

**2014 NEW JERSEY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
EMPLOYMENT AND TRAINING PROVIDER  
(NJ SNAP ETP) PROJECT**

**REQUEST FOR PROPOSALS**

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# ATTACHMENT A

## STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statements of work, or the evaluation of the RFP applications/bids.
- Will comply with all Federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) Federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975c. 127 (NJAC 17:27).
- Will comply with all applicable Federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191 and the regulations adopted thereunder by the Secretary of United States Department of Health and Human Service (45 CFR, Parts 160, 162 and 164).
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

**ATTACHMENT A**  
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- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

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Applicant Organization

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Signature: Chief Executive Officer or Equivalent

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Date

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Typed Name and Title

## ATTACHMENT B

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**DFD USE ONLY**

Proposal # \_\_\_\_\_

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES

**2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
EMPLOYMENT AND TRAINING PROVIDER PROJECT**

**PROPOSAL/AUTHORIZATION COVER SHEET**

**PROPOSAL SUMMARY INFORMATION**

Incorporated Name of Applicant: \_\_\_\_\_

Type: Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ CWA \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Address of Service(s): \_\_\_\_\_  
(Attach list if necessary.)

County: \_\_\_\_\_

Service Regions (Counties): \_\_\_\_\_

Name of Proposal Preparer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \$ \_\_\_\_\_

Agency Fiscal Year End: \_\_\_\_\_

Total number of cases to be served: \_\_\_\_\_

Brief description of services to be provided:

**AUTHORIZATION:**

Chief Executive Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





**ATTACHMENT D-2**

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
BUDGET INFORMATION SUMMARY**

Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_  
 RFP Project Name **2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING PROVIDER PROJECT**  
 Agency Federal ID # \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Funding Request – Program Name (s) \_\_\_\_\_  
 Service (s) \_\_\_\_\_

**RFP – BUDGET EXPENSE SUMMARY**

BUDGET CATEGORIES	TOTAL COSTS	Contract Date MM/DD/YYYY	2 <sup>nd</sup> Yr. of contract, if applicable MM/DD/YYYY	UNALLOWABLE COSTS
A. Personnel (including fringe benefits)				
B. Consultants & Professional Fees				
C. Materials & Supplies				
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other				
G. Gen. & Adm. (G&A) Cost Allocation				
H. Total Operating Costs				
I. Equipment				
J. Total Cost				
K. Revenue (deduct)	( )	( )	( )	( )
L. Funding Request	\$	\$	\$	
Total Units of Service				
Unit Description				

The budget request shall indicate the Agency’s total proposed budget for delivery of the service(s) reduced by the other sources (not DHS) of Funding (line K). Indicate the sources of funding and the dollar amounts for each:

Total Other Sources of Funding	\$	\$	\$





# BUDGET INSTRUCTIONS FOR ATTACHMENT D-1

## **Budget Information Summary**

The budget information summary gives the Department of Human Services (DHS) information regarding the planned expenditure of funds for the programs and services being proposed in response to a request for proposal (RFP). **It is necessary that all information be completed on the budget forms. Failure to do so may negatively impact the evaluation of the proposal.** Additional copies of the budget forms may be copied and attached as needed to ensure complete and accurate information. If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance. Review of the Department's Contract Reimbursement Manual, July 1986 edition, will also be helpful if questions arise.

### **Directions - Budget Information Summary**

1. All identifying information must be provided in its entirety - information not completed may negatively impact the review of the proposal.
2. Indicate the date of the proposal and the page number as part of the total budget information, i.e., Page 1 of 10.
3. Because the contract information summary requires a list of all Contracts now in effect with DHS, please list all current DHS Contracts by contracting division, the contract number, the name of the programs funded, services rendered and the current reimbursable ceiling (total funding amount) for each program.

### **Definitions**

Program - that separation of units with a single identifiable individual name within the provider agency that may provide the same or different types of services for the client population. Example - ABC, Inc. has a day care center and two group homes, each having a name - ABC Day Care Center, the ABC Group Home, and CBA Group Home. Each would be listed as a program within the agency ABC, Inc.

