

STATE OF NEW JERSEY
JUVENILE JUSTICE COMMISSION

AGENCY CONTRACT PROPOSAL

"ANNEX A"

Contract #:

(JJC Will Provide)

Provider Agency Name:

Chief Executive Officer:

Title:

Mailing Address:

Telephone Number:

Fax Number:

Program Name:

Program Director:

Title:

Program Site Address:

Telephone Number:

Fax Number:

*Taxpayer Identification #:

*NOTE: Complete and attach W-9/Vendor Questionnaire

Type of Corporation:

Private Non-Profit

Private For-Profit

Public

Individual

Agency Fiscal Year:

Proposed Contract Ceiling:

Proposed Effective Dates: _____ **to** _____

PROPOSED CONTRACT SERVICES:

PROGRAM GOAL(S):

MEASURABLE PROGRAM OBJECTIVES:

DAILY SCHEDULE OF ACTIVITIES:

TARGET POPULATION:

ELIGIBILITY CRITERIA: (include agency specific and court and/or Juvenile Justice Commission classification eligibility criteria if applicable)

AVERAGE LENGTH OF PARTICIPATION:

DAILY CAPACITY: (How many youth can be served at one time. This will be your level of service and will be put on the weekly count report)

TOTAL NUMBER OF YOUTH TO BE SERVED DURING CONTRACT YEAR:

PROGRAM OUTLINE:

Client Assessment (Indicate if a written needs assessment will be completed and what format will be used).

Service/Treatment Plan (indicate if a written service/treatment plan will be completed and what format will be used).

Service-In House: (Indicate what services will be provided by the agency and staff).

Services – Community Linkages (indicate what services will be provided through community linkages and whether or not these services will be provided through a formal agreement or on a referral basis only).

DISCHARGE CRITERIA:

AFTERCARE PLANNING:

AFTERCARE PROVIDED BY AGENCY:

CONTRACT INFORMATION FOR RENEWAL CONTRACTS WITH THE COMMISSION

Contract Accomplishments: (address each objective listed in the Annex A of the contract expiring, demonstrating that objectives were met or explaining why they were not met).

Statistics:

Number of Program Participants:

Number of Program Completions:

Number of Program Incidents:

Problems Encountered by the Contractor in the Delivery of Services:

BUDGETARY INFORMATION:

Fixed Price

(Price analysis is the evaluation of data without analysis of the separate cost components and profit which will assist in arriving in prices to be paid and costs to be reimbursed).

Agency Cost Data

(Cost analysis is the evaluation of cost data for the purpose of establishing estimates of costs to be reimbursed. Cost data is factual information concerning the cost of labor, materials, supplies, overhead and other related cost components).

NOTE: Must attach budgetary data for Juvenile Justice Commission evaluation.

Unit(s) of Service:

Hours

Sessions

Classes

Courses

Program

Other (Describe):

DESIRED METHOD OF PAYMENT: (Example: Monthly or Quarterly Billing)

License/Certification:

NOTE: Must attach a copy of a License/Certification if required to provide services

ALL NOTICES RELEVANT TO THIS CONTRACT SHOULD BE SENT TO:

Name:

Title:

Mailing Address: _____

Telephone Number:

Fax Number:

SUBMISSION CHECKLIST:

Form W-9

License/Certification (If Required)

Budgetary Information for Evaluation

***Criminal History Background Check Information**

***NOTE: Individual disclosure information is required as a condition of contracting for a NCIC computer check by the Juvenile Justice Commission for ALL individuals providing service under this contract.**

CERTIFICATION:

Preparer Name (Print):

Preparer Signature:

Date Prepared: