



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
PO BOX 729
TRENTON, NJ 08625-0729

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

October 4, 2022

The Children's Home Society of New Jersey
Ms. Donna Pressma
635 S. Clinton Avenue
Trenton, NJ 08611
dpressma@chsofnj.org

Dear Ms. Pressma:

I am pleased to advise you that your application for the **"American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs"** has been selected for consideration to be funded for the amount of **\$612,000** by the Department of Children and Families.

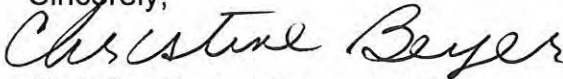
Funding will become available upon the Department's execution of the contract, which follows its review and acceptance of required documentation and its negotiation of any unresolved issues.

Please note that the execution of this contract is contingent upon the resolution through negotiation of the following unresolved issue(s):

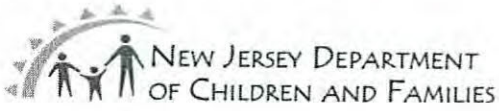
- The organization will need to demonstrate how support will be provided to fathers and other caregivers as part of the initiative.
- The organization will need to provide additional information regarding the implementation of the end of service evaluation and the planned process for conducting the focus groups.
- The organization will need to provide additional information regarding the outreach process to engage more African American mothers and how this component can be expanded as it is a newly available service.

The Office of Contract Administration will be contacting you within the next few weeks to initiate the next steps of the process and answer any questions you may have.

On behalf of the Department of Children and Families, I congratulate you on the quality of your application and thank you for your commitment to the individuals we serve.

Sincerely,

Christine Norbut Beyer, MSW
Commissioner

www.nj.gov/dcf



Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Children's Home Society
 Division FCP
 Contract 23LZLP
 Dates 10/1/2022 to 9/30/2025

Contract Characteristics

Reporting Requirements

- None
- Monthly
- Quarterly
- Other

Advance Payments

- None
- Monthly

Type of Contract

- Cost Related
- Non-Cost Related

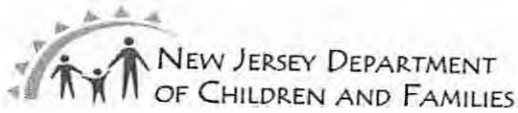
Reimbursement Type

- Periodic Reported Expenditures
- Installments
- Provisional
- Fixed Rate

Account and CFDA Information	Amt
1630-090 CBCAP ARP (93.590)	\$612,000.00
Grand Total	\$612,000.00

Authorized Provider Signature Donna C. Presma
 Date 4/6/2023

DCF Contract Supervisor Signature Shielynn E. Sapp
 Date 6/12/2023



Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider **Children's Home Society**
 Division **FCP**
 Contract **23LZLP**
 Dates **10/1/2022** to **9/30/2025**

Original Contract Ceiling
\$612,000.00

Contract Modifications	
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00
	\$0.00

Total Contract Ceiling
\$612,000.00

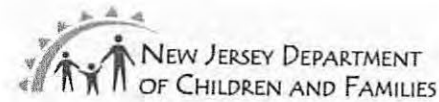
Total Match Amount
\$0.00

Amended Contract Ceiling *
\$612,000.00

Payments by Month *	
2022 October	\$17,000.00
2022 November	\$17,000.00
2022 December	\$17,000.00
2023 January	\$17,000.00
2023 February	\$17,000.00
2023 March	\$17,000.00
2023 April	\$17,000.00
2023 May	\$17,000.00
2023 June	\$17,000.00
2023 July	\$17,000.00
2023 August	\$17,000.00
2023 September	\$17,000.00
2023 October	\$17,000.00
2023 November	\$17,000.00
2023 December	\$17,000.00
2024 January	\$17,000.00
2024 February	\$17,000.00
2024 March	\$17,000.00
2024 April	\$17,000.00
2024 May	\$17,000.00
2024 June	\$17,000.00
2024 July	\$17,000.00
2024 August	\$17,000.00
2024 September	\$17,000.00
2024 October	\$17,000.00
2024 November	\$17,000.00
2024 December	\$17,000.00
2025 January	\$17,000.00
2025 February	\$17,000.00
2025 March	\$17,000.00
2025 April	\$17,000.00
2025 May	\$17,000.00
2025 June	\$17,000.00
2025 July	\$17,000.00
2025 August	\$17,000.00
2025 September	\$17,000.00
Grand Total	\$612,000.00

Payments by State Fiscal Year *		
2023	1630-090	\$153,000.00
2024	1630-090	\$204,000.00
2025	1630-090	\$204,000.00
2026	1630-090	\$51,000.00
Grand Total		\$612,000.00

* Please note, if this SEC contains mortgage repayment(s) those deductions are reflected.



Component
1
Schedule of Estimated Claims
Third Party Contracts

SEC - ver 1/24/23

Provider Name Children's Home Society
Component Name Early Childhood Prevention, Direct Service Contract Administrator [REDACTED]

Division FCP Contract No 23LZLP Contract Start 10/1/2022 Contract End 9/30/2025

Type of Funding: 1-Time Funding				
1630-090 CBCAP ARP (93.590)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	2022		
	August	2022		
	September	2022		
	October	2022	\$17,000.00	
	November	2022	\$17,000.00	
	December	2022	\$17,000.00	
	January	2023	\$17,000.00	
	February	2023	\$17,000.00	
	March	2023	\$17,000.00	
	April	2023	\$17,000.00	
	May	2023	\$17,000.00	
	June	2023	\$17,000.00	
Match Required? No	Total		\$153,000.00	0.0%

Type of Funding: 1-Time Funding				
1630-090 CBCAP ARP (93.590)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	2023	\$17,000.00	
	August	2023	\$17,000.00	
	September	2023	\$17,000.00	
	October	2023	\$17,000.00	
	November	2023	\$17,000.00	
	December	2023	\$17,000.00	
	January	2024	\$17,000.00	
	February	2024	\$17,000.00	
	March	2024	\$17,000.00	
	April	2024	\$17,000.00	
	May	2024	\$17,000.00	
	June	2024	\$17,000.00	
Match Required? No	Total		\$204,000.00	0.0%

Type of Funding: 1-Time Funding				
1630-090 CBCAP ARP (93.590)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	2024	\$17,000.00	
	August	2024	\$17,000.00	
	September	2024	\$17,000.00	
	October	2024	\$17,000.00	
	November	2024	\$17,000.00	
	December	2024	\$17,000.00	
	January	2025	\$17,000.00	
	February	2025	\$17,000.00	
	March	2025	\$17,000.00	
	April	2025	\$17,000.00	
	May	2025	\$17,000.00	
	June	2025	\$17,000.00	
Match Required? No	Total		\$204,000.00	0.0%

Type of Funding: 1-Time Funding				
1630-090 CBCAP ARP (93.590)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank	July	2025	\$17,000.00	
	August	2025	\$17,000.00	
	September	2025	\$17,000.00	
	October	2025		
	November	2025		
	December	2025		
	January	2026		
	February	2026		
	March	2026		
	April	2026		
	May	2026		
	June	2026		
Match Required? No	Total		\$51,000.00	0.0%

Type of Funding (enter Type of Funding here from drop-down)				
(enter Account with APU#/Funding Source from drop-down)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank				
	Match Required? (enter Yes/No)	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)				
(enter Account with APU#/Funding Source from drop-down)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank				
	Match Required? (enter Yes/No)	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)				
(enter Account with CFDA from drop-down)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank				
	Match Required? (enter Yes/No)	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)				
(enter Account with CFDA from drop-down)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank				
	Match Required? (enter Yes/No)	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)				
(enter Account with CFDA from drop-down)				
	Month	YY	Amount	
Enter Mod # 1 thru 10 above. If new or renewal leave blank				
	Match Required? (enter Yes/No)	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$612,000.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$612,000.00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:

New Contract
One-time Early Childhood Prevention, Direct Service ARP - Supplemental funding
APU: 21-1630-090 CBCAP ARP CFDA 93.590, FFY23, FFY24 & FFY25
Funding Period: 10/01/22 - 09/30/25, Funding/Award Amount: Total -\$612,000
FFY 1: AWARD AMOUNT \$204,000 EFF: 10/1/22-9/30/23
FFY 2: AWARD AMOUNT \$204,000 EFF: 10/1/23-9/30/24
FFY 3: AWARD AMOUNT \$204,000 EFF: 10/1/24-9/30/25

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DEPARTMENT OF CHILDREN AND FAMILIES**

**STANDARD LANGUAGE DOCUMENT
FOR SOCIAL SERVICE AND TRAINING CONTRACTS
(Revised September 13, 2022)**

This CONTRACT is effective as of the date recorded on the signature page between the Department and the Provider identified on the signature page.

WHEREAS the New Jersey Department of Children and Families (the "Department") has been duly designated under the authority of N.J.S.A. 30:1A-1, 30:1-11, 30:1-12, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the Departmental Component to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this Contract; and

WHEREAS the Department desires that the Provider provide services and the Provider has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE, the Department and the Provider agree as follows:

I. DEFINITIONS

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Additional Named Insured means an endorsement to an insurance policy extending the coverage to the State of New Jersey against loss in accordance with the terms of the policy. Naming the State as an additional named insured permits the Department to pay the premium should the named insured fail to do so.

Contract means one of the Department's social service or training Contracts with a Provider. Terms and conditions of the Contract are included in the Standard Language Document, in DCF-SAGE, appendices, attachments and Contract Modifications (including any approved assignments and subcontracts) and supporting documents. The Contract constitutes the entire binding agreement between the Department and the Provider.

Days means calendar days.

DCF-SAGE means the contract management database containing programmatic and financial information included as terms and conditions of the Contract.

Department means the New Jersey Department of Children and Families. It means, where appropriate from the context, the Division, Commission, Bureau, Office, Unit or other designated component of the Department of Children and Families responsible for the administration of particular Contract programs.

Departmental Component means the Office of Contract Administration (OCA) as the unit within the Department responsible for the negotiation, administrative review, approval, and monitoring of certain social services and training Contracts or Agreements.

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Expiration means the cessation of the Contract because its term has ended.

Notice means an official written communication between the Department and the Provider. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in DCF-SAGE or to such other persons as either party may designate in writing.

The Notice shall also be sent by regular mail and shall be presumed to have been received by the addressee five days after being sent to the last address known by the Department.

Provider means all for-profit and non-profit private and public entities that have either a Cost Reimbursement or fee for service Contract with the Department, regardless of whether the Department is the State Cognizant Department.

Termination means an official cessation of this Contract, prior to the expiration of its term that results from action taken by the Department or the Provider in accordance with provisions contained in this Contract.

II. BASIC OBLIGATIONS OF THE DEPARTMENT

Section 2.01 Payment. Payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the Department in accordance with the time frames specified in DCF-SAGE and/or as otherwise specified by the Departmental Component. Total payments shall not exceed the maximum Contract amount. All payments authorized by the Department under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.13 Audit or on the basis of any Department monitoring or evaluation of the Contract.

Section 2.02 Referenced Materials. Upon written request of the Provider, the Department shall make available to the Provider copies of federal and State regulations and other material specifically referenced in this document.

III. BASIC OBLIGATIONS OF THE PROVIDER

Section 3.01 Contract Services. The Provider shall provide services to eligible persons in accordance with all specifications contained in this Contract.

Section 3.02 Reporting. The Provider shall submit to the Department programmatic and financial reports on forms provided by the Department and within the stated time parameters. The reporting frequency and due date(s) are specified and sample forms to be

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used are included in DCF-SAGE, and/or otherwise made available by the Departmental Component.

Section 3.03 Compliance with Laws. The Provider agrees in the performance of this Contract to comply with all applicable federal, State, and local laws, rules, and regulations (collectively, "laws"), including but not limited to the following:

- a. State and local laws relating to licensure; federal and State laws relating to safeguarding of client information;
- b. The federal Civil Rights Act of 1964 (as amended);
- c. (N.J.S.A. 10:5-31 et seq. and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts;
- d. The New Jersey Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.)
- e. The federal Equal Employment Opportunity Act;
- f. Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder;
- g. The Americans With Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; and
- h. Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b)

Failure to comply with the laws, rules and regulations referenced above shall be grounds for termination of this Contract for cause.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 Business Associate Agreements and State Confidentiality Statutes. DCF is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. Before a Provider obtains or is permitted to access, to create, maintain or store Protected Health Information (PHI) as part of its responsibility under this Contract, the Provider shall first execute a Department of Children and Families Business Associate Agreement (BAA). A Provider, whose work under this Contract does not involve PHI is not required to execute a BAA.

