

**Department of Human Services**  
**Division of Mental Health and Addiction Services**

**Request for Proposals**

***Start-Up Funding for Behavioral Health Homes in  
Bergen and Mercer Counties***

**August 15, 2014**

**Lynn A. Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services**

# Table of Contents

- I. Agency ..... 2
- II. Purpose of This Announcement ..... 2
- III. Background..... 2
- IV. Applicant Qualifications/Who Can Apply ..... 3
- V. RFP Package ..... 4
- VI. How to Get an RFP Package ..... 4
- VII. Submission Instructions/Proposal Due Date ..... 4
- VIII. Contract Overview/Expectations ..... 5
- IX. General Contracting Information ..... 5
- X. Proposal Requirements and Scoring..... 7
- XI. Required Documentation ..... 9
- XII. Review and Award Information ..... 10
- XIII. Post Award Requirements ..... 11
  - Attachment A ..... 14
  - Attachment B ..... 15
  - Attachment C ..... 17
  - Attachment D ..... 19
  - Attachment E ..... 22

## **I. Agency**

The New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) is pleased to release this Request for Proposals (RFP) for start-up funds to be awarded to certified or provisionally certified Behavioral Health Homes (BHH) in Bergen and Mercer Counties.

## **II. Purpose of This Announcement**

It is anticipated that a maximum of \$200,000 will be available for start-up funding for BHH in Bergen and Mercer Counties, with each award at a **maximum** of \$50,000. DMHAS may make as many as ten (10) awards available depending on eligible requests, amounts requested, and number of requests. Funds are subject to availability, satisfactory performance, as well as compliance and completion of all required/requested reports.

Start-up funds will be allocated for costs associated with preparation to deliver BHH services including, but not limited to; purchasing or leasing of equipment; training; purchasing Electronic Health Records (EHR); participating in a Health Information Exchange (HIE) or making necessary changes to existing EHRs; costs to recruit, orient and train staff; and the cost of renovations or refurbishing existing buildings to co-locate or partially co-locate primary medical care services.

## **III. Background**

The Patient Protection and Affordable Care Act (PPACA or ACA), better known as “Health Care Reform”, was signed into law by President Obama in March 2010. The ACA includes Section 2703 entitled, “State Option to Provide Health Homes for Enrollees with Chronic Conditions.” Through this provision, States can elect to include Health Homes as part of their Medicaid State Plan thereby receiving additional Federal funds for Health Home services.

The Health Home is an ambulatory service that is designed to fully address the medical, behavioral health, social support and other service needs of individuals with chronic health conditions. Health Home services are focused on wellness, disease management, prevention, and care coordination. The services are designed to avoid fragmented care that leads to unnecessary use of costly acute care services (emergency rooms visits and inpatient hospital stays) and are expected to improve consumer outcomes, improve consumer satisfaction and decrease overall costs. Information sharing within a Health Home team enables the providers to address all physical and behavioral health needs of the individual through integrated and coordinated behavioral health and medical care.

Health Homes serving those with Serious Mental Illness (SMI) are commonly referred to as Behavioral Health Homes (BHH). In New Jersey, BHH services will be delivered by licensed mental health treatment provider agencies as a new service added to the existing continuum and targeted to those consumers who are high utilizers, or at risk of becoming high utilizers, of healthcare services. The BHH service will begin in Bergen

County with Mercer County to follow shortly after Bergen County. At this time, DMHAS is building capacity in both counties to support the implementation timeline.

New Jersey requires provider agencies to become certified by DMHAS to begin providing BHH services. NJ-certified BHH agencies must also become accredited by a nationally recognized and state approved accrediting body within two years of receiving certification from DMHAS. Failure to become, and maintain, certification and accreditation will result in termination of DMHAS' BHH designation. Those agencies not designated by the DMHAS as a BHH will be unable to bill for services.

The BHH service is an innovative method for integrating care for those with complex needs. Implementing the service requires a vision of mental health care that is broader and more holistic than that required for many of the services currently delivered in the public system. Therefore, the DMHAS recognizes that agencies may need support and assistance as they work to include the BHH into their existing service array. In February 2014, DMHAS instituted a BHH Learning Collaborative (BHH LC), facilitated by the National Council for Behavioral Healthcare. Members of the BHH LC were chosen through a Request for Letters of Interest (RLI) procedure that was open to eligible licensed mental health providers from Bergen and Mercer Counties. That RLI was issued with the goal of assisting agencies to develop an individualized work plan for becoming a BHH in New Jersey. DMHAS has procured training for BHH Care Managers designed to assist BHH providers to train and prepare the necessary BHH staff. This availability of start-up funds through this RFP is another effort on DMHAS' part to enable the current service delivery system to provide this integrated service.