Service - the need, which can be measured for monitoring purposes, for which the client is being included in the proposal.

## BUDGET INSTRUCTIONS FOR ATTACHMENT D-2

### **Directions - Budget Expense Summary**

1. Complete the identifying information at the top of the page. It is important that all information be completed in full.
2. The budget expense summary summarizes the expected expenditures by budget category, by program(s) as specified in the proposal. Please list all anticipated expenditures required to meet the needs of the proposal for services by the categories indicated on the form. Indicate the total for each category and then break out the total by program, listing the names of the programs in the column headings provided next to the column for total cost. Parenthesis means that the amount will be deducted where indicated.
3. List the anticipated level of service (Total Units of Service) for each program and the description of the unit to be used for measurement of service.
4. Indicate all other than the Department of Human Services funding sources for the programs in the proposal, the total amount and the total broken down by program.

### **Definitions**

General and Administrative Costs (indirect costs) - represent costs incurred for common or joint objectives which are not readily assignable as a direct cost.

Unallowable Costs - those costs which are not reimbursable in a Contract with DHS as specified in the DHS July 1986 edition of the Contract Reimbursement Manual, Section 4.7.

Units of Service - the breakdown of the services used as a standard of measurement, e.g., hours, trips, meals.

## BUDGET INSTRUCTIONS FOR ATTACHMENT D-3

### Directions - Personnel Detail

(Make additional copies of the detail chart, as needed, to ensure inclusion of all personnel data.)

1. Complete the identifying information at the top of the page.
2. Personnel detail requests a listing of all personnel involved in providing the services being proposed, including the percentage of time spent on each program. Please list each person and his or her position title, the total salary allotted to this proposal, the hours per week assigned to each program and any unallowable or general and administrative costs involved for each person.
3. Also indicate any vacant titles that will be filled to meet the obligations of this proposal.

## **BUDGET INSTRUCTIONS FOR D-4**

### **Directions - Budget Category Detail**

1. Ensure that all identifying information is completed, including the date and page number.
2. The budget category detail is intended to show which method was used to allocate the expenses to the various categories of the proposal. List the categories as indicated on the Budget Expense Summary A through G and I.
3. Indicate the basis for allocation and the total funding for each category. Then break out the total by program and indicate any unallowable and/or general and administrative costs.

### **Definitions**

Cost Allocation - the distribution base used to allocate items or groupings of indirect costs in proportion to the relative benefit derived for the program within the proposal. (Example - a building used by several programs of which only one is funded by DHS. The square footage may be used to prorate the expenses of the building and assigned according to contracted program usage.) If there is no indirect cost in the category, the cost basis is a direct cost which is identified specifically with a particular category.

Direct Cost - any cost which can be identified with a particular cost objective (category).

Indirect Cost - a cost, because of its incurrence for common or joint objectives, which is not readily assignable as a direct cost.

## ATTACHMENT E

### STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

#### ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.



**ATTACHMENT F**  
**EXECUTIVE ORDER 129 CERTIFICATION**  
**SOURCE DISCLOSURE CERTIFICATION FORM**

Bidder: \_\_\_\_\_ Solicitation Number \_\_\_\_\_

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the "Division"), in accordance with the requirements of Executive Order 129, issued by Governor James E. McGreevey on September 9, 2004 (hereinafter "E.O. No. 129").

The following is a list of every location where services will be performed by the bidder and all subcontractors.

Bidder or Subcontractor	Description of Services	Performance Location(s) by County
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Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the "Director").