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DCF shall have the sole discretion to determine when a Provider's work will involve PHI. Protected Health Insurance shall have the same meaning as in 45 CFR 160.103.

Provider Agencies that enter any subcontract where the work for the subcontract involves an individual's PHI shall require its subcontractor to execute a BAA that meets all the requirements of HIPAA, including those in 45 CFR 164.504(e). A standard form of BAA is available for a Provider's use from the Department. If the BAA is breached by the Provider, or its subcontractor, the Provider shall notify the Department within 24 hours of the breach. The Department may, in its sole discretion and at any time, request a BAA compliance audit or investigation of the Provider or its subcontractor with which the Provider has entered into a BAA. The Provider shall cooperate with all Department requests for a BAA compliance audit and/or investigation and shall require that its subcontractor cooperate with all Departmental requests for BAA compliance audits and investigations.

In addition to the confidentiality requirements of HIPAA, if applicable, a Provider shall maintain the confidentiality of all certificates, applications, records, and reports ("Records") that directly or indirectly identify any individual and shall not disclose these Records except where disclosure is consistent with applicable Department statute and regulations and the BAA, if any.

Section 3.05 Business Registration.

NOTE: This section does not apply to governmental agencies or non-profit organizations.

The Provider must have a valid Business Registration Certificate (BRC) issued by the Department of Treasury, Division of Revenue prior to the award of a contract in accordance with N.J.S.A. 52:32-44(b). No State Agency may contract with a Provider if the Provider has not filed its annual business registration. Furthermore, no Provider that contracts with the Department shall enter into any subcontract unless the subcontractor can demonstrate that it is incorporated and its annual business registration is current, and follows the provisions prescribed in this Standard Language Document. Failure to comply with this paragraph or the above-referenced citation will result in cause for the Department to terminate this Contract.

Section 3.06 Set-Off for State Tax and Child Support. Pursuant to N.J.S.A. 54:49-19, if the Provider is entitled to payment under the Contract at the same time as it is indebted for any State tax (or is otherwise indebted to the State) or child support, the State Treasurer may set off that payment by the amount of the indebtedness.

Section 3.07 Source Disclosure. N.J.S.A. 52:34-13.2, that codified Public Law 2005, c.92 and Executive Order 129, requires when submitting a Request for Proposals and/or

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Contract, the Provider shall submit as part of their proposal and/or Contract Certification listing where their contracted services will be performed and if the contracted services, or any portion thereof, will be subcontracted and where any subcontracted services will be performed.

Any changes to the information submitted in the Source Disclosure Certification during the term of the Contract must be immediately reported to the Director of the Division of Purchase and Property and to the Departmental Component within the Department for whom the contracted services are being performed. A Provider that shifts its activities outside the United States and its constituent Commonwealths and territories without prior written affirmation by the Director attesting to the fact that extraordinary circumstances required the shift or that the failure to shift the services would result in the infliction of economic hardships to the State of New Jersey, shall be deemed to be in breach of Contract which would be subject to Termination by the Department.

Section 3.08 Provider Certification and Disclosure of Political Contributions.

NOTE: Non-profit organizations are exempted from the requirements of Section 3.08.

N.J.S.A. 19:44A-20.13 to 19:44A-20.25, that codified Public Law 2005, Chapter 51 and Executive Order 134, and Executive Order 117, requires that any for-profit agency that seeks or contracts to provide services in the amount of \$17,500 or more must submit to the Department the Certification and Disclosure of Political Contribution forms. This form includes a certification that the business entity has not, during certain specified time frames, solicited or made any contribution of money, pledge of reportable contributions, including in-kind contributions, to any candidate committee and/or election fund of the Governor or Lieutenant Governor, any legislative leadership committee or any State, county, or municipal political party committee. The form also requires disclosure of any of the above-referenced reportable contributions made by the business entity, its principals, officers, partners, directors, spouses, civil union partners and resident children.

If awarded a Contract, the Provider will, on a continuing basis, continue to report any Contribution it makes during the term of the Contract, and any extension(s) thereof. Failure to do so will result in Termination of the Contract and could result in the debarment from public contracting of the Provider for a period of up to five years.

Section 3.09 Contract Certification and Political Contribution Disclosure Form. The Provider is advised of its responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to P.L. 2005, c.271, section 3 if the Provider receives Contracts in excess of \$50,000 from a public entity in a calendar year. It is the Provider's responsibility to determine if filing is necessary. Failure to so file can result in the imposition of financial

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penalties by ELEC. Additional information about this requirement is available from ELEC at (888) 313-3532 or at www.elec.state.nj.us/

Section 3.10 Equal Employment Opportunity. Pursuant to N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27, during the performance of this Contract, the Provider agrees as follows:

- a. The Provider and any subcontractor(s) will not discriminate against any client, employee, or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, or sex.
- b. Except with respect to affectional or sexual orientation and gender identity or expression, the Provider will take affirmative action to ensure that such applicants are recruited and employed by DCF contracted agencies.
- c. The Provider will ensure that equal opportunity is afforded to all employees in recruitment and employment, and that all employees are treated equally during employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity, disability, nationality, or sex. Such action shall include, but not be limited to the following:
 - Employment;
 - Upgrading;
 - Demotion, or transfer;
 - Recruitment or recruitment advertising;
 - Layoff or termination;
 - Rates of pay or other forms of compensation; and
 - Selection for training, including apprenticeship.
- d. The Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.
- e. The Provider and subcontractor(s), in all solicitations or advertisements for employees placed by or on behalf of the Provider shall state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.
- f. The Provider and subcontractor(s) will send a notice to each labor union or representative with which it has a collective bargaining agreement, other contract, or understanding, a notice, to be provided by the agency contracting officer

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advising the labor union or workers' representative of the Provider's commitments under this act and shall post copies of the notices in conspicuous places available to employees and applicants for employment.

- g. The Provider and subcontractor(s) agree to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A.10:5-31 et seq. as amended and supplemented from time to time and the Americans with Disabilities Act.
- h. The Provider or subcontractor agrees to make a good faith attempt to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Division of Contract Compliance & EEO pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.
- i. The Provider or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.
- j. The Provider or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey, and as established by applicable State and federal law and applicable State and federal court decisions.
- k. The Provider and subcontractor agree to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable federal law and applicable federal court decisions.
- l. The Provider and its subcontractors shall furnish such reports or other documents to the Department from time to time in order to carry out the purposes of these regulations, and the Department shall furnish such information to the Department of Treasury, Division of Contract Compliance and EEO, as may be requested by the

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DCF for conducting a compliance investigation pursuant to Subchapter 10 of N.J.A.C.17:27.

Section 3.10.1 Anti-Discrimination Provisions. Pursuant to N.J.S.A. 10:2-1, during the performance of this Contract, the Provider agrees as follows:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Section 3.11 Department Policies and Procedures. In the administration of this Contract, the Provider shall comply with all applicable policies and procedures issued by the Department including, but not limited to, the policies and procedures contained in the Department's Contract Reimbursement Manual (as from time to time amended) and the Department's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to Terminate this Contract.

Section 3.12 Financial Management System. The Provider's financial management system shall provide for the following:

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- a. Accurate, current, and complete disclosure of the financial results of this Contract and any other contract, grant, program, or other activity administered by the Provider;
- b. Records adequately identifying the source and application of all Provider funds and all funds administered by the Provider. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;
- c. Effective internal control structure over all funds, property, and other assets. The Provider shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;
- d. Comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program, or other activity administered by the Provider;
- e. Accounting records supported by source documentation;
- f. Procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider; and
- g. Procedures consistent with the provisions of any applicable Departmental policies and procedures for determining the reasonableness, allowability, and allocability of costs under this Contract.

Section 3.13 Audit. The Department requires a Provider that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of \$100,000 or greater, to submit an annual organization-wide audit.

Audits shall be conducted in accordance with the Federal Single Audit Act of 1984, generally accepted auditing standards as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants and Government Auditing Standards issued by the Comptroller General of the United States.

The Department may require, in its sole discretion, a Provider that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of less than \$100,000, or that expends within their fiscal year any amount of Federal or State financial assistance or Medicaid payments for providing services to Medicaid eligible individuals from fee for service contracts, to submit one of the following:

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- a. An annual program specific audit performed in accordance with the Uniform Guidance Subpart F for each program providing services under a New Jersey contract; or
- b. A copy of an already prepared annual financial statement audit of the organization performed in accordance with Government Auditing Standards (Yellow Book); or
- c. A compilation of certified financial statements that includes an income statement, cash flow statement or balance sheet, prepared in accordance with generally accepted accounting principles and reviewed by a public accountant attesting to their accuracy.

At any time during the Contract term, the Provider's overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider under Section 5.02 Assignment and Subcontracts may be subject to audit or review by the Department, by any other appropriate unit or agency of State or Federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination or Expiration. The Provider is subject to audit up to four years after Termination or Expiration of the Contract. If any audit has been started but not completed or resolved before the end of the four-year period, the Provider continues to be subject to such audit until it is completed and resolved.

The Provider shall maintain all documentation related to products, transactions, or services under this Contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Section 3.14 Federal Davis-Bacon Act and New Jersey Prevailing Wage Act. Any Department Contract containing federal funds in excess of \$2,000 utilized for the construction, alteration, renovation, repair, or modification of public works or public buildings to which the federal government is a party or any Contract for similar work on public works financed with federal funds must comply with the federal Davis-Bacon Act, 40 U.S.C. section 276a et seq. The Davis-Bacon Act requires that the Provider must pay the prevailing wages to each designated worker class engaged under the Contract at wage rates determined by the U.S. Secretary of Labor.

Any subsequent Provider, Contract, or subcontract for any public work in excess of \$2,000 State funds of which the Department is a party shall comply with the N.J. Prevailing Wage Act, N.J.S.A. 34:11-56.27. Such Contracts or subcontracts shall contain a provision stating that the prevailing wage rate, as designated by the New Jersey Commissioner of Labor,

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must be paid to all designated classes of workers employed through said Contracts or subcontracts. The Provider must determine if the New Jersey Prevailing Wage Act applies and follow all directives per N.J.S.A. 34:11-56 et seq.

Section 3.15 Contract Closeout. The Provider shall comply with all requirements of Department Policy: DCF.P7.01 Contract Closeout. This includes the prompt submittal of the final Report of Expenditures and any other financial or programmatic reports required by the Department. All required documentation is due within 120 days of Contract Expiration or Termination.

IV. TERMINATION

The Department may Terminate or suspend this Contract in accordance with the sections listed below.

Section 4.01 Termination for Convenience by the Department or Provider. The Department or Provider may Terminate this Contract upon 60 Days written advance Notice to the other party for any reason whatsoever.

The parties expressly recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the Department, the Department reserves the right, upon Notice to the Provider, to reduce or Terminate the Contract.

Section 4.02 Default and Termination for Cause. If the Provider fails to fulfill or comply with any of the terms or conditions of the Contract, in whole or in part, the Department may by Notice place the Provider in default status and take any action(s) listed in accordance with Department Policy DCF.P9.05, Contract Default. Notice shall follow the procedures established in the policy.

The above notwithstanding, the Department may immediately upon Notice Terminate the Contract prior to its expiration, in whole or in part, whenever it is determined that the Provider has jeopardized the safety and welfare of the Department's clients, materially failed to comply with the terms and conditions of the Contract, or whenever the fiscal or programmatic integrity of the Contract has been compromised. The Notice of Termination shall state the reason for the action(s); the Provider's informal review options, time frames, and procedures; the effective date of the Termination; and the fact that a request for a review of the decision for action(s) does not preclude the determined action(s) from being implemented.

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Section 4.03 Termination Settlement. When a Contract is terminated under any section of Section IV or policy DCF.P9.05, Contract Default, the Provider shall be prohibited from incurring additional obligations of Contract funds. The Department may allow costs which the Provider could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Provider and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

V. ADDITIONAL PROVISIONS

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed, and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.).