#### **IV. Applicant Qualifications/Who Can Apply**

In order to be eligible for consideration, an applicant must be a fiscally viable corporation duly registered to conduct business within the state of New Jersey. The following eligibility criteria shall apply:

1. Applicants must be licensed by DHS to provide mental health treatment and/or support services;
2. Applicants must be a current member of or have "graduated" from the New Jersey BHH LC;
3. Applicants must be certified or provisionally certified as a BHH by DMHAS, or have applied for certification;
4. In the event that funds from this contract are necessary to achieve BHH provisional certification, the applicant must attest to use the funds to bring its organization into compliance for certification;
5. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State, and provide documentation of their current non-profit status under Federal IRS 501(c)(3) regulations, as applicable;
6. All New Jersey and out-of-state corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue prior

to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at [www.state.nj.us/njbgs/services.html](http://www.state.nj.us/njbgs/services.html);

7. Before performing work under the contract, all subcontractors of the contractor must provide to the contractor proof of New Jersey business registration. The contractor shall forward the business registration documents on to DMHAS; and
8. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.

## **V. RFP Package**

DMHAS proposal package includes the following: an RFP, including narrative instructions for this specific contract, as well as attachments.

## **VI. How to Get an RFP Package**

Contact Helen Staton at:  
Division of Mental Health and Addiction Services  
Department of Human Services  
222 South Warren Street  
PO Box 700  
Trenton, NJ 08625-0700  
[helen.staton@dhs.state.nj.us](mailto:helen.staton@dhs.state.nj.us)  
609-633-8781

Download RFP from the DHS website at  
<http://www.state.nj.us/humanservices/providers/grants/rfprfi/>

## **VII. Submission Instructions/Proposal Due Date**

Proposals must be received by September 15, 2014 no later than 5:00 p.m. and include one (1) signed original and five (5) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be accepted and will be returned without review.

For United States Postal Service, please address to:

Helen Staton  
Division of Mental Health and Addiction Services  
222 South Warren Street  
PO Box 700  
Trenton, NJ 08625

For express mail, courier service or hand delivery, please address to:

Helen Staton

Division of Mental Health and Addiction Services  
222 South Warren Street, 3<sup>rd</sup> Floor  
Trenton NJ 08625

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address. You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use 609-633-8781.

### **VIII. Contract Overview/Expectations**

Contractees will attest to their intention to use these start-up funds to build capacity as described in this RFP to provide BHH services to eligible consumers.

Contractees will attest to their intention to meet all DMHAS certification requirements as well as all accreditation requirements of a nationally recognized, State approved accrediting body.

Contractees will attest to their intention to provide BHH services to eligible consumers

Failure to meet the above requirements may result in termination of the contract.

Should certification as a BHH or delivery of services be delayed, through no fault of the service provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay.

Should BHH certification not be achieved, and consequently, BHH services are not rendered, the BHH startup funds provided pursuant to this agreement shall be returned at the Division's request.

Payment schedule will be based on performance benchmarks. These benchmarks will be based upon the scope of the proposed project or start up. At minimum 25% of contract funds will be held back and payment will be received upon successful certification or provisional certification as a BHH.

DMHAS may provide post contract support to awardees through technical assistance.

DMHAS staff will conduct site visits to monitor the progress in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardee's failure to comply with reporting requirements may result in loss of the contract. Awardees will receive a written report of the site visit findings and will be expected to submit a plan of correction.

### **IX. General Contracting Information**

The Department reserves the right to reject any and all proposals 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, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), Executive Order 117 (formerly P. L. 2005, c.51) and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Proposals must include a Statement of Assurances, signed by the Chief Executive Officer or equivalent, as well as a signed debarment certification statement that the applicant is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from local, State or Federal funded contracts.

The awards will be announced on October 10, 2014. Contracts will be negotiated after the award letter is received.

Awardees will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the DHS Contract Reimbursement Manual, and the Contract Policy and Information Manual. Manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/> . The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DHS/DMHAS upon award, and may also be subject to a pre-award audit survey.

Funds may only be used to support expenses that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. This funding may not be utilized or allocated for any administrative purpose.

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by DMHAS at the address below no later than October 17, 2014. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Appeals of any award determinations may be made only by the respondents to this proposal. The written request must clearly set forth the basis for the appeal. Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
222 South Warren Street, 3<sup>rd</sup> Floor

PO Box 700  
Trenton, NJ 08625

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final decisions by November 17, 2014. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

## **X. Proposal Requirements and Scoring**

Applicants must provide a written description of the proposed need and how it is identified and consistent with the work plan developed through the BHH LC and/or technical assistance received from DMHAS staff.

