



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

**Responses will be accepted on a rolling basis from  
February 23, 2018 through March 27, 2018 at 12 Noon**

**There will be no Bidder's Conference for this RFQ.**

**Questions will be accepted until March 14, 2018**

Christine Norbut Beyer  
Commissioner Designate

February 23, 2018

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## **Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street  
Trenton, New Jersey 08625

## **Special Notice:**

There will be no Bidders Conference for this RFQ. 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. Questions will be accepted providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) until **March 14, 2018 by 12PM**. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>.

Technical inquiries about forms and other documents may be requested anytime. Please refer to **Section II – B. “Requests for Information and Clarification”** for additional information.

## **Section I – General Information**

### **A. Purpose:**

Qualified summer camp providers serve as a valuable resource for children, youth, adolescents, and young adults (collectively referred to as “youth”) with intellectual/developmental disabilities.

The New Jersey Department of Children and Families’ (DCF) Division of Children’s System of Care (CSOC) will provide financial support towards summer camp for eligible families of children, youth, adolescents and young adults under the age of twenty-one (21) with intellectual/developmental disabilities (I/DD).

Camps must be qualified through the RFQ in order to be on the Qualified Provider (QP) list. Camps must be physically located within the State of New Jersey. CSOC will provide financial support toward summer camp tuition solely for camps on the QP list located at [www.performcarenj.org](http://www.performcarenj.org).

DCF/CSOC will mail an official letter of qualification to the Qualified Provider, along with the billing instructions upon final qualification decision.

**Summer Camps previously qualified through the Children’s System of Care in 2014, 2015, or 2016 are not required to re-apply. Your DCF contract administrator will contact you regarding your status and annual submission requirements.**

## **B. Background:**

The New Jersey Department of Children and Families is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being and success of New Jersey's children and families. Our vision statement 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 youth 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 youth 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 youth and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

## **C. Services to be Funded:**

DCF will provide financial support to eligible youth and their families for summer 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 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 financial support toward camp tuition is the funding source of last resort. Families/caregivers are responsible for the cost of summer camp tuition minus any financial support provided by CSOC.

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

Youth 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.

### **Each applicant qualified under this RFQ shall:**

1. Comply with **background checks** - All employees rendering services to youth where CSOC is providing financial support, are required to have background checks. Each agency employee providing services must

complete the employee certification form that is provided as part of this RFQ.

- a. Once you become a qualified provider, CSOC will contact you with the appropriate steps for the background check process. CSOC is unable to accept CCUSA background checks.
  - b. The Community Agency Head shall ensure that s/he and all employees rendering services will have state and federal background checks with fingerprinting completed now and every two years thereafter.
  - c. The Community Agency Head shall complete the employee certification form (Attachment 4) that is provided as part of this RFQ and submit it to CSOC with your application.
  - d. Each agency employee providing services must complete the employee certification form (Attachment 4) that is provided as part of this RFQ. The completed certification shall be held in the employee file at the agency and made available to DCF/CSOC upon request **Do not forward completed employee certifications to CSOC with your application.**
  - e. The cost of the fingerprinting criminal history background check to become a Qualified Provider will be paid for by the Department of Children and Families.
2. Comply with N.J.S.A. 30:6D-73 et seq. **Central Registry of Offenders Against Individuals with Developmental Disabilities.** Agencies must ensure that the names of all agency employees, volunteers, and consultants that provide services to youth with intellectual/developmental disabilities shall 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)
- Note: If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system.
3. 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.
  4. Comply with the requirements to report suspected abuse and neglect against: a child under 18 years of age to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
  5. Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send to CSOC.

6. Maintain a written program description that specifies its statement of purpose and description of overall approach to service delivery and family involvement.
7. Adhere to the requirements of **HIPAA**, N.J.S.A. 30:4-24.3.
8. Protect the confidentiality of the families served.
9. Inform families at intake of:
  - a. the mandated reporting responsibilities of agency staff;
  - b. the grievance procedure established by the agency; and,
  - c. their access to records upon request and within statutory authority
10. Promote the improvement of the quality of services provided by training **every** worker, the form of which is up to the provider:
  - a. Agency Policies;
  - b. Child and Adolescent Development;
  - c. Cultural Competency;
  - d. CPR and First Aid;
  - e. Infectious Disease Control;
  - f. Recognition and Reporting of Abuse and Neglect: Child Abuse and Neglect; and Abuse, Neglect, or Exploitation of a Vulnerable Adult age 18 or over;
  - g. Interpersonal Communication and Effective Listening;
  - h. Limit Setting and Boundaries;
  - i. Conflict Resolution; and
  - j. Impulse Control and Anger Management.
11. Comply with **Danielle's Law** (P.L.2003, c.191 [C.30:6D-5.1-5.6]), [www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)
12. Be available via phone to address urgent policy and procedure issues and/or provide support.
13. 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 CSOC Contracted System Administrator (CSA) of the reason for delay if services have not been provided as authorized within 30 days; and submitting invoices within 30 days of the date of service delivery.