Section 5.02 Assignment and Subcontracts. This Contract, in whole or in part, may not be assigned by the Provider or assumed by another entity for any reason including but not limited to changes in the corporate status of the Provider, without the prior written consent of the Department. Upon prior written notice of a proposed assignment, the Department may:

- a. Approve the assignment and continue the Contract to term;
- b. Approve the assignment conditioned upon the willingness of the assignee to accept all contractual modifications deemed necessary by the Department; or
- c. Disapprove the assignment and either terminate the Contract or continue the Contract with the original Provider.

The Provider may not subcontract any of the services that it has committed to perform or provide pursuant to this Contract without the prior written approval of the Department. Such consent to subcontract shall not relieve the Provider of its full responsibilities under this Contract. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or of any of its terms but shall operate only as an approval of the Provider's request for the making of a subcontract between the Provider and its chosen subcontractor. The Provider shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this Contract.

Section 5.03 Client Fees. Other than as provided for in DCF-SAGE and/or Departmental Component specific policies, the Provider shall impose no fees or any other types of charges of any kind upon recipients of Contract services.

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Section 5.04 Indemnification. The Provider shall assume all risk of and responsibility for, and agrees to indemnify, defend and hold harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs, and expenses in connection therewith on account of the loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from (1) the work, service or materials provided under this Contract; or (2) any failure to perform the Provider's obligations under this Contract or any improper or deficient performance of the Provider's obligations under this Contract. This indemnification obligation is not limited by, but is in addition to, the insurance obligations contained in this Contract.

Furthermore, the provisions of this indemnification clause shall in no way limit the obligations assumed by the Provider under this Contract, nor shall they be construed to relieve the Provider from any liability nor preclude the State of New Jersey, its Agencies, and/or the Department of Children and Families from taking any other actions available to them under any other provisions of this Contract or otherwise in law.

Section 5.05 Insurance. The Provider shall maintain adequate insurance coverage. The State shall be included as an Additional Named Insured on any insurance policy applicable to this Contract. Should the Provider fail to pay any premium on any insurance policy when due, the Department may Terminate the Contract for Cause.

Section 5.06 Modifications and Amendments. If both parties to this Contract agree to amend or supplement this Contract, any and all such amendments or supplements shall be in writing and signed by both parties. The amendment or supplement shall incorporate the entire Contract by reference and will not serve to contradict, amend, or supplement the Contract except as specifically expressed in the amendment or supplement.

Section 5.07 Statement of Non-Influence. No person employed by the State of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.08 Exercise of Rights. A failure or a delay on the part of the Department or the Provider in exercising any right, power, or privilege under this Contract shall not waive that right, power, or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.09 Recognition of Cultural Sensitivity. The Provider agrees in the performance of this Contract to be sensitive to the needs of the minority populations (as described in section 3.10a of this policy) of the State of New Jersey. This sensitivity includes the

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employment, if possible, of a culturally diverse staff that can communicate with, and be representative of the entire community it serves.

The Provider shall make programs linguistically appropriate and culturally relevant to underserved minority groups within the community. Appropriate accommodations for services shall be developed and maintained for those minority individuals who are deprived of reasonable access to those services due to language barriers or ethnic, affectional, and cultural differences. In addition, Provider Agencies shall make certain that all programs and services are reflective of the demographic needs of the community, while providing all minorities (as described in section 3.10a of this policy) the opportunity to experience any and all available social services irrespective of their ethnic, affectional, or cultural heritage.

Section 5.10 Copyrights. The Department of Children and Families reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use any work or materials developed under a Department or federally funded Contract or subcontract. The Department also reserves the sole right to authorize others to reproduce, publish, or otherwise use any work or materials developed under said Contract or subcontract.

Section 5.11 Successor Contracts. If an audit or Contract closeout reveals that the Provider has failed to comply with the terms and/or conditions of this Contract, the Department reserves the right to make all financial and/or programmatic adjustments it deems appropriate to any other Contract entered into between the Department and the Provider.

Section 5.12 Sufficiency of Funds. The Provider recognizes and agrees that both the initial provision of funding and the continuation of such funding under the Contract is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under its Contract with the Provider or to observe and adhere to its performance obligation under the Contract as a result of the failure of the Legislature to appropriate the funds necessary to do so shall not constitute a breach of the Contract by the Department or default thereunder and the Department shall not be held financially liable, therefore. In addition, future funding shall not be anticipated from the Department beyond the duration of the Contract with the Provider and in no event shall the Contract be construed as a commitment by the Department to expend funds beyond the Termination date set therein.

Section 5.13 Collective Bargaining. State and federal law allows employees to organize themselves into a collective bargaining unit.

Funds provided under this Contract shall not be utilized to abridge the rights of employees to organize themselves into a collective bargaining organization or preclude them from negotiating with Provider management. Funds may be utilized for legitimate and

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reasonable management purposes at the direction of the Provider during the process of collective bargaining organization.

Section 5.14 Independent Employer Status. Employees of Provider Agencies that Contract with the Department of Children and Families are employees of the Provider, not the State.

In accordance with the National Labor Relations Act, 29 U.S.C.A. 152(2) and State law, N.J.S.A. 34:13A-1 et seq., Provider Agencies are independent, private employers with all the rights and obligations of such and are not political subdivisions of the Department of Children and Families. As such, the Provider acknowledges that it is an independent Provider, providing services to the Department of Children and Families, typically through a contract-for-services agreement. As independent contractors, Provider Agencies are responsible for the organization's overall functions that include the overseeing and monitoring of its operations, establishing the salary and benefit levels of its employees, and handling all personnel matters as the employer of its workers. This is also inclusive of any travel allocations the Provider Employee pays to its employees.

The Provider acknowledges its relationship with its employees as that of employer. While the Department has an adjunct role with Provider Agencies through regulatory oversight and ensuring contractual performance, the Provider understands that the Department is not the employer of a Provider's employees.

The Provider further acknowledges that while the Department reimburses Provider Agencies for all allowable costs under the Contract, this funding mechanism does not translate into the Department being responsible for any of the elements of any collective bargaining agreements into which Provider Agencies may enter. Moreover, each Provider understands that it is responsible for funding its own programs and is not limited to the amount of funding provided by the Department, and, in fact, is encouraged to solicit non-State sources of funding, whenever possible.

Section 5.15 Executive Order No. 189. 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.

In compliance with Paragraph 3 of Executive Order No. 189, no Provider 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 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

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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 shall be reported in writing forthwith by the Provider to the Attorney General and the Executive Commission on Ethical Standards.

No Provider 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 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, actual, or appearance of a conflict of interest.

No Provider 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 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 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.

AGREEMENT SIGNATURES AND DATES

The terms set forth in this Standard Language Document (SLD) supersede any prior SLDs. This SLD governs all executed contracts; and contracts to be entered into by my Organization and DCF on or after the SLD's effective date, which is the below date of the provider organization's signature. DCF determines the effective date of any contract governed by this document, which is the date compensable services may begin. Oral evidence tending to contradict, amend or

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NOTICE OF STANDARD CONTRACT REQUIREMENTS,
PROCESSES AND POLICIES
FOR SOCIAL SERVICE AND TRAINING CONTRACTS
(Revised September 16, 2022)**

I. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the appropriate agreement, as determined by DCF, which is either the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or the Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/forms/>
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations.
- D. the Equal Employment Opportunity (EEO) requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works.
- F. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
 - 1. Complying with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
 - 2. Maintaining client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - 3. Safeguarding the confidentiality of case information as mandated by N.J.S.A 9:6-8.10a, with the understanding that the release of any such information may be in violation of State law and may result in disciplinary, civil, or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
 - 4. Ensuring the content of every contractor's web site protects the confidentiality of, and avoids misinformation about, the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

- G. the terms of Executive Order No. 291 (EO 291) issued March 7, 2022, and DCF Administrative Order 14 titled Limitations on Activity Involving Russia, Belarus, and Ukraine, prohibiting the use of DCF funds to knowingly procure goods or services from any entity owned by, or closely tied to, the governments of Russia or Belarus, their instrumentalities, or companies investing directly in the same. In addition, every entity contracting with the State must submit to DCF a copy of a signed certification that it is not engaged in prohibited activities in Russia or Belarus, as defined in L.2022, c.3 (S1889). The certification is available at: [Certification.on.Non-Involvement.Prohibited.Activites.in.Russia.or.Belarus.pdf \(nj.gov\)](#)
- H. the requirement of N.J.S.A. 52:34-15 to warrant, by signing this document, that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage, or contingent fee.
- I. the requirement of N.J.S.A. 52:15C-14(d) to provide, upon request by the State Comptroller, prompt access to all relevant documents and information as a condition of the contract and receipt of public monies, and the requirement of N.J.A.C. 17:44-2.2 to maintain all documentation related to products, transactions, or services under this contract for a period of five years from the date of final payment.

II. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology.
- C. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

- D. Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the SLD or the IPA.
- E. As defined in N.J.S.A. 52:32-33, contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320 b-8 to serve in this State.
- F. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- G. NJ Rev Stat § 9.6-8.10f (2017) requires DCF to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- H. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained in the DCF policy found on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml
- I. Contractors must have the ability to maintain the full operational census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- J. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.
- K. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- L. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the

format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State, to renew expired forms filed with the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

III. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all DCF, and other applicable Federal, Licensure Standards.
- B. If services are paid with Medicaid funds, contractors must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds.pdf>
- D. If services are provided by programs licensed, contracted, or regulated by DCF to individuals with developmental disabilities, contractors must comply with:
 - 1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.J.S.A 30:6D-73 et seq. (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant’s registration into this system after the award of a contract.); and
 - 2. Danielle’s Law: <https://www.state.nj.us/humanservices/dds/documents/fireprocurement/ddd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize “Youth Link”,

the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.

- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.

- G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (N.J.S.A. 30:1-1.2b) requires the contractor to:
 - 1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (N.J.S.A. 30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery, and cost recoupment, and

cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and

2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall act, including financial penalties or cancellation or non-renewal of the contract.

H. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts available to the public by posting them on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website), and by subjecting them to possible review by an Integrity Monitor.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature: DONNA C. PRESSMA

Printed Name: Donna Pressma

Title: President & CEO

Provider: The Children's Home Society of New Jersey

Date:

3/1/2023

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

This BUSINESS ASSOCIATE AGREEMENT is between the New Jersey Department of Children and Families (DCF) and its undersigned contractor. This Business Associate Agreement sets forth the responsibilities of the **contractor as the Business Associate**, and **DCF as the Covered Entity**, in relationship to Protected Health Information (PHI), as those terms are defined and regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations adopted thereunder by the Secretary of the United States Department of Health and Human Services, with the intent that the Covered Entity shall at all times be in compliance with HIPAA and the underlying regulations.

This Business Associate Agreement is entered into for the purpose of the Business Associate providing services on behalf of the Covered Entity. In consideration for the respective benefits, rights and obligations of HIPAA and its implementing regulations, and for access to the PHI held by Covered Entity, the parties agree to be bound by the terms of this Agreement. There is no underlying contract associated with this Agreement, or the exchange of this PHI.

A. Definitions:

1. The terms specified below shall be defined as follows:

- a. "Business associate" shall mean s a person or entity, other than a member of the workforce of a covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to protected health information. This definition is also applicable to a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate.
- b. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall the New Jersey Department of Children and Families.
- c. "Agreement" shall mean this Business Associate Agreement.
- d. "Breach" shall mean the unauthorized acquisition, access, use or disclosure of Protected Health Information in a manner not permitted by the Privacy Rule or the Security Rule, which compromises the security of such Protected Health Information. Breach shall exclude such acquisition, access, use or disclosure described in 45 CFR Section 164.402.

- e. "Designated Record Set" shall mean a group of records maintained by or for the Covered Entity that is the medical records and billing records of individuals maintained by or for the Covered Entity; and the enrollment, payment, claims, adjudication, and case or medical management record systems maintained by or for the Covered Entity, or used, in whole or in part, by or for the Covered Entity to make decisions about individuals.
- f. "HIPAA" shall mean the Health Insurance Portability and Accountability Act.
- g. "HIPAA Regulations" shall mean the regulations promulgated under HIPAA by the U.S. Department of Health and Human Services, including but not limited to, the Privacy Rule and the Security Rule, and shall include the regulations codified at 45 CFR Parts 160, 162 and 164.
- h. "HITECH" shall mean the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A of the American Recovery and Reinvestment Act of 2009, P.L. 111-005.
- i. "Individual" shall mean the person who is the subject of the Protected Health Information and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- j. "Notice of Privacy Practices" shall mean the Notice of Privacy Practices required by 45 CFR 164.520, provided by Covered Entity to Individuals.
- k. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E.
- l. "Protected Health Information (PHI)" shall mean individually identifiable health information that is transmitted by electronic media or transmitted or maintained in any other form or medium.
- m. "Record" shall mean any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminate by or for a Covered Entity.
- n. "Required by Law" shall have the same meaning as in 45 CFR 164.501.
- o. "Secretary" shall mean the Secretary of the United States Department of Health & Human Services or his designee.
- p. "Security Rule" shall mean the Standards for Security for the Protection of Electronic Protected Health Information, codified at 45 CFR parts 160, 162 and 164.

