

**State of New Jersey
Department of Corrections
Division of Programs and Reintegration Services
Office of Community Programs**

**APPLICATION FOR CONTRACTUAL SERVICES
RESIDENTIAL COMMUNITY REINTEGRATION PROGRAM (RCRP)**

This application must be completed in full, for each proposal, by the corporate officer authorized on behalf of the Applicant to enter into a contract with the New Jersey Department of Corrections for the provision of residential community reintegration services.

The form is self-explanatory. Complete it as accurately and concisely as possible. If needed, more detailed responses may be attached.

RETURN TO:

New Jersey Department of Corrections
Division of Administration
Administration Building, Room No. 213
P.O. Box 863
1400 Stuyvesant Avenue
Trenton, N.J. 08625-0863
Attention: Office of Financial Management
Bureau of Procurement and Contract Management

I hereby certify that I am authorized to submit this Application on behalf of the Applicant and that the information provided in this Application is, to the best of my knowledge, true and correct.

(Name of Facility or Program)

(Signature of Individual Authorized to Sign Contract)

(Title)

(Date Submitted)

I

AGENCY INFORMATION

Facility/Program Name: _____

Is this Program currently in operation? ☐ Yes ☐ No

If not, when will it be ready? _____

A. Name of agency that will be responsible for operation of the program:

Name: _____

Address: _____

County: _____ Tel: _____

E-mail: _____

B. The Applicant is a non-profit corporation organized under the laws of the State of:

C. Person responsible for administration of the program:

_____	_____
Name	Title

Address: _____
(if different from above)

County: _____ Tel: _____

E-mail: _____

D. Please attach copies of the following:

1. Certificate of Incorporation;
2. Annual Report to NJ Department of Treasury, Division of Revenue and Enterprise Services;
3. Internal Revenue Service (IRS) Tax Exempt Certificate or Letter; and
4. Annual Charities Registration/Verification Statement to NJ Division of Consumer Affairs (Form CRI-200 or CRI-300R), if applicable.

E. Is the agency currently involved in or been involved in any litigation in the past 5 years?

☐ Yes ☐ No

If yes, please explain and provide a list and brief summary of claims, defenses and outcomes including any settlements in an attachment.

Facility/Program Name: _____

F. Is agency current with all state and federal tax payments? ☐ Yes ☐ No
If no, please explain and provide status in an attachment.

G. Is agency involved in disputes with local or state authorities? ☐ Yes ☐ No
If yes, please explain and provide status in an attachment.

H. Has agency at any time filed for bankruptcy protection? ☐ Yes ☐ No
If yes, please explain and provide status in an attachment.

I. Have local or state authorities imposed fines or sanctions on agency in the past 5 years? ☐ Yes ☐ No
If yes, please explain and provide status in an attachment.

J. Years of experience in similar enterprise. _____

K. Briefly describe the history and background of your agency including its most significant accomplishments.

L. Briefly describe your agency's current community involvement in the area to be served and your ability to develop local community and/or political support for the program.

II

FACILITY/PROGRAM INFORMATION

Facility/Program Name: _____

A. Indicate the address of the facility where contractual services are to be provided.

B. Is your program licensed as an outpatient substance abuse treatment program by the NJ Department of Health, Division of Certificate of Need and Licensing? If so, indicate the effective dates of the current licensure.

C. Please attach copies of the following:

1. Certificate of Occupancy;
2. Fire inspection report (most recent);
3. Health sanitation inspection report (most recent);
4. Conditional license for operation as an outpatient substance abuse treatment program issued by the NJ Department of Health, Division of Certificate of Need and Licensing, if applicable; and
5. Proof of mortgage (Closing Disclosure, monthly mortgage payment statement or insurance declaration page), Lease Agreement or lease option document, as applicable.

D. Does facility meet state and local zoning requirements and multiple occupancy standards?

☐ Yes ☐ No If no, please explain.

E. If a zoning use variance is necessary, please indicate the status and/or date of application.

III

PROPRIETARY RIGHTS

Proposals, once the contract(s) is awarded, are considered public records and subject to the New Jersey Open Public Records Act (NJ OPRA) and may be made public; if requested, and not subject to any exception to the NJ OPRA.

Your agency may explicitly designate certain portions; but not all, of its proposal as proprietary within the meaning of NJ OPRA. In the event a NJ OPRA request is made and your agency has designated some portion of the proposal as proprietary, the New Jersey Department of Corrections will notify your agency of the request. In the event of any challenge to your agency's assertion of confidentiality with which the State of New Jersey does not concur, your agency shall have sole responsibility for defending its designation.

Specifically indicate which portions of your agency's proposal, if any, are designated proprietary.

APPLICATION FORM ATTACHMENT CHECKLIST**Facility/Program Name:** _____**Section I – Agency Information**

1. ☐ Certificate of Incorporation
2. ☐ Annual Report to NJ Dept. of Treasury, Division of Revenue and Enterprise Services
3. ☐ IRS Tax Exempt Certificate/Letter
4. ☐ Annual Charities Registration/Verification Statement to NJ Division of Consumer Affairs (Form CRI-200 or CRI-300R), if applicable
5. ☐ Explanation and status of pending litigation, if applicable
6. ☐ Explanation and status of past due state and federal tax payments, if applicable
7. ☐ Explanation and status of disputes with local or state authorities, if applicable
8. ☐ Explanation and status of bankruptcy protection, if applicable
9. ☐ Explanation and status of local or state imposed fines or sanctions, if applicable

Section II – Facility/Program Information

1. ☐ Certificate of Occupancy
2. ☐ Fire Inspection Report (most recent)
3. ☐ Health Sanitation Inspection Report (most recent)
4. ☐ Conditional license for operation as an outpatient substance abuse treatment program issued by the NJ Department of Health, Division of Certificate of Need and Licensing, if applicable
5. ☐ Proof of mortgage (Closing Disclosure, monthly mortgage payment statement or insurance declaration page), Lease Agreement or lease option document, as applicable