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: \_\_\_\_\_  
[Name of Organization or Entity]

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

## **ATTACHMENT G**

**Pub.L. 2005, Chapter 51, (Formerly Executive Order 134), Executive Order**

**117 Requirements for Eligible Applicants**

### **Certification and Disclosure Instructions and Form**

The pages below include snapshots of the .pdf form, **Certification and Disclosure Instructions and Form**

This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

This .pdf form can be located online by using the following link:

<http://www.nj.gov/treasury/purchase/forms.shtml#eo134>

**Public Law 2005, Chapter 51**

(formerly Executive Order 134) and Executive Order 117 (2008)

**INFORMATION AND INSTRUCTIONS  
For Completing The "Two- Year Vendor Certification and Disclosure of Political  
Contributions" Forms**

**Background Information**

On September 22, 2004, then-Governor James E. McGreevey issued Executive Order 134, the purpose of which was to insulate the negotiation and award of State contracts from political contributions that posed a risk of improper influence, purchase of access or the appearance thereof. To this end, Executive Order 134 prohibited State departments, agencies and authorities from entering into contracts exceeding \$17,500 with individuals or entities that made certain political contributions. Executive Order 134 was superseded by Public Law 2005, c. 51, signed into law on March 22, 2005 ("Chapter 51").

On September 24, 2008, Governor Jon S. Corzine issued Executive Order No. 117 ("E.O. 117"), which is designed to enhance New Jersey's efforts to protect the integrity of procurement decisions and increase the public's confidence in government. The Executive Order builds upon the provisions of Chapter 51.

**Two-Year Certification Process**

Upon approval by the State, the Certification and Disclosure of Political Contributions form (CH51.1R1/21/2009) is valid for a two (2) year period. Thus, if a vendor receives approval on Jan 1, 2009, the certification expiration date would be Dec 31, 2011. Any change in the vendor's ownership status and/or political contributions during the two-year period will require the submission of new Chapter 51/EO117 forms to the State Review Unit. **Please note that it is the vendor's responsibility to file new forms with the State should these changes occur.**

Prior to the awarding of a contract, the agency should first send an e-mail to CD134@treas.state.nj.us to verify the certification status of the vendor. If the response is that the vendor is NOT within an approved two-year period, then forms must be obtained from the vendor and forwarded for review. If the response is that the vendor is within an approved two-year period, then the response so stating should be placed with the bid/contract documentation for the subject project.

**Instructions for Completing the Forms**

**NOTE:** Please refer to the next section, "Useful Definitions for Purposes of Ch. 51 and E.O. 117," for guidance when completing the forms.

**Part 1: VENDOR INFORMATION**

**Business Name** -- Enter the full name of the Vendor, including trade name if applicable.

**Business Type** -- Select the vendor's business organization from the list provided.

**Address, City, State, Zip and Phone Number** -- Enter the vendor's street address, city, state, zip code and telephone number.

**Vendor Email** -- Enter the vendor's primary email address.

**Vendor FEIN** -- Please enter the vendor's Federal Employment Identification Number.

**Public Law 2005, Chapter 51**

(formerly Executive Order 134) and **Executive Order 117 (2008)**

**INFORMATION AND INSTRUCTIONS**  
**For Completing The “Two- Year Vendor Certification and Disclosure of Political Contributions” Forms**

**Part 2: PUBLIC LAW 2005, Chapter 51 / EXECUTIVE ORDER 117 (2008) DUAL CERTIFICATION**

Read the following statements and verify that from the period beginning on or after October 15, 2004, no contributions as set forth at subsections 1(a)-(c) have been made by either the vendor or any individual whose contributions are attributable to the vendor pursuant to Executive Order 117 (2008).

**NOTE:** Contributions made prior to November 15, 2008 are applicable to Chapter 51 only.

**Part 3: DISCLOSURE OF CONTRIBUTIONS MADE**

**Check the box at top of page 2 if no reportable contributions have been made by the vendor.** If the vendor has no contributions to report, this box must be checked.

**Name of Recipient Entity** – Enter the full name of the recipient entity.

**Address of Recipient Entity** – Enter the recipient entity’s street address.

**Date of Contribution** – Indicate the date of the contribution.

**Amount of Contribution** – Enter the amount of the reportable contribution.

**Type of Contribution** – Select the type of contribution from the list provided.

**Contributor Name** – Enter the full name of the contributor.

**Relationship of Contributor to the Vendor** -- Indicate relationship of the contributor to the vendor, e.g. officer or partner of the company, spouse of officer or partner, resident child of officer or partner, parent company of the vendor, subsidiary of the vendor, etc.