2. All other terms used herein shall have the meaning specified in the Privacy Rule or in the absence of if no meaning is specified, shall have their plain meaning.

B. Obligations and Activities of Business Associate

1. Business Associate may use PHI for the following functions, activities, or services for or on behalf of Covered Entity provided that such use would not violate this Agreement, the HIPAA regulations the Privacy Rule, or Notice of Privacy Practices if done by Covered Entity. In the event that this Agreement conflicts and any other written agreement made between the parties, relating to the exchange of PHI, this Agreement shall control. Business Associate's access to and use of the PHI is limited to the provision of services by the Business Associate on behalf the Covered Entity set forth in the contract between the Business Associate and the Covered Entity.
2. Business Associate may further disclose PHI to a subcontractor/person for the proper management and administration of Business Associate, provided that such disclosure is Required by Law, or would not violate this Agreement, the Privacy Rule, or Notice of Privacy Practices if done by Covered Entity, and Business Associate executes an additional business associates agreement as Required by Law or for the purpose for which it was disclosed to the person, and the subcontractor/person notifies Business Associate of any instances of which it is aware in which PHI has been disclosed. In the event that this agreement conflicts with any other agreement relating to the access or use of PHI, this agreement shall control.
3. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law. In the event that this agreement conflicts with any other agreement relating to the access or use of PHI, this agreement shall control.
4. Business Associate agrees to implement and use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Business Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities.
5. Business Associate agrees to take prompt corrective action to mitigate any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
6. Business Associate agrees to notify Covered Entity of any use or disclosure of PHI not provided for by this Agreement, or the Privacy Rule, or of any suspected or actual breach of security or intrusion whenever it becomes aware within twenty-four hours of Business Associate becoming aware of such use, disclosure or suspected or actual breach of security or intrusion. Business Associate further agrees to take prompt corrective action to cure or mitigate any

harmful effects of any such use, disclosure, or actual or suspected breach of security of intrusion.

7. Business Associate agrees to ensure that any officer, employee, contractor, subcontractor or agent to whom it provides PHI received from or maintained, created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI.
8. Access. Business Associate agrees to provide access to PHI in a Designated Record Set to Covered Entity or to an Individual as directed by Covered Entity in order to meet the requirements of 45CFR 164.524, within 30 days of the date of any such request, unless the request is denied by Covered Entity pursuant to 45 CFR 164.524(a)(1), (a)(2) or (a)(3).
9. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set as Covered Entity directs in order to meet the requirements of 45 CFR 164.526, within 30 days of such a request, unless the request has been denied pursuant to 45 CFR 164.526(d). Business Associate shall provide written confirmation of the amendment(s) to the Covered Entity.
10. Business Associate agrees to create and maintain an appeal process that meets the requirements of 45 CFR 164.524 and 164.526 that an Individual can utilize if the Individual's request for access to or amendment of PHI is denied.
11. Business Associate agrees to make its comprehensive written information privacy and security program, as well as its internal practices, books and records, including policies and procedures relating to the use and disclosure of PHI received from, or created, maintained, or received by Business Associate on behalf of Covered Entity available to Covered Entity within 30 days of the date of such request, or to the Secretary in a time and manner designated by the Secretary.
12. Business Associate agrees to document all disclosures of PHI which would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Business Associate agrees to provide to Covered Entity, within 30 days of the date of such request, all disclosures of PHI.
13. Notwithstanding the provisions of Section D of this Agreement, pursuant to 45 CFR 164.530(j), Business Associate agrees that it and its officers, employees, contractors, subcontractors and agents shall continue to maintain the information required under subsection B(9) of this Agreement for a period of six years from the date of its creation or the date when it was last in effect, whichever is later.
14. Business Associate agrees that from time to time, upon reasonable notice, it shall allow Covered Entity or its authorized agents or contractors, to inspect the facilities, systems, books, records and procedures of Business Associate to monitor compliance with this Agreement. In the event the Covered Entity, in its sole discretion, determines that the Business Associate has violated any term of this Agreement or the Privacy Rule, it shall so notify the Business Associate in writing. Business Associate shall promptly remedy the violation of any term of

this Agreement and shall certify same in writing to the Covered Entity. The fact that Covered Entity or its authorized agents or contractors inspect, fail to inspect or have the right to inspect Business Associate's facilities, systems, books, records, and procedures does not relieve Business Associate of its responsibility to comply with this Agreement. Covered Entity's (1) failure to detect, or (2) detection by failure to notify Business Associate, or (3) failure to require Business Associate to remediate any unsatisfactory practices, shall not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Agreement. Nothing in this paragraph is deemed to waive Section E of this Agreement or the New Jersey Tort Claims Act, NJSA 59:1-1 et seq., as they apply to Covered Entity.

15. Business Associate shall implement administrative, physical and technical safeguards that protect the confidentiality, integrity, and availability of PHI in compliance with the Security Rule.
16. Business Associate shall report all security incidents, as defined by the Security Rule, within twenty-four hours of becoming aware of such actual or suspected security incident.
17. Sections 164.308, 164.312 and 164.316 of Title 45, Code of Federal Regulations, apply to Business Associate in the same manner as such sections apply to the Covered Entity. The HITECH requirements that relate to security, and that are applicable to the Covered Entity, shall also be applicable to the Business Associate and are incorporated into this Agreement by reference.
18. Business Associate shall at all times, pursuant to NJSA 9:6-8.10a, maintain the confidentiality of reports of child abuse or neglect, information obtained by the Department of Children and Families in investigating such reports including reports received pursuant to section 20 of P.L.1974, c.119 (C.9:6-8.40), and reports of findings forwarded to the child abuse registry pursuant to section 4 of P.L.1971, c.437 (C.9:6-8.11). Disclosure of such may only be made pursuant to one of the enumerated exceptions pursuant to NJSA 9:6-8.10b.
19. In the event of an actual or suspected breach, Business Associate shall provide Covered Entity with a written report, as soon as possible but not later than five ("5") days after the breach/suspected breach became known. The report shall include, to the extent available: a) the identification of each individual whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed during the breach; b) a brief description of what happened, including the date of the breach and the date of the discovery, if known; c) a description of the types of unsecured PHI involved in the breach; d) any steps individuals affected by the breach should take to protect themselves from potential harm resulting from the breach; and e) a description of what Business Associate is doing to investigate the breach, mitigate harm to the individual(s), and protect against future breaches. In addition, the business Associate shall, at the request of the Covered Entity, provide breach notification required by HITECH.

C. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions.

1. Covered Entity shall be responsible for using appropriate safeguards to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Business Associate pursuant to this Agreement, in accordance with the requirements and standards in the Privacy Rule, until such PHI is received by Business Associate.
2. In accordance with 45 CFR 164.520, Covered Entity shall notify Business Associate of any limitations in Covered Entity's Notice of Privacy Practices to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
3. Covered Entity shall notify Business Associate of any changes in or revocation of permission by an Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
4. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
5. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity or under Covered Entity's Notice of Privacy Practices or other policies adopted by Covered Entity pursuant to the Privacy Rule.

D. Term of Business Associate Agreement

1. This Agreement shall be effective as of the date the Business Associate and the Covered Entity enter into a contract for the Business Associate's provision of services on behalf of the Covered Entity, and it shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created, maintained or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information in accordance with subsection 3, below.
2. Upon Covered Entity's knowledge of a material breach or violation(s) of any of the obligations under this Agreement by Business Associate, Covered Entity shall, at its discretion, either:
 - a. Provide an opportunity for the Business Associate to cure the breach or end the violation upon such terms and conditions as Covered Entity shall specify, and if

Business Associate does not cure the breach or end the violation, upon such terms and conditions as Covered Entity has specified, Covered Entity may terminate this Agreement and require that Business Associate fully comply with the procedures specified in subsection 3, below.

- b. Immediately terminate the Contract and require that Business Associate fully comply with the procedures specified in subsection 3, below, if Business Associate has breached a material term of this Agreement and Covered Entity has determined, in its sole discretion, that cure is not possible, or
 - c. If neither termination nor cure is feasible, as determined by Covered Entity in its sole discretion, Covered Entity shall report the violation to the Secretary.
3. Effect of Breach of this Agreement.
- a. Except as provided in paragraph b of this section, upon termination of the Contract for any reason, Business Associate shall return or destroy all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of PHI.
 - b. Business Associate shall provide Covered Entity with a certification, within 30 days, that neither it nor its subcontractors or agents maintains any PHI in any form, whether paper, electronic or film, received from Covered Entity or created or received by Business Associate on behalf of Covered Entity. Covered Entity shall acknowledge receipt of such certification and, as of the date of such acknowledgement, this Agreement shall terminate.
 - c. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Covered Entity shall have the discretion to determine whether it is feasible for the Business Associate to return or destroy the PHI. If Covered Entity determines it is feasible, Covered Entity shall specify the terms and conditions for the return or destruction of PHI at the expense of Business Associate. Upon Covered Entity determining that Business Associate cannot return or destroy PHI, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

E. Additional Insurance Considerations

- 1. Business Associate shall assume all risk and responsibility for, and agrees to indemnify, defend and save harmless Covered Entity, its officers, agents and employees and each and every one of them, from and against any and all claims, demands, suits, actions, recoveries, judgments, and costs (including attorneys' fees and costs and court costs), and expenses in connection therewith, on account of loss of life, property or injury or damages that to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from Business Associate's use or misuse of PHI or from any action or inaction of Business Associate or its officers, employees, agents or Subcontractors with regard to PHI or the requirements of this Agreement or the Privacy Rule. The provisions of this indemnification

clause shall in no way limit the obligations assumed by Business Associate under this Agreement, nor shall they be construed to relieve Business Associate from any liability nor preclude Covered Entity from taking any other actions available to it under any other provisions of this Agreement, the Privacy Rule or at law.

2. Notwithstanding the above, the obligations assumed by the Business Associate herein shall not extend to or encompass suits, costs, claims, expenses, liabilities and judgments incurred solely as a result of actions or inactions of Covered Entity.
3. Business Associate acknowledges the possibility of criminal sanctions and penalties for breach or violation of this Agreement or the Privacy Rule pursuant to 42 U.S.C. 1320d-6.
4. Business Associate acknowledges that Social Security number and Social Security Administration (SSA) records, information or data regarding individuals (records) are confidential and require safeguarding. Failure to safeguard Social Security numbers and other SSA records can subject the Business Associate and its employees to civil and criminal sanctions under Federal and State laws including the Federal Privacy Act at 5 U.S.C. 552a; Social Security Act sections 205 and 1106 (see 42 U.S.C. 405(c)(2)(C)(viii) and 42 U.S.C. 1306, respectively); and N.J.S.A. 56:8-164. The Business Associate shall ensure that all persons who will handle or have access under this Agreement to any Social Security Number or other SSA record will be advised of the confidentiality of the records; the safeguarding requirements to protect the records and prevent unauthorized access, handling, duplication and re-disclosure of the SSA records; and the civil and criminal sanctions for failure to safeguard the SSA records. The Business Associate shall enact and/or maintain safeguards necessary to protect these records and prevent the unauthorized or inadvertent access to, duplication of or disclosure of a Social Security number or other SSA record.
5. Business Associate acknowledges that all Medicaid applicant and beneficiary information is confidential, and 42 C.F.R. 431.300 to 307 restricts the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the plan. Purposes directly related to plan administration include: (a) Establishing eligibility; (b) Determining the amount of medical assistance; (c) Providing services for beneficiaries; and (d) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.
6. Business Associate shall be responsible for, and shall at its own expense, defend itself against any and all suits, claims, losses, demands or damages of whatever kind or nature, arising out of or in connection with an act or omission of Business Associate, its employees, agents, or contractors, in the performance of the obligations assumed by Business Associate pursuant to this Agreement. Business Associate hereby releases Covered Entity from any and all liabilities, claims, losses, costs, expenses and demands of any kind or nature whatsoever, arising under state or federal laws, out of or in connection with Business Associate's performance of the obligations assumed by Business Associate pursuant to this Agreement.
7. The obligations of the Business Associate under this Section shall survive the expiration of this Agreement.

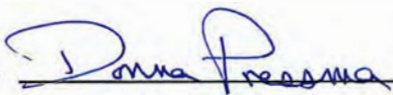
F. Miscellaneous

1. A reference in this Agreement to a section of the Privacy Rule means the section as in effect or, it may be amended or interpreted by a court of competent jurisdiction.
2. Business Associate and Covered Entity agree to take such action as is necessary to amend this Agreement from time to time in order that Covered Entity can continue to comply with the requirements of the Privacy Rule and HIPAA and case law that interprets the Privacy Rule or HIPAA. All such amendments shall be in writing and signed by both parties. Business Associate and Covered Entity agree that this Agreement may be superseded by a revised Business Associate Agreement executed between the parties after the effective date of this Agreement.
3. The respective rights and obligations of Business Associate and Covered Entity under Section D, "Term of Business Associate Agreement", above, shall survive the termination of the Contract. The respective rights and obligations of Business Associate and Covered Entity under Section E, "Indemnification", and Section B (11), "Internal Practices", above, shall survive the termination of this Agreement.
4. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and HIPAA, as it may be amended or interpreted by a court of competent jurisdiction.
5. Nothing expressed or implied in the Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Business Associate and Covered Entity, and any successor state agency to Covered Entity, any rights, remedies, obligations or liabilities whatsoever.
6. Any notices to be given hereunder shall be made via Regular and Certified US Mail, Return Receipt Requested, to the addresses of the Business Associate and the Privacy Officer of the Covered Entity.

G. Attestations

As the Covered Entity is a body corporate and politic of the State of New Jersey, the signature of its authorized representative is affixed below. The undersigned representative of the Covered Entity certifies that he or she is fully authorized to enter into the terms and conditions of this Agreement and to execute and legally bind such Covered Entity to this document.

Covered Entity Agency: Department of Children and Families

Signature: 

Date: 6/14/22

Printed Name: Donna Pressma

Title: President and CEO



Attachment 1 STATE OF NEW JERSEY RIDER FOR PURCHASES FUNDED, IN WHOLE OR IN PART, BY FEDERAL FUNDS (REVISED 11/12/2020)

The provisions set forth in this Rider apply to all contracts funded, in whole or in part, by Federal funds as required by 2 CFR 200.317.

I. CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS.

Pursuant to 2 CFR 200.321, the State must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Accordingly, if subawards are to be made the Contractor shall:

- (1) Include **qualified small and minority businesses and women's business enterprises** on solicitation lists;
- (2) **Assure that small and minority businesses, and women's business enterprises** are solicited whenever they are potential sources;
- (3) Divide total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and **women's business enterprises**;
- (4) Establish delivery schedules, where the requirement permits, which encourage **participation by small and minority businesses, and women's business enterprises**; and,
- (5) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

II. DOMESTIC PREFERENCE FOR PROCUREMENTS

Pursuant to 2 CFR 200.322, where appropriate, the State has a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). If subawards are to be made the Contractor shall include a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). For purposes of this section:

- (1) **"Produced in the United States"** means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
- (2) **"Manufactured products"** means items and construction materials composed in whole or in part of nonferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

III. PROCUREMENT OF RECOVERED MATERIALS

Where applicable, in the performance of contract, pursuant to 2 CFR 200.323, the contractor must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$ 10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

To the extent that the scope of work or specifications in the contract requires the contractor to provide recovered materials the scope of work or specifications are modified to require that as follows.

- i. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired—
 1. Competitively within a timeframe providing for compliance with the contract performance schedule;
 2. Meeting contract performance requirements; or
 3. At a reasonable price.
- ii. Information about this requirement, along with the list of EPA- designated items, is **available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.**
- iii. The Contractor also agrees to comply with all other applicable requirements of **Section 6002 of the Solid Waste Disposal Act.**

IV. EQUAL EMPLOYMENT OPPORTUNITY

Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing

regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor." See 2 CFR Part 200, Appendix II, para. C. During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:
Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4) The contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States. The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may

require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

V. DAVIS-BACON ACT, 40 U.S.C. 3141-3148, AS AMENDED

When required by Federal program legislation, all prime construction contracts in excess of \$2,000 shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. The contractor shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable. Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. Additionally, contractors are required to pay wages not less than once a week.

VI. COPELAND ANTI_KICK-BACK ACT

Where applicable, the Contractor must comply with Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States").

- a. Contractor. The Contractor shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into the OGS centralized contract.
- b. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clause above and such other clauses as FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.
- c. Breach. A breach of the clauses above may be grounds for termination of the OGS centralized contract, and for debarment as a Contractor and subcontractor as provided in 29 C.F.R. § 5.12.

VII. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT, 40 U.S.C. 3701-3708

Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).

- (1) Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.
- (3) Withholding for unpaid wages and liquidated damages. The unauthorized user shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid

wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

- (4) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

VIII. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2

(a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

IX. CLEAN AIR ACT, 42 U.S.C. 7401-7671Q, AND THE FEDERAL WATER POLLUTION CONTROL ACT, 33 U.S.C. 1251-1387, AS AMENDED

Where applicable, Contract and subgrants of amounts in excess of \$150,000, must comply with the following:

Clean Air Act

1. The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

Federal Water Pollution Control Act

1. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

X. DEBARMENT AND SUSPENSION (EXECUTIVE ORDERS 12549 AND 12689)

- (1) This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. **As such, the contractor is required to verify that none of the contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).**
- (2) The contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by the State or authorized user. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the State or authorized user, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

XI. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. 1352

Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

XII. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPEMENT

- (a) Recipients and subrecipients are prohibited from obligating or expending loan or grant funds to:
- (1) Procure or obtain;
 - (2) Extend or renew a contract to procure or obtain; or
 - (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in *Public Law 115–232*, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

Notice of Executive Order 166 Requirement for Posting of Winning Proposal
and Contract Documents

Principal State departments, agencies and independent State authorities must include the following notice in any solicitation:

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller (“OSC”) is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website).

The contract, as modified, is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, as modified, and other related contract documents on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder’s/Proposer’s failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder’s/proposer’s assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
PERSONNEL
3 OF 20

Agency: The Children's Home Society of NJ
Contract#: 23LZLP

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED 10/1/22 - 9/30/25

A BUDGET CATEGORY: PERSONNEL													
				1	2	3	4	5	6	7	8	9	10
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Maternal Child Health Oct-22-Sep-23	Maternal Child Health Oct-23-Sep-24	Maternal Child Health Oct-24-Sep-25			OTHER AGENCY COSTS	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
1	Vice President [REDACTED]		Feb-20	35	\$ 125,884	\$ 12,000					\$ 113,884		
2	Maternal Child Health Supv [REDACTED]			35	\$ 136,404	\$ 42,656	\$ 46,410	\$ 47,338					
3	BIPOC Services Coord / Vacant			18	\$ 98,214	\$ 30,714	\$ 33,416	\$ 34,084					
4	Community Based Doula / Vacant				\$ 29,042	\$ 8,438	\$ 10,200	\$ 10,404					
5	EHR Database Manager / Vacant			35	\$ 71,653	\$ 4,382					\$ 67,271		
6	EHR System Admin / [REDACTED]		Apr-13	35	\$ 66,771	\$ 4,791					\$ 61,980		
7	Admin Asst to VP [REDACTED]		Feb-23	20	\$ 21,115	\$ 1,688					\$ 19,427		
8	Family Services Supv / [REDACTED]		Dec-09	35	\$ 62,000	\$ 6,355					\$ 55,645		
9	In-Kind Salaries				\$ 768,033						\$ 768,033		
10	Other Agency Salaries				\$ 32,154,151						\$ 32,154,151		
11	Vice President [REDACTED]		Feb-20	35	\$ 136,999		\$ 13,056				\$ 123,943		
12	EHR Database Manager / Vacant (Year 2)			35	\$ 77,892		\$ 4,767				\$ 73,125		
13	EHR System Admin / [REDACTED]		Apr-13	35	\$ 72,593		\$ 5,212				\$ 67,381		
14	Admin Asst to VP [REDACTED]		Feb-23	20	\$ 22,979		\$ 1,836				\$ 21,143		
15	Family Services Supv [REDACTED]		Dec-09	35	\$ 63,240		\$ 5,186				\$ 58,054		
16	Vice President [REDACTED]		Feb-20	35	\$ 139,738			\$ 13,317			\$ 126,421		
17	EHR Database Manager / Vacant (Year 3)			35	\$ 79,461			\$ 4,863			\$ 74,598		
18	EHR System Admin [REDACTED]		Apr-13	35	\$ 72,593			\$ 5,212			\$ 67,381		
19	Admin Asst to VP [REDACTED]		Feb-23	20	\$ 23,442			\$ 1,873			\$ 21,569		
20	Family Services Supv [REDACTED]		Dec-09	35	\$ 64,505			\$ 5,160			\$ 59,345		
21					\$ -								
22					\$ -								
23					\$ -								
				SUBTOTAL(pg. 1)	\$ 34,286,709	\$ 111,024	\$ 120,083	\$ 122,251	\$ -	\$ -	\$ -	\$ 33,933,351	\$ -

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
PERSONNEL
4 OF 20

Agency: The Children's Home Society of NJ
Contract#: 23LZLP

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED 10/1/22 - 9/30/25

A BUDGET CATEGORY: PERSONNEL														
				1	2	3	4	5	6	7	8	9	10	
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Maternal Child Health Oct-22-Sep-23	Maternal Child Health Oct-23-Sep-24	Maternal Child Health Oct-24-Sep-25				OTHER AGENCY COSTS	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
24	██████████ -Development Associate				\$ 96,206							\$ 48,103		\$ 48,103
25	Pressma, Donna - CEO & President				\$ 902,497								\$ 479,497	\$ 423,000
26	██████████ - CFO				\$ 531,391								\$ 108,391	\$ 423,000
27	██████████ - Chief Operating Officer				\$ 514,248							\$ 91,248		\$ 423,000
28	██████████ - Director				\$ 371,712									\$ 371,712
29	██████████ Director				\$ 317,900									\$ 317,900
30	██████████ - Controller				\$ 318,483									\$ 318,483
31	██████████ Asst Controller				\$ 225,823									\$ 225,823
32	██████████ - Accountant				\$ 215,750									\$ 215,750
33	██████████ - Fiscal Associate				\$ 198,445									\$ 198,445
34	██████████ HR Generalist				\$ 272,377									\$ 272,377
35	██████████ HR Associate				\$ 195,224									\$ 195,224
36	██████████ HR Associate				\$ 225,631									\$ 225,631
37	██████████ - System Engineer 1				\$ 235,245									\$ 235,245
38	██████████ Executive Assistant				\$ 201,866									\$ 201,866
39	██████████ - Supervisor				\$ 233,750									\$ 233,750
40	██████████ Receptionist Bilingual				\$ 102,410									\$ 102,410
41	Vacant- Clerk 3 (Evening Receptionist)				\$ 48,592									\$ 48,592
42	██████████ Coordinator				\$ 222,529									\$ 222,529
43	Vacant - IT Specialist				\$ 127,500									\$ 127,500
44	Security Guard ██████████				\$ 123,636									\$ 123,636
45	Vacant ██████████ Admin Assistant				\$ 61,710							\$ 23,562		\$ 38,148
46	██████████ Accountant				\$ 192,084									\$ 192,084
47					\$ -									
SUBTOTAL(pg. 2)					\$ 5,935,009	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 162,913	\$ 587,888	\$ 5,184,208