**Qualified Providers must agree to:**

1. Participate in a fee for service system which results in a list of providers qualified to render supports and services to youth. 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 of occurrence, notify the Division of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e. licenses, certifications, accreditations, insurance.
4. Ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated.
5. The qualified provider agrees to not subcontract any of the services you have committed to provide pursuant to this qualification.
6. Be in compliance with staff/youth ratios when providing facility based and/or community based services.
7. Follow instructions for submission of invoices for services provided.
8. Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
9. Promptly terminate billing procedures when family/caregiver informs you your service(s) are no longer being requested.
10. Make available to DCF 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 DCF, its agents or designee to verify that each charge is due and proper prior to payment.
11. Within five (5) business days of occurrence, notify DCF of changes in Executive Director, name of agency, address, telephone number or contact person.
12. Notify DCF/CSOC, in writing, thirty (30) days prior to the provider's decision to terminate this agreement.
13. Authorize the CSA, PerformCare, to list your agency as a DCF Qualified Provider (QP) of summer camp services for youth with I/DD on their website.
14. Acknowledge breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the DCF's discretion.

## D. Funding Information:

Under the terms of this RFQ DCF will pay for authorized services rendered by the Qualified Provider in keeping with the availability of State appropriations and on the basis of service provision in accordance with the billing requirements. In no event will payment be made for service provision **not** in accordance with billing requirements. Such payments will be paid as promptly as feasible after proper payment vouchers and supportive documentation as defined by CSOC are submitted and approved.

Qualified Providers of summer camp services for youth with I/DD will be reimbursed according to the maximum rates in the below rate table for authorized eligible youth:

Type	Authorized Units of Service	Maximum 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
- camp deposit
- transportation to and from camp
- trips taken during camp.

Please be reminded that CSOC provides financial assistance only up to the maximum limits noted above for the daily camp rate. No additional funds shall be provided. The costs of camp services may not be fully covered by the CSOC financial assistance contribution. Additional days are the financial responsibility of the family/caregiver for payment.

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

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

All funding is subject to appropriation.

DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming a Qualified Provider 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 Qualifying Provider status at any time without notice.

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

1. Any changes in personnel providing or supervising services shall be subject to prior approval by DCF.
2. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. If an applicant is under a corrective action plan with DCF, inclusive of its Divisions and Offices, or any other New Jersey State agency or authority, the applicant may not submit a proposal for this RFQ if written notice of such limitation has been provided to the agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
5. Applicants shall 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.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a Qualified Summer Camp Provider for the Children's System of Care will be paid by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant. **Attachment 4, "Community Agency Head and Worker Certification, Permission for Background Check and Release of Information," is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. It is signed by respective employees in front of a witness, and is not to be included in the application. Only the form signed by the Community Agency Head must be submitted with the application.**
10. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
11. 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://fedgov.dnb.com/webform>

12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

## F. RFQ Schedule

<b>March 14, 2018</b>	Period for <b>Email Questions</b> sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a>
<b>March 27, 2018</b>	<b>Deadline</b> for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **March 27, 2018** will **not** be considered.

Proposals 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, 3rd floor  
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier must submit **one (1) signed original** and should submit **one CD ROM** with all documents.

### 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, 3rd floor  
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier must submit **one (1) signed original** and should submit **one CD ROM** with all documents.

### **3) Online:**

DCF offers the alternative for our bidders to submit responses electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting and AOR form.

AOR forms and online training is available on our website at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

Forms are directly under the Notices section-See Standard Documents for RFPs

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

## **G. Administration:**

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

DCF will screen applications for eligibility and conformity with the 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 prior to the stated deadline.
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent.
- c. The application is complete in its entirety, including all required attachments and appendices.
- d. The application conforms to the specifications set forth in the RFQ.

### **2. Qualification/Proposal Review Process**

Upon completion of the initial screening, applications meeting the requirements of the RFQ will be distributed to the DCF RFQ 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 if such absence affects the ability of the committee to fairly judge the application.

DCF will convene an Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application with the established criteria outlined in this document. All Committee will complete a conflict of interest form. Those individuals with conflicts or the appearance of conflicts will be disqualified from participation in the review process. The members of the DCF RFQ Evaluation Committee will review the applications and deliberate as a group to determine the final qualification decisions.