The narrative portion should be double-spaced, no smaller than 12 point font, not exceed seven (7) pages, and be organized appropriately to address the key concepts that follow. Items included in appendices do not count towards the narrative page limit.

Funding decisions will be based on such factors as the scope and quality of the application and appropriateness and reasonableness of the budget. Funds received from other sources to support the implementation of integrated care and provider capacity will be considered in the funding decisions. The Review Committee may review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained.

Proposals accepted for review will be evaluated according to the following criteria.

### **A. History and Experience:**

1. Include the agency's mission statement and describe how integrated care is supported by the statement.
2. Provide a brief narrative describing the agency's history, its primary purpose, services provided, target population and the number of years of experience and success with the population to be served in the BHH.
3. Identify all DHS issued licenses.
4. Identify all Department of Health issued licenses.
5. Describe the agency's accreditations.

### **B. Agency Capacity:**

In this section, provide information about the related experience your agency has with identifying the need and/or providing integrated behavioral health and



physical health services.

1. Describe how and when the agency began implementing integrated care into mental health programming.
2. Identify any grants or support received to date to provide integrated care and how funds will be leveraged to support the service.
3. Include the BHH work plan as developed through the BHH-LC. Include areas left to be accomplished with target dates, as well as those goals that have been achieved. This should be Appendix 1 and will not count toward the page number restriction.
4. Include a description and organizational chart that identifies how the BHH services and staff are integrated into other agency services. The organizational chart will not be counted toward page number restrictions.
5. Describe the agency's Information Technology (IT) infrastructure. If requesting start-up funds for IT, please identify what is proposed for purchase and how it will be integrated into the current system. Identify how it will be used in the service of the BHH. Identify how IT systems will be sustained when start-up funds have been fully expended.

**C. Description of Proposed Program:**

This section describes the BHH program currently being delivered, plans to enhance that current service delivery, plans for accreditation, colocation or partial colocation, and how the requested funds will be used to support these plans.

1. Describe the current BHH clinical model and any proposed growth or enhancements. Describe if/how the startup funds will be used to support these efforts.
2. Describe how these funds will strengthen the agency's integrated care capacity.
3. Describe plans for achieving full certification by DMHAS and achieving accreditation as a BHH by a nationally recognized accrediting body (e.g. NCQA, CARF, TJC). Include a timeline. Describe if/how start-up funds will be used to support these efforts.
4. Describe the current method of providing consumers with access to primary medical care. If not currently co-located or partially co-located, describe plans to be co-located or partially co-located within three years. Describe if/how startup funds will be to support these efforts.
5. Describe your ability to collect outcomes and perform quality improvement.

Describe if/how startup funds will be used to support these efforts (e.g. use of funds to purchase software, a quality assurance consultant, etc.).

6. Describe how the identified need will be sustained once the startup funds have been expended.

**D. Budget Requirements:**

A DMHAS budget template is not required. Please include budget requested in an Excel format.

1. Include detailed line item budget for requested start-up. Use notes to provide justification for each item listed.
2. If applicable, include bids or estimates for requested start-up materials.
3. Include budget and expenditures from other sources used to start-up the agency's integration efforts.
4. Include name and addresses of any organization providing support as a subcontractor.
5. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
6. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
7. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current fringe benefits percentage.

**XI. Required Documentation**

All contract required documents must be included. Currently contracted agencies should have these on file with DMHAS and do not need to resubmit. If not currently contracted, please provide:

1. Agency's policies and procedures regarding consumer's rights, specifically include policies regarding consumer choice and how it is implemented for the BHH service;
2. Copy of a Certificate of Incorporation in New Jersey;
3. Evidence of the applicant's IRS 501(c)(3);
4. Most recent single audit report (A133) or certified statements (only one copy to be included with original application);
5. Most recent IRS Form 990, and Pension Form 5500, if applicable (only one copy to be included with original application);
6. A list of all contracts and grants to be awarded to the agency by any State or

Federal agency during the contract term, including awarding agency name, amount, period of performance, and purpose of the contract/grant must be indicated;

7. P. L. 2005-Chapter 51 forms;
8. Ownership Disclosure form which must be notarized at the top left portion of the form (please note that if an individual or business entity has an ownership interest of more than 10% then the additional Contractor Certification and Disclosure of Political Contributions forms (P. L. 2005-Chapter 51 forms) are also required from each of those owners);
9. Executive Order 129 forms; and
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form.

