. 8:43D-4.2* (2012), CHAPTER STANDARDS FOR LICENSURE OF PEDIATRIC COMMUNITY TRANSITIONAL HOMES, Ownership.
12. *N.J.A.C. 10:3-1.2* (2012), CHAPTER CONTRACT ADMINISTRATION, Causes for debarment of a person.
13. *N.J.A.C. 10:49-11.1* (2012), CHAPTER ADMINISTRATION MANUAL, Program participation.
14. *N.J.A.C. 12A:4-12.3* (2012), CHAPTER POLICY AND PROCEDURE FOR CONTRACTS AND AGREEMENTS FOR THE PURCHASE OF GOODS AND SERVICES, Causes for debarment of a person(s).
15. *N.J.A.C. 14:31-1.5* (2012), CHAPTER GRANT AND LOAN PROGRAMS, Submission requirements.
16. *N.J.A.C. 16:44-11.1* (2012), CHAPTER CONSTRUCTION SERVICES, Causes for debarment.
17. *N.J.A.C. 16:72-4.1* (2012), CHAPTER NEW JERSEY TRANSIT PROCUREMENT POLICIES AND PROCEDURES, Causes for debarment of a person(s).
18. *N.J.A.C. 17:12-6.3* (2012), CHAPTER DIVISION OF PURCHASE AND PROPERTY: PROCUREMENT BUREAU; CONTRACT COMPLIANCE AND AUDIT UNIT; AND DISTRIBUTION SUPPORT SERVICES UNIT, Causes for debarment of a person(s).
19. *N.J.A.C. 17:19-4.1* (2012), CHAPTER CLASSIFICATION AND PREQUALIFICATION OF FIRMS, Causes for debarment of a firm(s) or an individual(s).
20. *N.J.A.C. 17:27-2.1* (2012), CHAPTER EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION RULES, Definitions.
21. *N.J.A.C. 19:9-8.2* (2012), NEW JERSEY TURNPIKE AUTHORITY, Causes for debarment of a person(s).
22. *N.J.A.C. 19:30-2.2* (2012), NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY, Causes for disqualification/debarment of persons.
23. *N.J.A.C. 19:32-4.2* (2012), NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY, Contract award and compliance.
24. *N.J.A.C. 19:34A-4.2* (2012), NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY, Contract award and compliance.

25. *N.J.A.C. 19:38A-4.1* (2012), NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY, Grounds for revocation of prequalification or denial of a renewal application.

26. *N.J.A.C. 19:65-7.2* (2012), CHAPTER CASINO REINVESTMENT DEVELOPMENT AUTHORITY, Cause for debarment.

LexisNexis (R) Notes:

#### CASE NOTES

1. Restriction on the right of a person lawfully in the United States to earn a living was to be soberly regarded and construed strictly rather than expansively, and therefore enactment of *N.J. Rev. Stat. § 34:9-2*, *N.J. Stat. Ann. § 10:2-1*, and the Law Against Discrimination, former *N.J. Stat. Ann. § 18:25-1 et seq.* (see now *N.J. Stat. Ann. § 10:5-1 et seq.*), was found to have impliedly repealed *N.J. Rev. Stat. § 34:9-1*, which prohibited the employment of aliens in performance of a public contract. *Department of Labor & Industry v. Cruz*, 45 *N.J.* 372, 212 *A.2d* 545, 1965 *N.J. LEXIS* 185, 1 *Empl. Prac. Dec. (CCH)* P9716, 9 *Fair Empl. Prac. Cas. (BNA)* 1334, 52 *Lab. Cas. (CCH)* P9002 (1965).

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## APPENDICES OF SUPPORTING DOCUMENTATION

1. Current liability insurance declaration page (Note: This declaration page is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.). Proof of Insurance naming the Department of Children and Families as an additional insured will need to be submitted upon qualification.
2. Youth Camp Safety Act Certificate of Approval issued by the Department of Health
  - New Jersey Youth Camp Application  
<http://web.doh.state.nj.us/apps2/forms/subforms.aspx?pro=eoh/phss>
  - You can find the New Jersey Youth Camp Standards at  
[http://www.state.nj.us/health/eoh/phss/documents/youth\\_camp.pdf](http://www.state.nj.us/health/eoh/phss/documents/youth_camp.pdf) .
3. Copy of agency Code of Ethics and/or Conflict of Interest policy, if applicant is a Corporation.
4. Affiliation Agreements, if any.
5. Statement of Assurances\*
6. Certification regarding Debarment\*
7. Certification and Disclosure Forms in accordance with PL 2005, c.51 (See *Certification and Disclosure Forms* attachment).
8. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate) if a non- profit agency.
9. Copies of all applicable licenses/organization's licensure status/professional licenses, along with academic credentials and certifications.
10. 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>
11. If applicable, current malpractice insurance certificate. Note: This certificate is the only acceptable submission. Letters stating that insurance has been applied for will not suffice.
12. Business Associate Agreement for the Health Insurance Portability Act of 1996 compliance, signed and dated at:  
<http://www.state.nj.us/dcf/providers/contracting/forms/index.html>
13. If you or your agency provides services in another state, you must provide a letter from the state agency involved (e.g., an award letter), along with a copy of your license and or certification, if applicable.

\* Use the standard form available at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/) Forms for RFPs.