**NOTE:** If form is being completed electronically, click “Add a Contribution” to enter additional contributions. Otherwise, please attach additional pages as necessary.

**Part 4: CERTIFICATION**

Check box A if the person completing the certification and disclosure is doing so on behalf of the vendor and all individuals and/or entities whose contributions are attributable to the vendor.

Check box B if the person completing the certification and disclosure is doing so on behalf of the vendor only.

Check box C if the person completing the certification and disclosure is doing so on behalf of an individual and/or entity whose contributions are attributable to the vendor.

Enter the full name of the person authorized to complete the certification and disclosure, the person’s title or position, date and telephone number.

**INFORMATION AND INSTRUCTIONS**  
**For Completing The “Two- Year Vendor Certification and Disclosure of Political Contributions” Forms**

**USEFUL DEFINITIONS FOR THE PURPOSES OF Ch. 51 and E.O. 117**

- “**Vendor**” means the contracting entity.
- “**Business Entity**” means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of New Jersey or any other state or foreign jurisdiction. The definition also includes (i) if a business entity is a for-profit corporation, any officer of the corporation and any other person or business entity that owns or controls 10% or more of the stock of the corporation; (ii) if a business entity is a professional corporation, any shareholder or officer; (iii) if a business entity is a general partnership, limited partnership or limited liability partnership, any partner; (iv) if a business entity is a sole proprietorship, the proprietor; (v) if the business entity is any other form of entity organized under the laws of New Jersey or any other state or foreign jurisdiction, any principal, officer or partner thereof; (vi) any subsidiaries directly or indirectly controlled by the business entity; (vii) any political organization organized under 26 U.S.C.A. § 527 that is directly or indirectly controlled by the business entity, other than a candidate committee, election fund, or political party committee; and (viii) with respect to an individual who is included within the definition of “business entity,” that individual’s spouse or civil union partner and any child residing with that person.<sup>1</sup>
- “**Officer**” means a president, vice-president with senior management responsibility, secretary, treasurer, chief executive officer, or chief financial officer of a corporation or any person routinely performing such functions for a corporation. Please note that officers of non-profit entities are excluded from this definition.
- “**Partner**” means one of two or more natural persons or other entities, including a corporation, who or which are joint owners of and carry on a business for profit, and which business is organized under the laws of this State or any other state or foreign jurisdiction, as a general partnership, limited partnership, limited liability partnership, limited liability company, limited partnership association, or other such form of business organization.
- “**Reportable Contributions**” are those contributions, including in-kind contributions, in excess of \$300.00 in the aggregate per election made to or received by a candidate committee, joint candidates committee, or political committee; or per calendar year made to or received by a political party committee, legislative leadership committee, or continuing political committee.
- “**In-kind Contribution**” means a contribution of goods or services received by a candidate committee, joint candidates committee, political committee, continuing political committee, political party committee, or legislative leadership committee, which contribution is paid for by a person or entity other than the recipient committee, but does not include services provided without compensation by an individual volunteering a part of or all of his or her time on behalf of a candidate or committee.
- “**Continuing Political Committee**” includes any group of two or more persons acting jointly, or any corporation, partnership, or any other incorporated or unincorporated association, including a political club, political action committee, civic association or other organization, which in any calendar year contributes or expects to contribute at least \$4,300 to aid or promote the candidacy of an individual, or the candidacies of individuals, for elective public office, or the passage or defeat of a public questions, and which may be expected to make contributions toward such aid or promotion or passage or defeat during a subsequent election, provided that the group, corporation, partnership, association or other organization has been determined by the Commission to be a continuing political committee in accordance with N.J.S.A. 19:44A-8(b).