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 contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

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

### 3. Special Requirements

The successful Qualified Provider shall maintain all documentation related to products, transactions or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

- Applicants are required to complete the DCF/CSOC **Agency Data Information Form** attached as **Attachment 1 (as per Exhibit C)**.
- Applicants are required to complete one DCF/CSOC **Program Component Form** for each program site location/component that will operate immediately or will achieve full operation within 60 days of qualification attached as **Attachment 2**.
- Applicants are required to confirm their compliance with all of the qualification requirements. This completed document is **Attestation** that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ attached as **Attachment 3**.
- Applicants are required to complete the DCF/CSOC **Community Agency Head Certification** attached as **Attachment 4**. Only the form signed by the **Community Agency Head** must be submitted with the application.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination as attached as **Exhibit B.**

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse. The Standards are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>. **As an appendix, attach a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.**

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this 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 through the implementation of the proposed program shall remain the property of DCF.

#### **4. Electronic Record Operating Requirements**

The current minimum operating requirements for the CSOC's CSA's MIS system are available at <http://performcarenj.org/cyber/access-requirements.aspx> .

## 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 awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of the applicant's qualifications. Applicants may appeal by submitting a written request to:

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

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

## I. Post Qualification Requirements

Qualified Providers will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)

Qualified Providers will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, Qualified Providers will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful contract negotiation. If, during the negotiations, it is found that the Qualified Provider is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

## **Section II – Application Instructions**

### **A. Proposal Requirements and Supporting Documents:**

Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all of the required documents in PDF or Word format. Paper applications may be fastened by a heavy-duty binder clip. Do not submit applications in loose-leaf binders, plastic sleeves, or folders or staples.

Any narrative portions of the application must be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman.

All supporting documents submitting in response to this RFQ must be organized in the following manner:

		<b>Documents Required with all Applications Submitted in Response to this RFQ</b>
1	<input type="checkbox"/>	<b>Proposal Cover Sheet</b> – (signed and dated) Use the RFP/Q forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2	<input type="checkbox"/>	<b>Table of Contents</b> – Please number and label with page numbers, if possible, in the order as stated in this table for paper copies, CD and electronic copies.
3	<input type="checkbox"/>	Signed/dated <b>Attestation</b> (Attachment 3)
4	<input type="checkbox"/>	Signed/dated <b>Community Agency Head and Worker Certification</b> signed solely by the Community Agency Head (Attachment 4)
5	<input type="checkbox"/>	Three (3) written <b>professional letters of support</b> on behalf of the applying 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). Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
6	<input type="checkbox"/>	<b>Exhibit C</b> – CSOC Pre-Award/Qualification Documents.

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

### **Question and Answer:**

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. Inquiries will not be accepted after the closing date of the Question and Answer Period.

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

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. All inquiries submitted to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) must identify, in the Subject heading, the specific RFQ for which the question/clarification is being sought. Each question should begin by referencing the RFQ page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFQ at: <http://www.state.nj.us/dcf/providers/notices/>

Technical inquiries about forms and other documents may be requested anytime through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us).

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFQ.**



New Jersey Department of Children and Families  
Children’s System of Care (CSOC)  
Summer Camp

AGENCY DATA INFORMATION FORM

Date: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY

► AGENCY/CORPORATE DATA

Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

County (corporate location): \_\_\_\_\_ Agency Type:  Non Profit  For Profit

Agency ID Numbers:

- FEIN (9-digit): \_\_\_\_\_
- DUNS (9-digit): \_\_\_\_\_
- NJSTART (9-digit): \_\_\_\_\_

► AGENCY CONTACTS

CEO -or- EXECUTIVE DIRECTOR: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

PROGRAM: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to the contract and funded programs. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

FISCAL: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to ROE, audit and closeout reports. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

CENSUS/BILLING: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**ATTACHMENT 2**

New Jersey Department of Children and Families  
 Children’s System of Care (CSOC)  
 Summer Camp  
**Program Component Form**

In the box below, place a check in either Camp-Day or Camp-Overnight (one box per form). If the camp has multiple locations, a separate form is required for each site location.