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
PERSONNEL

Agency: The Children's Home Society of NJ
Contract#: 23LZLP

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED 10/1/22 - 9/30/25

A BUDGET CATEGORY: PERSONNEL				1	2	3	4	5	6	7	8	9	10
Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Maternal Child Health Oct-22-Sep-23	Maternal Child Health Oct-23-Sep-24	Maternal Child Health Oct-24-Sep-25				OTHER AGENCY COSTS	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
75				\$ -									
76				\$ -									
77				\$ -									
78				\$ -									
79				\$ -									
80				\$ -									
81				\$ -									
82				\$ -									
83				\$ -									
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94				\$ -									
95				\$ -									
96				\$ -									
97				\$ -									
98				\$ -									
99				\$ -									
100				\$ -									
SUBTOTAL (pg. 4)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BUDGET CATEGORY A: EMPLOYEE SUBTOTAL				\$ 40,221,718	\$ 111,024	\$ 120,083	\$ 122,251	\$ -	\$ -	\$ -	\$ 34,096,264	\$ 587,888	\$ 5,184,208

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
A. PERSONNEL (FRINGE)
PAGE 7 OF 20

Agency: The Children's Home Society of NJ
Contract#: 23LZLP

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT

PERIOD COVERED 10/1/22 - 9/30/25

BUDGET CATEGORY- A. PERSONNEL-- FRINGE		1	2	3	4	5	6	7	8	9	10
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Maternal Child Health Oct-22-Sep-23	Maternal Child Health Oct-23-Sep-24	Maternal Child Health Oct-24-Sep-25	0	0	0	OTHER AGENCY COSTS	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
Social Security	7.557% of Salaries	\$ 3,039,555	\$ 8,390	\$ 9,074	\$ 9,238				\$ 2,576,655		\$ 436,198
Life Insurance	0.142% p/\$100 of covered salaries	\$ 57,113	\$ 157	\$ 170	\$ 173				\$ 48,417		\$ 8,196
Long Term Disability	0.23% p/\$100 of covered salaries	\$ 92,509	\$ 255	\$ 276	\$ 281				\$ 78,421		\$ 13,276
State SUI	effective rate =1.703% of total Salaries	\$ 684,967	\$ 1,890	\$ 2,041	\$ 2,078				\$ 580,659		\$ 98,299
Retirement	6.649% of covered eligible Salaries	\$ 2,379,640	\$ 7,381	\$ 2,401	\$ 2,445				\$ 2,025,241		\$ 342,172
Medical Insurance	12.845% of covered eligible Salaries	\$ 5,165,522	\$ 14,261	\$ 14,950	\$ 15,220				\$ 4,379,665		\$ 741,426
Workers Compensation	1.388% of Salaries	\$ 558,276	\$ 1,541	\$ 1,666	\$ 1,696				\$ 473,256		\$ 80,117
		\$ -									
		\$ -									
		\$ -									
		\$ -									
		\$ -									
	FRINGE SUBTOTAL	\$ 11,977,582	\$ 33,875	\$ 30,578	\$ 31,131	\$ -	\$ -	\$ -	\$ 10,162,314	\$ -	\$ 1,719,684
	BUDGET CATEGORY A. PERSONNEL TOTAL	\$ 52,199,300	\$ 144,899	\$ 150,661	\$ 153,382	\$ -	\$ -	\$ -	\$ 44,258,578	\$ 587,888	\$ 6,903,892

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
G. GENERAL AND ADMINISTRATIVE COST ALLOCATION
PAGE 14 OF 20

Agency: The Children's Home Society of NJ
Contract#: 23LZLP

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT

PERIOD COVERED 10/1/22 - 9/30/25

BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION	1	2	3	4	5	6	7	8	9	10
	TOTAL	Maternal Child Health Oct-22-Sep-23	Maternal Child Health Oct-23-Sep-24	Maternal Child Health Oct-24-Sep-25	0	0	0	OTHER AGENCY COSTS	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
Total: Categories A-F	\$ 72,494,217	\$ 188,885	\$ 194,659	\$ 197,433	\$ -	\$ -	\$ -	\$ 63,269,355	\$ 587,888	\$ 8,055,997
General and Administrative Costs	>>>>>>>>	\$ 15,486	\$ 16,518	\$ 17,619				\$ 8,006,374		\$ (8,055,997)

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 2-REVENUE
PAGE 16 OF 20

Agency: The Children's Home Society of NJ

Contract#: 23LZLP

THIS SCHEDULE IS NOT APPLICABLE

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED

10/1/22 - 9/30/25

DESCRIPTION	1 TOTAL	2 Maternal Child Health Oct-22-Sep-23	3 Maternal Child Health Oct-23-Sep-24	4 Maternal Child Health Oct-24-Sep-25	5 0	6 0	7 0	8 OTHER AGENCY COSTS	9 UNALLOWABLE COSTS	10 GENERAL & ADMINISTRATIVE COSTS
Fundraising & Other Income	\$ 4,983,599							\$ 4,395,711	\$ 587,888	
Program Service Income	\$ 787,500							\$ 787,500		
USDHHS Head Start & Early Head Start	\$ 26,204,579							\$ 26,204,579		
NJ Dept of Human Services	\$ 285,000							\$ 285,000		
NJ Dept of Children & Families	\$ 9,369,561							\$ 9,369,561		
NJ Dept of Human Svcs, Div of Fam Develop	\$ 7,150,566							\$ 7,150,566		
NJ Dept of Health	\$ 5,826,510							\$ 5,826,510		
NJ Dept of Education	\$ 1,472,913							\$ 1,472,913		
NJ Dept of Agriculture - CACFP	\$ 2,304,396							\$ 2,304,396		
NJ Dept of State - State Arts Council	\$ 132,021							\$ 132,021		
Other Trenton Board of Educ	\$ 7,329,638							\$ 7,329,638		
Other Mercer County CUNA	\$ 207,000							\$ 207,000		
Other State & Local Funds	\$ 660,402							\$ 660,402		
In-Kind Rent & In-Kind Services	\$ 1,945,446							\$ 1,945,446		
CHS Endowment draw	\$ 4,296,894							\$ 4,296,894		
Agency revenue not used as cost sharing: CHS Endowment	\$ 22,920	\$ 4,691	\$ 7,177	\$ 11,052						
	\$ -									
Total K. Revenue	\$ 72,978,945	\$ 4,691	\$ 7,177	\$ 11,052	\$ -	\$ -	\$ -	\$ 72,368,137	\$ 587,888	\$ -

Supporting documentation is required to substantiate the allocations.

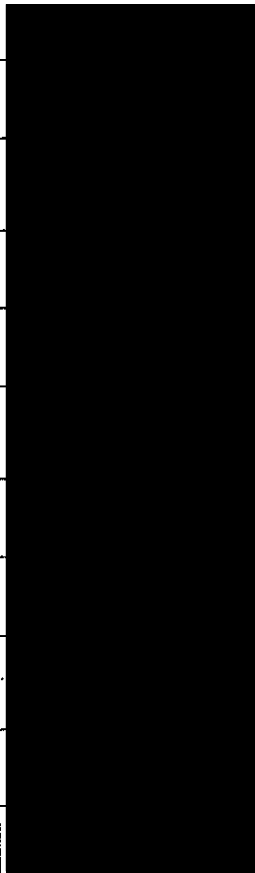
**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A
CORE AGENCY PERSONNEL INFORMATION
Section 1.3**

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO		
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Ceo & President	Donna Pressma	9AM	5PM	LCSW	Coordinates all activities of the agency
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Cfo	[REDACTED]	9AM	5PM	CPA	Finance, Insurance, Buildings, MIS
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Chief Operating Officer	[REDACTED]	9AM	5PM	MPA	Program Development & Enhancement
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Director	[REDACTED]	9AM	5PM	BS	Human Resources
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Directors Of Information Technology	[REDACTED]	9AM	5PM	BS	Responsible for all MIS functions
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Controller	[REDACTED]	9AM	5PM	MS	Maintains contracts for budgeting & reporting, monthly financial analysis and reporting, daily fiscal activities
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Accountant	[REDACTED]	9AM	5PM	MS	Account analysis & reconciliation, contract reporting, general accounting functions
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Accountant	[REDACTED]	9AM	5PM	MBA	Account analysis & reconciliation, contract reporting, general accounting functions
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Fiscal Associate	[REDACTED]	9AM	5PM	AA	Accounts Payable, accounts receiveable, cash receipts, purchasing
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Assistant Director Of Human Resources	[REDACTED]	9AM	5PM	BS	Recruitment and various tasks of Human Resource
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Associate	[REDACTED]	9AM	5PM	BS	Payroll & various tasks of Human Resource
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Human Resources Associate	[REDACTED]	9AM	5PM	BS	Payroll & various tasks of Human Resource

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES**


**Annex A
CORE AGENCY PERSONNEL INFORMATION
Section 1.3**


	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO		
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	System Engineer 1		9AM	5PM	BS	Administers & maintains agency networks & IT systems
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Executive Assistant		9AM	5PM	HS	Assistant to the CEO & handles all agency administrative tasks
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Administrative and Operational Supervisor		9AM	5PM	BS	Manage and coordinate activities related to reception and intake. Provide support to the CEO, including coordination and management of special projects.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Receptionist Bilingual		9AM	5PM	HS	Receptionist & data entr
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Clerk 3 (Evening Receptionist)		9AM	5PM	HS	Receptionist & data entr
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Coordinator		9AM	5PM	BS	Develop & implement policies & procedures to ensure health & safety of staff, clients & visitors; quality assurance initiatives.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	IT Specialist		9AM	5PM	BS	General IT support for systems and users
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Security Guard		9AM	5PM	HS / SORA Certification	Patrols, monitors & controls assigned premises, promoting safety of clients, staff, visitors
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Admin Assistant		9AM	5PM	HS	Assistant to the VP of Trauma Informed Child Welfare, Kinship & Clinical Services. Manages all administrative tasks.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Accountant		9AM	5PM	BS	Account analysis & reconciliation, contract reporting, general accounting functions
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Development Associate		9AM	5PM	BA	Maintains website, agency public relations, etc
<input type="checkbox"/> FT <input type="checkbox"/> PT						

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
Annex A
PROGRAM PERSONNEL INFORMATION
Section 2.4

Program Name: The Children's Home Society Of New Jersey's
 Maternal Child Health Services -Arp - Early
 Childhood Prevention Program

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO			
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Vice President Of Strategic Initiatives, Prevention Programs And Community Engagement	[REDACTED]	9	5	7.88%	Master in Public Administration with a concentration in NonProfit Management HC1 Train the Trainer Community Based-Doula Certificate.	The VP is responsible for overall management and oversight of Maternal Child Health and Family Success Center programs, as well as strategic program development initiatives across the agency.
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Administrative Assistant	[REDACTED]	9	2	6.8%	High School degree; additional qualification as an Administrative assistant or Secretary will be a plus Proven experience as an Administrative Assistant	Answer and direct phone calls Organize and schedule appointments Plan meetings and take detailed minutes Write and distribute email, correspondence memos, letters, faxes and forms Assist in the preparation of regularly scheduled reports Develop and maintain a filing system Update and maintain office policies and procedures Order office supplies and research new deals and suppliers Maintain contact lists Submit and reconcile expense reports Provide general support to visitors Act as the point of contact for internal and external clients