Applicants responding to this RFP shall submit their application organized in the following manner:

- Part I -** Cover Sheet (see Attachment A)  
Narrative
- Part II -** Appendices

## **XII. Review and Award Information**

The following summarizes the application schedule:

August 15, 2014	Notice of Availability of Funds
September 15, 2014	Deadline for Receipt of Proposals
October 10, 2014	Preliminary Award Announcement
October 17, 2014	Appeal Deadline
November 17, 2014	Award Notification

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

DMHAS staff will screen proposals for eligibility and conformity with the specifications in this RFP. The initial screen will be conducted to determine whether or not the application is eligible for review. To be eligible for review by the Committee, staff will verify with the proper authority and through a preliminary review of the application that:

1. the applicant is in good standing and not debarred or suspended by DHS or any other State or Federal entity from receiving funding;
2. the applicant is incorporated in the State of New Jersey;
3. the applicant is a 501 c(3) non-profit organization;
4. an applicant that is a current DHS/DMHAS contractee is in compliance with the terms and conditions of its current contract;
5. the entire proposal is complete;
6. the proposal is received prior to the deadline; and
7. the appropriate items are included as appendices.

Those proposals that fail this eligibility screen will not be reviewed. Those proposals

found eligible for review will be distributed to the Review Committee as described below.

### **Review Committee**

DMHAS will convene an internal committee who will conduct a review of each application, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The Committee will score proposals and recommend for funding in the priority order of the scores (highest score = most highly recommended).

### **Review Criteria**

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The review committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained.

Applicants may also be required to provide additional information or make oral presentations to the review committee in order to clarify or elaborate on elements of their proposals.

### **Funding Recommendations**

The Chair of the Review Committee will convey the recommendations of the Review Committee to the Assistant Commissioner of DMHAS, who will have the final decision on all awards.

Applicants are advised that awards may be made conditional upon changes suggested by the Review Committee and/or DMHAS. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to award.

## **XIII. Post Award Requirements**

### **Documentation**

Upon award announcement, the successful applicant must submit one copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner:

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;

3. Department of Human Services Standard Language Document;
4. Current Agency Bylaws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
12. Local Certificates of Occupancy;
13. Most recent State of New Jersey Business Registration;
14. Procurement Policy;
15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
19. Updated IRS Form 990, if differs from one submitted with proposal;
20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
21. Copy of Annual Report;
22. Department of Human Services Statement of Assurances (attached to this RFP);
23. Source Disclosure Certification Form (replaces Executive Order 129 form); and
24. Certification Regarding Debarment, Suspension, Ineligibility (attached to this RFP).

### **Award Requirements**

Awardees must adhere to the following:

1. Enter into a contract with DMHAS and comply with applicable contracting rules and regulations, including the Standard Language Document;
2. Comply with all applicable State and Federal assurances, certifications and regulations regarding the use of these funds;
3. Inform the Program Management Officer of any publications/publicity based on the award;
4. Comply with all appropriate State licensure regulations; and
5. Comply with Americans with Disabilities Act requirements.

## **Other Information**

1. DMHAS may provide post contract support to awardees through technical assistance on data collection, analysis, and interpretation, as well as development of reports, products, and publications.
2. DMHAS staff will conduct site visits to monitor the awardees' progress and failures in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardees' failure to comply with reporting requirements may result in loss of the contract. Awardees will receive a written report of the site visit findings and will be expected to submit a plan of correction.

**Attachment A**

\_\_\_\_\_  
Date Submitted

**STATE OF NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES**  
Division of Mental Health and Addiction Services (DMHAS)  
Cover Sheet

Name of RFP \_\_\_\_\_

Incorporated Name of Applicant: \_\_\_\_\_  
Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated consumers to be served: **Not Applicable**

County in which housing and services are to be provided: \_\_\_\_\_

Brief description of services by program name and level of service to be provided\*:  
**Not Applicable**  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: Chief Executive Officer (printed name): \_\_\_\_\_

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

\*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

## **Attachment B**

### **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 that 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 that 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 C

### Department of Human Services 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 that 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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI 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 based on 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 based on 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 1975 c. 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.
- 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.
- 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 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file 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.

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Signature: Chief Executive Officer or Equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97



## 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 was 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 Non-Procurement 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.

# Attachment E

## DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Applicant / Bidder: \_\_\_\_\_

### PART 1: CERTIFICATION

**APPLICANT / BIDDER 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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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 person or entity.

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 NJ 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 nonresponsive 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**

Using attached sheets, 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.

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: \_\_\_\_\_