Type (please check)	Authorized Unit of Service	Maximum Rate per Unit
<input type="checkbox"/> Camp – Day	Standard: Up to 10 days per youth per summer season	\$ 80 per day
<input type="checkbox"/> Camp – Overnight	Standard: Up to 6 nights per youth per summer season	\$ 133 per night

Camp Name: \_\_\_\_\_

Camp Site Address: \_\_\_\_\_

Program Lead: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Number of Youth Able to Serve: \_\_\_\_\_ Staffing Ratio: \_\_\_\_\_

Ages Served: \_\_\_\_\_

Operational Timeframe: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Operation Days & Hours

	From: AM (enter time below)	To: PM (enter time below)
• Sunday	_____	_____
• Monday	_____	_____
• Tuesday	_____	_____
• Wednesday	_____	_____
• Thursday	_____	_____
• Friday	_____	_____
• Saturday	_____	_____

Counties Served:

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

Transportation Provided: Youth transport is allowed; however, additional funds will not be provided.  
 Yes  No Type: \_\_\_\_\_

Bilingual Services Offered:  
 Yes  No Languages: \_\_\_\_\_

Site has a Youth Camp Safety Act Certificate of Approval issued by Department of Health: (attach copy)  
 Yes  No Camp ID Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Status: \_\_\_\_\_

### ATTACHMENT 3

New Jersey Department of Children and Families  
Children's System of Care (CSOC)

### ATTESTATION

#### Request for Qualifications for Summer Camp Providers

Providers are required to confirm their compliance with all of the RFQ requirements. This completed document is attestation that you will be able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

**By my signature below, I hereby certify that:**

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFQ for **the Summer Camp Providers for Children's System of Care**. The information I have given in response to this RFQ is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF's withdrawal of my qualification to provide these services.
- Post award, I agree to comply with DCF Policies and Regulations governing the service provision.

---

CEO or Equivalent  
(please print)

Title

Signature

Date

**ATTACHMENT 4**

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

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

**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 \_\_\_\_\_  
*Offense* *Date*

**FOR PROVISIONAL WORKER ONLY**

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) 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                                 | viii. Kidnapping                          |
| ii. Manslaughter                          | ix. Interference with custody of children |
| iii. Death by auto                        | x. Sexual assault                         |
| iv. Simple assault                        | xi. Criminal sexual contact               |
| v. Aggravated assault                     | xii. Lewdness                             |
| vi. Recklessly endangering another person | xiii. Robbery                             |
| vii. Terroristic threats                  |   |

-- 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 ONLY:**

I understand the results of this background check will be reported to the President of the Board of my agency.

\_\_\_\_\_  
*Name of Board President*

\_\_\_\_\_  
*Address of Board President (Home or Business)*

**COMMUNITY AGENCY HEAD OR WORKER:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WITNESS:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 available 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 Department of Children and Families, 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 Department of Children and Families, 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**  
TITLE 10. CIVIL RIGHTS  
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

*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.*).

**EXHIBIT C**

1-25-18

**CSOC Pre Award Documents  
Required to Be Submitted with a Response to a CAMP RFQ**

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:</b>	
1	<input type="checkbox"/> <b>Standard Language Document (SLD)</b> (signed/dated) [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
2	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> (signed/dated under Business Associate) [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
3	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of <b>Board of Directors</b> --or-- <b>Managing Partners</b> , if an LLC or Partnership --or-- <b>Chosen Freeholders</b> of Responsible Governing Body
4	<input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder Form</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 8-4-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
5	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 6-19-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
6	<input type="checkbox"/> <b>For Profit: Ownership Disclosure Form</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 6-19-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf">http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf</a>
7	<input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this response - if not applicable, include a written statement
8	<input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
9	<input type="checkbox"/> <b>Certificate of Incorporation</b> Website: <a href="http://www.nj.gov/treasury/revenue/filecerts.shtml">http://www.nj.gov/treasury/revenue/filecerts.shtml</a>
10	<input type="checkbox"/> <b>For Profit: NJ Business Registration</b> Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.nj.gov/njbusiness/registration/">http://www.nj.gov/njbusiness/registration/</a>
11	<input type="checkbox"/> <b>Agency By Laws</b> --or-- <b>Management Operating Agreement</b> if an LLC
12	<input type="checkbox"/> <b>Tax Exempt Certification</b> Website: <a href="http://www.state.nj.us/treasury/taxation/exemption.shtml">http://www.state.nj.us/treasury/taxation/exemption.shtml</a>
13	<input type="checkbox"/> <b>Statement of Assurances</b> (signed/dated) - use the RFP Forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">http://www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>