<sup>1</sup> Contributions made by a spouse, civil union partner or resident child to a candidate for whom the contributor is eligible to vote or to a political party committee within whose jurisdiction the contributor resides are permitted.

**Public Law 2005, Chapter 51**

(formerly Executive Order 134) and Executive Order 117 (2008)

**INFORMATION AND INSTRUCTIONS  
For Completing The “Two-Year Vendor Certification and Disclosure of Political  
Contributions” Forms**

- “**Candidate Committee**” means a committee established by a candidate pursuant to N.J.S.A. 19:44A-9(a), for the purpose of receiving contributions and making expenditures.
- “**State Political Party Committee**” means a committee organized pursuant to N.J.S.A. 19:5-4.
- “**County Political Party Committee**” means a committee organized pursuant to N.J.S.A. 19:5-3.
- “**Municipal Political Party Committee**” means a committee organized pursuant to N.J.S.A. 19:5-2.
- “**Legislative Leadership Committee**” means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly, or the Minority Leader of the General Assembly pursuant to N.J.S.A. 19:44A-10.1 for the purpose of receiving contributions and making expenditures.
- “**Political Party Committee**” means:
  1. The State committee of a political party, as organized pursuant to N.J.S.A. 19:5-4;
  2. Any county committee of a political party, as organized pursuant to N.J.S.A. 19:5-3; or
  3. Any municipal committee of a political party, as organized pursuant to N.J.S.A. 19:5-2.

**Agency Submission of Forms**

The agency should submit the completed and signed Two-Year Vendor Certification and Disclosure forms, together with a completed Ownership Disclosure form, either electronically to [cd134@treas.state.nj.us](mailto:cd134@treas.state.nj.us) or regular mail at Chapter 51 Review Unit, P.O. Box 039, 33 West State Street, 9<sup>th</sup> Floor, Trenton, NJ 08625. Original forms should remain with the Agency and copies should be sent to the Chapter 51 Review Unit.

**Questions & Answers**

Questions regarding the interpretation or application of Public Law 2005, Chapter 51 (N.J.S.A. 19:44A-20.13) or Executive Order 117 (2008) may be submitted electronically through the Division of Purchase and Property website at <http://www.state.nj.us/treasury/purchase/execorder134.shtml>. Responses to previous questions are posted on the website, as well as additional reference materials and forms.

**NOTE:** *The Chapter 51 Q&A on the website DOES NOT address the expanded pay-to-play requirements imposed by Executive Order 117. The Chapter 51 Q&A are only applicable to contributions made prior to November 15, 2008. There is a separate, combined Chapter 51/E.O. 117 Q&A section dealing specifically with issues pertaining to contributions made after November 15, 2008, available at <http://www.state.nj.us/treasury/purchase/execorder134.shtml#state>.*





**State of New Jersey**  
**Division of Purchase and Property**  
 Two-Year Chapter 51 / Executive Order 117 Vendor Certification and  
 Disclosure of Political Contributions

For AGENCY USE ONLY	
<b>General Information</b>	
Solicitation, RFP or Contract No.	<input style="width: 150px;" type="text"/>
Award Amount	<input style="width: 150px;" type="text"/>
Description of Services	<input style="width: 450px;" type="text"/>
<b>Agency Contact Information</b>	
Agency	<input style="width: 200px;" type="text"/>
Contact Person	<input style="width: 200px;" type="text"/>
Phone Number	<input style="width: 200px;" type="text"/>
Agency Email	<input style="width: 200px;" type="text"/>

**Part 1: Vendor Information**

Full Legal Business Name   
(Including trade name if applicable)

**Business Type**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	

Address 1  Address 2

City  State  Zip  Phone

Vendor Email  Vendor FEIN

**Part 2: Public Law 2005, Chapter 51/ Executive Order 117 (2008) Certification**

I hereby certify as follows:

