



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

Responses will be accepted on a rolling basis from

February 8, 2016 through April 30, 2016 at 12 Noon

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

Questions will be accepted until February 29, 2016

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

Commissioner

February 8, 2016

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Funding Agency

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

Section I – General Information

A. Purpose:

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 families of children, youth, adolescents and young adults under the age of twenty-one (21) with intellectual/developmental disabilities throughout 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

Qualified camp providers serve as a valuable resource for children, youth, adolescents, and young adults (collectively referred to as "youth") with intellectual/developmental disabilities determined eligible to receive services through CSOC.

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

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

Camps must be approved through the RFQ in order to be on the Qualified Provider list. Camps must be physically located within the State of New Jersey.

Summer Camps previously qualified through the Children's System of Care in 2014 or 2015 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 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 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.

DCF will provide financial support to eligible youth 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.

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.

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 twenty one (21) who have intellectual/developmental disabilities.

C. Roles and Responsibilities:

To be qualified to provide services under this RFQ, a provider agency 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 (Exhibit D) 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 (Exhibit D) 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 summer camp 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
- 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;
 - 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
 - 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

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.

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 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 receive 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. 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 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;
11. Within five (5) business days of occurrence, notify the Division of changes in Executive Director, name of agency, address, telephone number or contact person;
12. Notify the Division, in writing, thirty (30) days prior to the Provider's decision to terminate this agreement;
13. Authorize the CSA, currently, PerformCare of New Jersey to list your agency as a DCF Qualified Camp Provider on their website; and any
14. 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 CSOC are submitted and approved;

Qualified providers of summer camp services 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, deposit, transportation to and from camp, and trips taken during camp. Please be reminded that CSOC only provides financial assistance 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 camps 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. Applicants under a corrective action plan with DCF, or any other New Jersey State agency, may not apply for qualifications in response to this RFQ. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months.
6. Where appropriate, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. 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
10. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, may respond to be qualified.

F. RFQ Schedule

February 8, 2016	Notice of Availability of Funds/RFQ publication
February 29, 2016	Period for Email Questions sent to DCFASKRFP@dcf.state.nj.us
April 30, 2016	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, 3rd Floor
Trenton, New Jersey 08625-0717

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.

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 applications in person or by commercial carrier shall submit **one (1) signed original** and **one CD ROM** with all documents.

3) Online:

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

AOR Registration forms and online training are available on our website at: 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 Application 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 Application Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, 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 voting members of the Application Evaluation Committee will review the qualifications 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 Applicant 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 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.**

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 **Exhibit C.**

Applicants are required to complete the DCF/CSOC **Community Agency Head Certification** attached as **Exhibit D.**

Applicants are required to complete the DCF/CSOC Agency Information Form attached as **Exhibit E.**

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 **Exhibit F**

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.

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, 4th Floor
 Trenton NJ 08625-0717

I. Post Qualification Requirements

Qualified applicants will be required to comply with the following:

1. The terms and conditions of the DCF 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.
2. All applicable State and Federal laws and statutes, assurances, certifications and regulations.

Qualified applicants will also be required to submit one (1) copy of the following documents before their contract with DCF is finalized and authorizations to provide services are issued:

POST QUALIFICATION OR AWARD DOCUMENTS		Required
1.	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf	Once
2.	<input type="checkbox"/> Liability Insurance (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: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf	Annually
3.	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for dishonest acts) 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: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf <u>Note:</u> 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.	Annually
4.	<input type="checkbox"/> Notification of Licensed Public Accountant (NLPA) -and- copy of Accountant Certification Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc <u>Note:</u> Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.	Annually

5.	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Health/Fire Certificates (e.g. OVR & OOH programs) If not applicable, include a written statement.	Annually
6.	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Current DCF Office of Licensing Certificate (e.g. OVR & OOH programs) If not applicable, include a written statement. Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html	Once
7.	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Certificate of Occupancy -or- Continued Certificate of Occupancy. (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.	Once
8.	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Copy of Lease, Mortgage -or- Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.	Once
9.	<input type="checkbox"/>	Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov Help Desk: 609-341-3500 -or- njstart@treas.nj.gov	Once
10.	<input type="checkbox"/>	Standardized Board Resolution Validation Form: http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf	Once
11.	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes	Keep Onsite
12.	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)	Keep Onsite
13.	<input type="checkbox"/>	Affirmative Action Policy/Plan	Keep Onsite
14.	<input type="checkbox"/>	Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf	Keep Onsite
15.	<input type="checkbox"/>	Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf	Keep Onsite

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.

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:

Questions and Answers:

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.

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 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.

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

C. Qualification Documents

All applications submitted in response to this RFQ, whether in paper or electronic form, must follow the checklist order and naming conventions bolded below. If submitting by paper, please include dividers that identify the name of each document.

If submitting electronically, please attach and label each document separately; items shall not be submitted as one continuous document/attachment.