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Mercer County Maternal Child Health Services Supervisor		9	5	100%	5+ years professional experience in working with and/or coordinating programs. Demonstrated leadership as an effective coordinator and supervisor of maternal child health services. Must have an Associate degree from an accredited school, Bachelor Degree preferred. Doula accreditation and community health worker accreditation preferred.	The Maternal Child Health Supervisor is responsible for day-to-day oversight, development, implementation and evaluation of CHSofNJ Maternal Child Health programs. Experience working with underrepresented and at-risk populations required. Experience leading preventive services with emphasis on protective factors required. Ability to read, write and speak Spanish required.
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Bipoc Services Coordinator	Vacant	9	5	100%	Certification from an accredited doula agency required. Credentialing with NJ Medicaid provider required. Reliable transportation required.	The BIPOC Services Coordinator is responsible for oversight of doula services for Black women enrolled in the Body & Soul program. Part-time flexible schedule including evening and weekends. • Assists in establishing program goals and objectives • Provides culturally relevant support to maternal child health participants • Provide culturally relevant support to doulas and other maternal child health staff. • Oversee community doula services for Black women, including one-to-one supervision, and consultation for high-risk pregnancy situations. • Attend training to keep up to date with health, nutrition, breastfeeding and related topics. • Ensures documents and records are collected and completed as needed and required • Communicate at monthly meetings with staff. Nights and evenings required.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Cuna Facilitator/Bilingual Women's Health Advocate	Vacant	9	5	100%	Women's Health Advocates must have a minimum of two years' experience working with diverse and at risk populations in an urban setting. Experience	This position is paid 100% from the EHS/HS Expansion. * Administers pregnancy tests • Provides one-on-one support, including information, referrals, linkages and enrollment • Enrolls participants in CUNA, Body and

						working in the area of women's health preferred. Experience and/or professional development training as a doula, home visitor or community health worker is a plus. CHS certification a plus. Spanish required.	soul or other programs and services <ul style="list-style-type: none"> Disseminates information to pregnant latina, black and teenage women with emphasis on preconception, prenatal and inter-conception care. Services can be offered prior to and immediately after giving birth. Assist with appropriate utilization of health and social services Assist families to enroll with appropriate health insurance plans Assist with health education and social support services for pre/post-natal care and interconception, and family planning services. Evening and weekends required.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Body And Soul Program Facilitator/Women's Health Advocate		5	5	100%	Women's Health Advocates must have a minimum of two years' experience working with diverse and at risk populations in an urban setting. Experience working in the area of women's health preferred. Experience and/or professional development training as a doula, home visitor or community health worker is a plus. CHW certification a plus.	This position is paid 100% from the EHS/HS Expansion. Administers pregnancy tests; provides one-on-one support, including information, referrals, linkages and enrollment; Disseminates information to pregnant latina, black and teenage women with emphasis on preconception, prenatal and inter-conception care. Services can be offered prior to and immediately after giving birth. • Assist with appropriate utilization of health and social services • Assist families to enroll with appropriate health insurance plans • Assist with health education and social support services for pre/post-natal care and interconception, and family planning services. Evenings and weekends required may be required.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Women's Health Advocate	Vacant	9	5	100%	Women's Health Advocates must have a minimum of two years' experience working with diverse and at risk populations in an urban setting. Experience working in the area of women's	This position is paid 100% from the EHS/HS Expansion. * Administers pregnancy tests <ul style="list-style-type: none"> Provides one-on-one support, including information, referrals, linkages and enrollment Enrolls participants in CUNA, body and soul or other programs and services Disseminates information to pregnant

						health preferred. Experience and/or professional development training as a doula, home visitor or community health worker is a plus. CHW certification a plus.	latina, black and teenage women with emphasis on preconception, prenatal and inter-conception care. Services can be offered prior to and immediately after giving birth. <ul style="list-style-type: none"> • Assist with appropriate utilization of health and social services • Assist families to enroll with appropriate health insurance plans • Assist with health education and social support services for pre/post-natal care and interconception, and family planning services. Evenings and weekends may be required.
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Community-Based Doula	Vacant	9	5	100%	Certification from an accredited doula agency required. Credentialing with NJ Medicaid provider required	Per diem flexible schedule with nights and weekends required. Helps in meeting program goals and objectives • Provides culturally relevant support to maternal child health participants <ul style="list-style-type: none"> • Provide pregnancy, labor and postpartum community doula support • Attend training to keep up to date with health, nutrition, breastfeeding and related topics. • Ensures documents and records are collected and completed as needed and required • Communicate at monthly meetings with staff. Evenings, nights and weekends are required.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Family Support Services Supervisor	██████████	9	5	8.78%	Masters in Social Work, Human Services or related field.	Assist with the coordinator of postnatal and parenting support programs for MCH clients referred to the Family Success Centers, including coordination of case management efforts and co-facilitation of MCH/Parenting Education services. Evening and weekends may be required.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Electronic Health Records Administrator	██████████	9	5	6.2%	Bachelors Degree	Maintain agency electronic health record, Evolv, including regularly system updates. <ul style="list-style-type: none"> • Lead set-up efforts to establish new programs in Evolv or other record keeping system. • Problem solve with program staff and agency leadership.

**STATE OF NEW JERSEY
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PROGRAM PERSONNEL INFORMATION
Section 2.4**

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS	%OF TIME TO PROGRAM	QUALIFICATIONS (DEGREES,	FUNCTIONAL JOB DUTIES
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Program Name: The Children's Home Society Of New Jersey's
Maternal Child Health Services -Arp - Early
Childhood Prevention Program

							<ul style="list-style-type: none"> • Collaborate with program staff regarding training related to data collection. • Help develop training plans for new and current programs. • Collaborate with program evaluator regarding data collection and preparation of reports. • Participate in evaluation of services as needed
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<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

STATE OF NEW JERSEY

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS	TO PROGRAM	QUALIFICATIONS	FUNCTIONAL JOB DUTIES
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PROGRAM PERSONNEL INFORMATION

Section 2.4

Program Name: _____



REQUEST FOR PROPOSALS

For

American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS

CFDA 93.590

Funding in the amount of \$3,200,000 (through September 30, 2025)

Award range from \$400,000 to \$800,000 Per 36-Month Project

Applicants may only apply for one award

Community-Based Child Abuse Prevention (CBCAP) Funding

There will be no Bidders Conference for this RFP

Questions are due by May 27, 2022

Bids are due: June 20, 2022

Christine Norbut Beyer, MSW
Commissioner

May 10, 2022

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Exhibit B–Anti-Discrimination Provisions

Exhibit C–Notice of Standard Contract Requirements, Processes, and Policies

Exhibit D–Public Law P.L. 2021, c.1 Attestation Form

Exhibit E–Budget Forms for 3 one-year budgets

Exhibit F–Russia Belarus Disclosure Form

Attachment 1–Federal Requirements-Updated Rider for Purchases Funded by Federal Funds of 2CFR 200.317

Funding Agency

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

Special Notice:

There will be no Bidders Conference for this RFP. Questions will be accepted in advance of the proposal deadline by providing them via email to DCF.ASKRFP@dcf.nj.gov until **May 27, 2022, 12PM**. Technical inquiries about forms and other documents may be requested at any time.

All bids must be submitted electronically through our online system. To submit online, applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov. (See Section I).

Section I – General Information

A. Purpose:

In response to the unprecedented national Coronavirus (COVID-19) public health emergency, President Biden signed the American Rescue Plan (ARP) into law. This economic stimulus bill will assist New Jersey's efforts to prepare, prevent, and respond to the COVID-19 pandemic. With the passage of this bill, New Jersey received supplemental ARP federal funding through the Community Based Child Abuse Prevention (CBCAP) Program.

The New Jersey Department of Children and Families' (DCF) Division of Family and Community Partnerships announces the availability of \$3,200,000 in federal funding for Community Based Child Abuse Prevention (CBCAP) programs to enhance services for families with young children designed to strengthen and support families and communities to prevent child abuse and neglect. Funding is available for each 36-month project ranging from \$400,000 to \$800,000 for early childhood services grants to address gaps and support families with children aged 0 through age 5.

Four (4) to eight (8) awards will be made. **Applicants may only apply for one grant** under this offering and one grant under the related CBCAP ARP funding for Community Based Prevention Programs. Applicants that apply for both funding streams cannot apply with the same program offerings. The program offered by the Applicant under each separate proposal must be different. The 36-month grant period shall begin at the time of the award and may continue through September 30, 2025.

CBCAP was established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA has been amended several times and was last

reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). It was amended in 2015, 2016, and 2018, and most recently, certain provisions of the act were amended on January 7, 2019, by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).

The purpose of CBCAP is to:

1. Support community-based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect and to support the coordination of resources and activities to strengthen and support families thereby reducing the likelihood of child abuse and neglect; and
2. Foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

PLEASE NOTE: ARP funds shall be used to supplement and not supplant other federal, state, and local public funds in accordance with 42 U.S.C § 10406(c)(6).

Exclusions:

Funds for this offering cannot be utilized for domestic violence programs, training, events, and public information campaigns.

These funds cannot be utilized to expand home visiting programs. Rather the intent of this offering is to bolster services and programs that will further support existing home visiting programs and planned universal home visiting.

B. Background:

Since its creation in 2006, DCF has designed and managed a strong, state-wide network of core services including child protection and child welfare services, children's behavioral health care, programming to support children with intellectual and developmental disabilities and their families, community-based family strengthening services, specialized educational programming, and services and programming to support women. Over 100,000 New Jersey constituents are impacted by these services each month.

In keeping with Governor Phil Murphy's platform of a stronger, fairer New Jersey, DCF is undergoing an urgent transformation that is informed by evolving national best practice, ongoing self-evaluation of the Department's performance, and advances in science, and staff and consumer voice.

DCF's vision is that all New Jersey residents are safe, healthy and connected. DCF's values guide the work of the Department, serving as the professional compass for decisions large and small, in all that we do: Collaboration, Equity, Evidence, Family, and Integrity.

The Department has identified a set of core approaches that are not initiatives or programs, but instead are practices that we work to embed in all aspects of our work: Race equity, Healing centered practice, Protective factors framework, Family voice, and Culture of safety.

Lastly, DCF's strategic focus identifies major priorities for the Department as we strive to maintain excellence in core service delivery, while achieving a large-scale, fundamental transformation that includes:

- Primary prevention of maltreatment and maltreatment related fatalities
- Preserving kinship connections
- Staff health and wellness
- A fully integrated and inclusive Children's System of Care (CSOC)

In furtherance of the Department's strategic plan, the Division of Family and Community Partnerships is seeking proposals for programming to support a prevention infrastructure that is designed to reduce rates of child abuse and neglect, and that takes a comprehensive approach to evidence-based prevention services. This offering supports the Department's prioritization of prevention of child maltreatment as a transformational cornerstone for the child welfare system in New Jersey. This RFP provides communities with latitude to determine the specific prevention approach to ensure that community needs are met. Local partnerships are encouraged.

Every year, over 3,000 New Jersey children are victims of abuse or neglect. The most common forms of child maltreatment in New Jersey are neglect (70.9%) followed by sexual abuse (17.5%) and physical abuse (14.4%).¹ The New Jersey Child Welfare Data Hub identifies children under the age of 1 being most at risk for maltreatment (rate of 4.4 per 1,000), compared to children aged 1 to 5 (rate 1.5), aged 6 to 12 (rate 1.4) or aged 13 to 17 (rate 1.1). Rates of child maltreatment-related fatalities have been consistent since 2015 with deaths in 2019 totaling 19 (1.0 per 100,000). A common factor associated with child fatality is caregiver drug abuse. The perpetrators of child fatalities are most often (more than 80%) caregiver of their victims. Additional data regarding child abuse and neglect in New Jersey can be found at the NJ Child Welfare Data Hub: [Data Hub \(rutgers.edu\)](https://datahub.rutgers.edu)

¹U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from: <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

New Jersey DCF, through partnership with Rutgers, the State University of New Jersey, and New Jersey's 21 Human Services Advisory Councils, conducted a community needs assessment in each of New Jersey's 21 counties during 2019-21. The Needs Assessment includes community data profiles, as well as the results of community surveys, focus groups and interviews in each County. Statewide summaries and county reports identified major challenges experienced by families in communities and identified priority areas in which families need support. The Needs Assessments, including data profiles, can be found at:

https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

These prevention grants will provide opportunities for communities to:

- Implement evidence-based prevention practices that have demonstrated a high return on investment and/or significant outcomes in the prevention of child maltreatment through either national or local evaluation.
- Implement evidence-based prevention practices (programs, policies and strategies) that also have a positive impact on other health and social outcomes of families from pregnancy through age five (5) with outcomes including but not limited to improved knowledge of child development, expanded supportive parental social networks, improved parental coping skills, improved access to services. Examples of such practices include parent cafes, and improved care coordination including connection with pediatric care.
- Implement community level prevention approaches aimed specifically at improving maternal and infant health through collective impact approaches and the development of community collaboratives.

For the purposes of this CBCAP ARP funding opportunity, evidence-based practice is defined as the integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences. Some form of documented scientific evidence validates these approaches to prevention. This includes findings established through scientific research, such as controlled clinical studies; however, other methods of establishing evidence are also valid. Evidence-based practices may be considered "supported" or "well-supported," depending on the strength of the research design. Evidence-informed practice is similar to evidence-based, but the level of evidence supporting the programs or practices is not as strong. Evidence-informed practices may be considered "promising" or "emerging," depending on the strength of the existing research or documentation of its evidence. Evidence-informed practice allows for innovation within CBCAP, while still incorporating lessons learned from the existing

research literature. Additional information on evidence based and evidence informed programs and practices and distinctions between emerging, promising, supported and well-supported practice can be found at [Evidence-Based Practice in CBCAP | Friends NRC](#) .