1. On or after October 15, 2004, neither the below-named entity nor any individual whose contributions are attributable to the entity pursuant to Executive Order 117 (2008) has solicited or made any contribution of money, pledge of contribution, including in-kind contributions, company or organization contributions, as set forth below that would bar the award of a contract to the vendor, pursuant to the terms of Executive Order 117 (2008).
  - a) **Within the preceding 18 months**, the below-named person or organization has not made a contribution to:
    - (i) Any candidate committee and/or election fund of any candidate for or holder of the public office of Governor or *Lieutenant Governor*;
    - (ii) Any State, county, *municipal* political party committee; OR
    - (iii) Any *legislative leadership committee*.
  - b) **During the term of office of the current Governor(s)**, the below-named person or organization has not made a contribution to
    - (i) Any candidate, committee and/or election fund of the Governor or *Lieutenant Governor*; OR
    - (ii) Any State, county or *municipal* political party committee nominating such Governor in the election preceding the commencement of said Governor's term.
  - c) **Within the 18 months immediately prior to the first day of the term of office of the Governor(s)**, the below-named person or organization has not made a contribution to
    - (i) Any candidate, committee and/or election fund of the Governor or *Lieutenant Governor*; OR  
 Any State, county, *municipal* political party committee of the political party nominating the successful gubernatorial candidate(s) in the last gubernatorial election.

**PLEASE NOTE:** Prior to November 15, 2008, the only disqualifying contributions include those made by the vendor or a principal owning or controlling more than 10 percent of the profits or assets of a business entity (or 10 percent of the stock in the case of a business entity that is a corporation for profit) to any candidate committee and/or election fund of the Governor or to any state or county political party within the preceding 18 months, during the term of office of the current Governor or within the 18 months immediately prior to the first day of the term of Office of Governor.

**Part 3: Disclosure of Contributions Made**

**Check this box if no reportable contributions have been made by the above-named business entity or individual.**

Name of Recipient	<input type="text"/>	Address of Recipient	<input type="text"/>
Date of Contribution	<input type="text"/>	Amount of Contribution	<input type="text"/>
Type of Contribution (i.e. currency, check, loan, in-kind) <input type="text"/>			

Contributor Name <input type="text"/>			
Relationship of Contributor to the Vendor <input type="text"/>			
Contributor Address <input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>
			Zip <input type="text"/>

If this form is not being completed electronically, please attach pages for additional contributions as necessary. Otherwise click "Add a Contribution" to enter additional contributions.



**Part 4: Certification**

I have read the instructions accompanying this form prior to completing this certification on behalf of the above-named business entity. I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

**I understand that this certification will be in effect for two (2) years from the date of approval, provided the ownership status does not change and/or additional contributions are not made.** If there are any changes in the ownership of the entity or additional contributions are made, a new full set of documents are required to be completed and submitted. By submitting this Certification and Disclosure, the person or entity named herein acknowledges this continuing reporting responsibility and certifies that it will adhere to it.

(CHECK ONE BOX A, B or C)

- (A)  I am certifying on behalf of the above-named business entity and all individuals and/or entities whose contributions are attributable to the entity pursuant to Executive Order 117 (2008).
- (B)  I am certifying on behalf of the above-named business entity only.
- (C)  I am certifying on behalf of an individual and/or entity whose contributions are attributable to the vendor.

Signed Name	<input type="text"/>	Print Name	<input type="text"/>
Phone Number	<input type="text"/>	Date	<input type="text"/>
Title/Position	<input type="text"/>		

**Agency Submission of Forms**

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## **ATTACHMENT H**

### **REQUEST FOR PROPOSALS CHECKLIST**

**THE FOLLOWING ITEMS MUST BE INCLUDED IN THE PROPOSAL PACKAGE, AS INDICATED.** Failure to submit any documents, as required, may render your proposal ineligible for funding consideration.

Please complete this checklist by entering a **check mark (✓)** next to each document included in the proposal **or (N/A)** if the document is not required for the agency.