SUPPORTING DOCUMENTS - Required prior to qualification or award			Required
1.	<input type="checkbox"/>	Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc	With Response
2.	<input type="checkbox"/>	Table of Contents – Each submitted document must be labeled and indexed in this table. Page numbers are appreciated.	With Response
3.	<input type="checkbox"/>	Crisis Policy – Submit a copy of your agency’s policy for handling crisis situations. Policy must address prevention, recognition, intervention and debriefing. It must also demonstrate compliance with “Danielle’s Law”, C.30:6D. Submission of agency policy which does not meet these criteria will result in rejection of your application. Website: www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html	With Response
4.	<input type="checkbox"/>	Statement of Assurances - Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc	With Response

5.	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). One should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities. Please include telephone numbers and e-mail for all references so they may be contacted directly.	With Response
6.	<input type="checkbox"/>	Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc	With Response
7.	<input type="checkbox"/>	Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc	With Response
8.	<input type="checkbox"/>	Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf	With Response
SUPPORTING DOCUMENTS - Required prior to qualification or award (continued)			Required
9.	<input type="checkbox"/>	Dated List of Names, Titles, Addresses & Terms of Board of Directors or Managing Partners , if an LLC or Partnership	With Response
10.	<input type="checkbox"/>	Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf	With Response
12.	<input type="checkbox"/>	Disclosure of Investment Activities in Iran (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf	With Response
13.	<input type="checkbox"/>	For Profit: Statement of Bidder/Vendor Ownership Form (PDF) See instructions for applicability to your organization. If not applicable, include a written statement. Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf	With Response
14.	<input type="checkbox"/>	Chapter 271** Signed and dated	With Response
15.	<input type="checkbox"/>	Subcontract/Consultant Agreements related to this RFP/RFQ If not applicable, include a written statement	With Response
16.	<input type="checkbox"/>	MacBride Principles Form Form: http://www.state.nj.us/treasury/purchase/forms/MacBridePrinciples.pdf	With Response
17.	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711	With Response
18.	<input type="checkbox"/>	Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml	With Response
19.	<input type="checkbox"/>	For Profit: NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.nj.gov/njbusiness/registration/	With Response
20.	<input type="checkbox"/>	Agency By Laws or Management Operating Agreement if an LLC	With Response

21.	<input type="checkbox"/>	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml	With Response
22.	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220	With Response & Annually
23.	<input type="checkbox"/>	Tax Forms: Non Profit Form 990 Return of Organization Exempt from Income Tax -or- For Profit Form 1120 US Corporation Income Tax Return -or- LLC Provide an applicable tax form and may delete or redact any SSN or personal information	With Response & Annually
24.	<input type="checkbox"/>	Affirmative Action Certificate -or- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf	With Response & Annually
25.	<input type="checkbox"/>	Most recent Audit or Financial Statement (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: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf	With Response & Annually
26.	<input type="checkbox"/>	Annual Report to Secretary of State Website: https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp	With Response & Annually
27.	<input type="checkbox"/>	Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf	With Response & Annually
SUPPORTING DOCUMENTS - Required prior to qualification or award (continued)			Required
28.	<input type="checkbox"/>	Non Profit: Annual Report - Charitable Organizations If not applicable, include a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm	With Response & Annually
29.	<input type="checkbox"/>	For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification -and- Disclosure of Political Contributions [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml	With Response & Annually
30.	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this RFP/RFQ. If not applicable, include a written statement	With Response & Annually
31.	<input type="checkbox"/>	Proposed Organizational Chart for Services	With Response & Annually
32.	<input type="checkbox"/>	Exhibit C – Submit a signed/dated “ Attestation” form (attached)	With Response
33.	<input type="checkbox"/>	Exhibit D – For Community Agency Head Only for this RFQ – Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information. (attached)	With Response
34.	<input type="checkbox"/>	Exhibit E – Agency Data Information (attached)	With Response
35.	<input type="checkbox"/>	Exhibit F – Program Component Form (attached) Note: Complete one form for each program site location/component that will operate immediately or will achieve full operation within 60 days of qualification.	With Response

36.	<input type="checkbox"/>	Youth Camp Safety Act Certificate of Approval issued by the Department of Health Camp Application: http://web.doh.state.nj.us/apps2/forms/subforms.aspx?pro=eoh/phss Camp Standards: http://www.state.nj.us/health/eoh/phss/documents/youth_camp.pdf	With Response
37.	<input type="checkbox"/>	Out-of-State Services: 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.	With Response

SECTION III APPENDIX

(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).

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)*.

2. 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)*.

EXHIBIT C

Attestation

Providers 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.

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. I agree to provide all of the required services and to comply with all of the service implementation and payment processes described in Section I of this RFQ for Summer Camp Services for Youth with Intellectual/Developmental Disabilities. I certify that I meet all of the qualifications and have provided all of the documentation required in Sections II and III of this RFQ for providing these required services. 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.

CEO OR EQUIVALENT NAME
(Please Print)

SIGNATURE

DATE

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

EXHIBIT D

**COMMUNITY AGENCY HEAD AND EMPLOYEE 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.

__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.

COMMUNITY AGENCY HEAD
 (Please Print)

 (Signature and Date)

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

FOR GRANTEE USE ONLY – KEEP IN AGENCY FILE

 Employee Name (please print)

 Employee (Signature and Date)

 Witnessed by (please print)

 Witness (Signature and Date)

EXHIBIT E

New Jersey Department of Children and Families
Children's System of Care (CSOC)
Summer Camp
Agency Data Information

AGENCY/CORPORATE DATA

Agency Name: _____

Mailing Address: _____

Agency Identification Numbers: FEIN: _____ DUNS: _____

Agency CEO / Executive Director: Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Agency Type: Non Profit For Profit

AGENCY CONTACTS

For Notices Regarding this RFQ:
i.e. Program Manager Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

For Fiscal Questions:
i.e. ROE/Audits/Closeouts Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

For Billing Questions:
i.e. Claims/Census Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

EXHIBIT F

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: _____