14	<input type="checkbox"/>	<b>Safe-Child Standards Description</b> - submit a brief statement demonstrating ways in which your agency will implement the "Standards" (2 pgs. max. double spaced) Policy: <a href="http://www.state.nj.us/dcf/SafeChildStandards.pdf">http://www.state.nj.us/dcf/SafeChildStandards.pdf</a>
15	<input type="checkbox"/>	<b>For Profit: Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions</b> (signed/dated) [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a>
	<input type="checkbox"/>	<b>CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE AND ANNUALLY UPDATED THEREAFTER:</b>
16	<input type="checkbox"/>	<b>System for Award Management (SAM)</b> printout showing "active" status (free of charge) Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar Helpline: 1-866-606-8220
17	<input type="checkbox"/>	<b>Tax Forms:</b> <u>Non Profit</u> <b>Form 990</b> Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> <b>Form 1120</b> US Corporation Income Tax Return --or-- <u>LLC</u> <b>Applicable Tax Form</b> and may delete or redact any SSN or personal information
18	<input type="checkbox"/>	<b>Affirmative Action Certificate --or-- Renewal Application [AA302]</b> sent to Treasury Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf">http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf</a>
19	<input type="checkbox"/>	Certification Regarding <b>Debarment</b> (signed/dated) Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>
20	<input type="checkbox"/>	<b>Professional Licenses</b> related to job responsibilities for this response - if not applicable, include a written statement
21	<input type="checkbox"/>	Proposed <b>Organizational Chart</b> for services required by this response - include date created
22	<input type="checkbox"/>	<b>Agency Data Information Form</b> (Attachment 1)
23	<input type="checkbox"/>	<b>Program Component Form</b> (Attachment 2) Note: Complete one form for each program site location/component that will operate immediately or will achieve full operation within 60 days of qualification.
24	<input type="checkbox"/>	<b>Youth Camp Safety Act Certificate of Approval</b> issued by the Department of Health Camp Application: <a href="http://www.nj.gov/health/forms/cb-11.dot">http://www.nj.gov/health/forms/cb-11.dot</a> Camp Standards: <a href="http://nj.gov/health/ceohs/documents/phss/youth_camp.pdf">http://nj.gov/health/ceohs/documents/phss/youth_camp.pdf</a>

EXHIBIT D

1-25-18

**CSOC Post-Award Documents  
Required to be Submitted for Contract Formation  
if the Response to the CAMP RFQ Results in an Award**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>
2	<input type="checkbox"/> For Each Site Hosting Youth: <b>Certificate of Occupancy</b> --or-- Continued Certificate of Occupancy - if not applicable, include a written statement (e.g. AAS, OVR programs)
3	<input type="checkbox"/> For Each Site Hosting Youth: Copy of <b>Lease, Mortgage</b> --or-- <b>Deed</b> - if not applicable, include a written statement (e.g. AAS, OVR programs)
4	<input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system) Website: <a href="https://www.njstart.gov/">https://www.njstart.gov/</a> Help Desk: Call 609-341-3500 --or-- Email <a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a>
5	<input type="checkbox"/> For Programs without an Annex A <b>Standardized Board Resolution Validation</b> (signed/dated) Form: <a href="http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf">http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf</a>
6	<input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> (signed/dated) [Version: Rev 7/10/17] Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf">http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf</a>
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:	
7	<input type="checkbox"/> Most recent <b>Audit or Financial Statement</b> (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
8	<input type="checkbox"/> <b>Liability Insurance</b> (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>
9	<input type="checkbox"/> <b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a> Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.

10	<input type="checkbox"/>	<b>Notification of Licensed Public Accountant (NLPA)</b> --and-- copy of non-expired <b>Accountant Certification</b> [DCF Version: Rev 7/2017] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc">http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</a> Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
11	<input type="checkbox"/>	<u>For Each Site Hosting Youth:</u> <b>Health/Fire Certificates</b> - if not applicable, include a written statement (e.g. AAS, OVR programs)
12	<input type="checkbox"/>	<b>Annual Report to Secretary of State</b> Website: <a href="http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml">http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml</a>
		<b>CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:</b>
13	<input type="checkbox"/>	<b>Agency Organizational Chart</b>
14	<input type="checkbox"/>	Copy of Most Recently Approved <b>Board Minutes</b>
15	<input type="checkbox"/>	<b>Personnel Manual</b> and <b>Employee Handbook</b> (include staff job descriptions)
16	<input type="checkbox"/>	<b>Affirmative Action Policy/Plan</b>
17	<input type="checkbox"/>	<b>Conflict of Interest Policy/Attestation</b> <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>
18	<input type="checkbox"/>	<b>Procurement Policy</b> <a href="http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>

\* Standard forms for RFP's are available at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)  
Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at:  
<http://www.state.nj.us/dcf/providers/contracting/forms/>

\*\* Treasury required forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/forms.shtml>  
Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at:  
[www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)