**One signed original** and **nine copies** of the proposal **which includes the following:**

- Completed Check-Off List (**See ATTACHMENT H**)
- Table of Contents
- Proposal/Authorization Cover Sheet (**See ATTACHMENT C**) **SIGNATURE REQUIRED**
- Program Narrative (**Not to exceed 15 single-spaced, one-sided pages**)
- Budget Forms (**See ATTACHMENT D**)
- Statement of Assurances (**See ATTACHMENT A**) **SIGNATURE REQUIRED**
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (**See ATTACHMENT B**) **SIGNATURE REQUIRED**
- Copy of the Applicant's organizational chart
- Copy of the most recent organization-wide audit report or current financial statement (**original proposal only**)
- Agency's Code of Ethics/Conflict of Interest Policy (**Must submit document reflecting Applicant Agency's policy.**) (**ATTACHMENT E provided only as a guide**)
- Executive Order 129-Certification-Source Disclosure Certification Form (**See ATTACHMENT F**)
- Pub.L. 2005, Chapter 51, (Formerly Executive Order 134), Executive Order 117 (**See ATTACHMENT G**)
- State of New Jersey- Division of Purchase and Property, Disclosure of Investment Activities in Iran (**See ATTACHMENT L**)
- List of the Board of Directors, Officers and their terms (**non-profits only**)
- Charitable registration status (**non-profits only**)
- Applicant's Certificate of Incorporation

## ATTACHMENT I

**New Jersey Department of Human Services**  
Division of Family Development  
3 Quakerbridge Plaza  
Quakerbridge Road  
Mercerville, New Jersey 08619  
(609) 588-2290

### DIRECTIONS

#### FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to exit for I-295 North (Exit is on the right);
3. Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to the first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and the first right and building numbered 3 is the second one-story building on your left.

**Please note that the building is protected by a security system and you may need to use the telephone outside the door to your right to call and gain entrance to the building.**

#### FROM SOUTH

##### **Take Route 206 North to I-295 North**

Get on I-295 North and follow directions 3 – 5 above.

OR

##### **Take the New Jersey Turnpike North to Exit to I-195**

Exit Turnpike and follow directions 2 – 5 above.

## ATTACHMENT J

### DIRECTIONS TO THE TECHNICAL ASSISTANCE CONFERENCE SITE

DIVISION OF FAMILY DEVELOPMENT  
Building 7, 2nd floor, Conference Rooms A-C  
Quakerbridge Plaza  
Mercerville, NJ 08619  
(609) 588-2290

#### FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to Exit for I-295 North (Exit is on the right);
3. Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and proceed to the stop sign. Turn right and the first three-story building on your right is Building 6. **You must sign in with the police officer on duty in Building 6 and obtain a pass prior to proceeding to the meeting room which is located in Building 7, 2<sup>nd</sup> floor Conference Rooms A-C.**

#### FROM SOUTH

Take Route 206 North to I-295 North;  
Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195  
Exit Turnpike and follow directions 2 – 5 above

**ATTACHMENT K**

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
EMPLOYMENT AND TRAINING PROVIDER PROJECT 2014  
RFP  
PRE-REGISTRATION FORM**

[ ] Number of people attending (maximum of 2 persons)

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

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

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

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodation Required: \_\_\_\_\_

## ATTACHMENT L

### **State of New Jersey- Division of Purchase and Property, Disclosure of Investment Activities in Iran**

The page below includes a snapshot of the .pdf form, **State of New Jersey-Division of Purchase and Property, Disclosure of Investment Activities in Iran**. This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

This .pdf form can be located online by using the following link:  
<http://www.state.nj.us/treasury/purchase/forms.shtml#waiverforms> )

STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number: \_\_\_\_\_ Bidder/Offeror: \_\_\_\_\_

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

**PLEASE CHECK THE APPROPRIATE BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.**

Name _____	Relationship to Bidder/Offeror _____
Description of Activities _____	
_____	
Duration of Engagement _____	Anticipated Cessation Date _____
Bidder/Offeror Contact Name _____	Contact Phone Number _____

ADD AN ADDITIONAL ACTIVITIES ENTRY

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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