In addition:

- Proposals that develop prevention programs in response to family and community needs identified in New Jersey's 2021 Human Services Advisory Council (HSAC) Needs Assessments will **automatically be awarded five (5) points in the scoring of the application.**

The Division of Family and Community Partnerships utilizes a Risk and Protective Factors framework in addressing prevention of child abuse and neglect. All proposed programs must demonstrate impact on the protective factors. DCF has structured its practice models and purchased services to assess for and to promote the five (5) protective factors, conditions which - when they are in place within individuals, family systems, and/or communities - reduce risk to health and well-being: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence for children. For more information on Risk and Protective Factors Framework in addressing child abuse and neglect, see the Center for Disease Control and Prevention ([Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC](#))

CBCAP funds primary and secondary prevention programs. Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families before any allegations of abuse and neglect. Primary prevention services include public education activities, and family support programs.

Secondary prevention consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special needs children, single parents, and low-income families. Secondary prevention services include respite care for parents of a child with a disability, or programs for new parents. Proposals for either Primary or Secondary prevention programming are permitted.

The American Rescue Plan (ARP) provides critical and unprecedented support to children, families, and communities in response to the COVID pandemic and resulting economic downturn, which have been exacerbated by historic racial injustices. ARP funding provides a comprehensive approach to support children and families, meet communities where they are and address systemic inequities.

C. Target Population /Admission:

To be considered for award, the programs must target families with children aged 0 to 5.

Applicants must propose approaches that will impact individual and/or community level changes. The CBAP ARP grant is aimed at strengthening the network of primary and secondary prevention programs in communities to further the goal of reducing child abuse and neglect. Specific community need and target population will vary across applications.

Eligible Applicants include local units of government and nonprofit organizations like faith-based, charitable, community-based, Tribal, school or voluntary associations. Applicants shall take all community and individual characteristics of the target population into account when overseeing implementation of the program. This includes considering geographic location and transportation, racial and/or ethnic backgrounds, sexual orientation, language, and disability. Programs that receive funding must be accessible and delivered without discrimination on the basis of age, disability, gender, gender-identity, sexual orientation, race, color, national origin, or religion. (42 U.S.C. §10406).

All individuals from the target population, regardless of citizenship, legal status, or tribal affiliation, are to have the same access to services without the need to produce documentation of residency/citizenship. Applicants must be able to assist participants with Limited English Proficiency (LEP), and Deaf or hard of hearing. Services are provided without charge to the target population.

D. Resources:

Geographic Area to Be Served

Successful Applicants shall clearly define the New Jersey community to be served (e.g., city, county, school-district, etc.) and location of service delivery.

Staffing

Staffing will be dictated by program activities as described in the proposal narrative and budget. Staff shall possess the requisite knowledge and expertise required for successful project implementation. Staff shall reflect the language, race and cultural backgrounds of the selected communities and target populations.

Continuous Quality Improvement Standards

DCF engages in Continuous Quality Improvement (CQI) to identify and analyze strengths and areas needing improvement. DCF is committed to the process of ongoing evaluation as a vehicle to learn and develop solutions to improve the quality of services.

The successful Applicant shall be required to submit quarterly reports that include qualitative and quantitative data as part of the CQI process. The

Applicant will be required to collect and report pertinent participant and program data relative to the project activities and measurable program outcomes.

Voluntary Participation

The Applicant shall operate with the highest level of ethical practice and accountability to the community. All programming must be available on a voluntary basis.

Healing Centered Approach

The Applicant should articulate a trauma-informed, healing centered and culturally relevant approach to its program delivery. This approach acknowledges the needs of the community and target population.

E. Activities:

Awardees shall:

- Meaningfully partner with families, the community and persons with relevant lived experience in the planning, implementation, CQI activities and evaluation of the program.
- Implement an evidence-based program that will reduce rates of child maltreatment that can include but not be limited to, improved knowledge of child development, expanded supportive parental social networks, improved parental coping skills, improved access to services.
- Collect all relevant data and complete all reports and evaluations as required by DCF.
- Participate in quarterly results and learning meetings and other CQI activities required by DCF.

If the program provides direct services to participants, the Applicant shall clarify how participants are referred into the program and how services are accessed as well as any inclusionary or exclusionary parameters for participation.

F. Outputs:

Measurable outcomes are essential for determining the extent to which implemented approaches and activities achieve their intended effects. Applicants shall identify the specific risk and/or protective factors that the program seeks to influence and identify a related set of milestones and key performance indicators to track progress on outcomes. Applicants must propose measures of success relevant and specific to their proposed strategies.

Depending upon the type of program, measures such as numbers and demographics of program participants shall be provided in addition to metrics that capture changes in behavior or condition are expected.

Awardees shall provide the Division of Family and Community Partnerships with quarterly progress reports that include both qualitative and quantitative data consistent with the goals and objectives of the project, utilizing measurement tools aligned with project outcomes.

Up to 15% of the award may be directed at measurement and evaluation activities.

G. Funding Information:

CBCAP ARP supplemental funding is subject to appropriation. Funding for this offering is available up to \$3,200,000 of federal CBCAPARP funds (CFDA 93.590).

The Department will make available a minimum of four (4) and up to eight (8) awards.

DCF reserves the right to award all or a portion of the requested amount.

Each award will be between \$400,000 and \$800,000 for the 36-month project. The Department will make available \$1,000,000 in FY 2023 of federal CBCAP funds (CFDA # 93.590). It is anticipated that the resulting contract will total between \$400,000 to \$800,000 over the 36-month time frame. Funding will be renewed in each of the three years contingent on availability of federal funds and programmatic progress. Grant funds will not be available after September 30, 2025. Continuation funding is contingent upon the availability of funds in future fiscal years. Universities are reminded that this is a competitive process and on notice that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

Additional funds are not available, so any proposed one-time expenses must be funded with **anticipated** contract accruals. Applicants must provide a justification and detailed summary of anticipated start-up costs, and the source of anticipated contract accruals, in order to begin program operations.

The CBCAP ARP funding period for this program is anticipated from award July 1, 2022, through June 30, 2025, with the ability to carry over unspent funds, with DCF approval, through September 30, 2025.

Matching Funds: No match is required for the CBCAP ARP grant awards.

Operational start-up costs are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations.

Proposals that demonstrate the leveraging of other financial resources are encouraged

Funds awarded under this program may not be used to supplant or duplicate existing funding.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

H. Applicant Eligibility Requirements:

1. Applicants must be for profit or non-profit corporations and/or Universities that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is **under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to achieve full operational census within 60 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: <http://fedgov.dnb.com/webform>.

11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual may submit an application.

I. RFP Schedule:

May 27, 2022	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
June 20, 2022	Deadline for Receipt of Proposals by 12:00PM

Proposals received after **12:00PM on June 20, 2022**, will **not** be considered.

All proposals must be delivered ONLINE

To submit online, Applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR) Form:
<https://www.nj.gov/dcf/providers/notices/AOR.doc>

Once the AOR is submitted and the Applicant is granted permission to proceed, instructions will be provided for submission of the proposal.

Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

Registered AOR forms should be received 5 business days prior to the date the bid is due. We recommend not waiting until the due date to submit your proposal in case there are technical difficulties during your submission.

Submission Requirement:

It is required that you submit your proposal as one PDF document. If the Appendices file is too large, it can be separated into more pdf parts, such as Part 3, Part 4, etc. Please do not upload separate documents.

J. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a) The application was received prior to the stated deadline.
- b) The application is signed and authorized by the applicant's Chief Executive Officer or equivalent.
- c) The Applicant attended the Bidders Conference (if required).
- d) The application is complete in its entirety, including all required attachments and appendices.
- e) The application conforms to the specifications set forth in the RFP.

Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications may result in rejection of the proposal. Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations.

For a bid to be considered for award, at least one representative of the Applicant must have been present at the Bidders Conference, if required. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with policy P.104 located at <https://www.nj.gov/dcf/providers/contracting/manuals/>. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that Applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the Applicants that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 100 possible points, based

on the following criteria and the highest score will be recommended for approval as the winning Applicant.

Abstract	0 Points
I. Organizational Community & Fit	
A. Expertise of the Applicant Agency	10 Points
B. Project Description: Need HSAC	15 Points
C. Program Approach Family involvement	25 Points
II. Organizational Capacity	15 Points
III. Organizational Support	10 Points
IV. Outcomes and Evaluation	15 Points
V. Budget Narrative	10 Points

The Department also 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; the inability of the Applicant to provide adequate services; the Applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All Applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to proof of services, products, transactions and payments under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

All Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy as attached as **Exhibit A**.

All Applicants must comply with laws relating to Anti-Discrimination as attached as **Exhibit B**.

All Applicants must submit a signed Notice of Standard Contract Requirements, Processes, and Policies as attached as **Exhibit C**.

All Applicants must submit a signed Attestation-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts as attached as **Exhibit D**.

All Applicants must comply with the federal requirements of 2CFR 200.317. See **Attachment 1**. See **Attachment posting on DCF website**.

WARRANTY OF NO SOLICITATION ON COMMISSION OR CONTINGENT FEE BASIS. The Applicant warrants by submission of the proposal that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage or contingent fee.

Applicants must comply with confidentiality rules and regulations related to the participants in this program including but not limited to:

1. Applicants must comply with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keep client specific and patient personal health information (“PHI”) and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
3. Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a is to be kept confidential and the release of any such information may be in violation of state law.

All Applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

K. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

L. Post Award Review:

As a courtesy, DCF may offer unsuccessful Applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCF.ASKRFP@dcf.nj.gov.

Post Award Reviews will not be conducted after six (6) months from the date of issuance of this RFP.

M. Post Award Requirements:

Selected Applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals.

Selected Applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected Applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies

3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH-Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

Applicants must submit a Narrative that addresses the following criteria below.

In conjunction with DCF's review of the narrative descriptions you insert under each numbered subsection below, DCF will assess the documents you submitted with your response to this opportunity. DCF will determine the score for each section based on the quality, completeness, and accuracy of both the narrative descriptions and the documents it deems to be relevant.

The narrative portion of the proposal should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman. There is a twenty-five (**25**) page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements.

Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total twenty (20) points or more, the proposal shall be rejected as non-responsive. A penalty of five (5) points will be deducted for each missing document if not provided within 5 business days. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted.

The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages and attachments do not count towards the narrative page limit.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

Project Abstract (not part of the narrative) (no points)

Provide a one (1) Page Maximum Abstract

The abstract should present a concise summary of the well-supported, promising or evidence-based prevention practice (program, policy, strategy) and include information regarding the need, the target population (including number to be served), a brief description of the EBP practice, why it was selected, cost benefit of implementing the selected EBP, what the expected accomplishments will be as well as the total amount of funding being sought.

I. Community and Organizational Fit

Community and Organizational fit refers to Applicant's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

A. Expertise of the Applicant Agency-(10 Points)

- 1) Describe how this initiative is consistent with your mission and vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any services and programs that that your agency provides that are categorized as well as emerging, promising, supported or well-supported practice (see Evidence-Based Practice in CBCAP Friends NRC).
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.

B. Project Description: Need-(15 Points)

Note: The 2021 Human Services Advisory Council (HSAC) Needs Assessments Synthesis Report for New Jersey's 21 Counties identified 6 basic needs areas and 7 specialized service needs areas along with barriers and impacted sub-populations. While not limited to this source for the identification of community need, it is highly encouraged that applicants consider county and statewide needs identified in the state and county reports which can be found at:

https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

Proposals that develop prevention programs in response to family and community needs identified in New Jersey's 2021 Human Services Advisory Council (HSAC) Needs Assessment reports will **automatically be awarded 5 points**.

- 1) Describe the need(s), service gap(s), barrier or challenge(s) faced by families with children aged 0 – 5 that the initiative will address.
- 2) Describe how the proposed initiative will address the identified gaps or needs.
- 3) Discuss the specific target population of families or children aged 0-5 to be served. The applicant should include population size and demographics as well as any relevant statistics to link the need for this project. This includes a description of disparities impacting target populations historically underserved, marginalized and adversely affected by persistent poverty and inequality.
- 4) Describe how the program contributes to the prevention of child maltreatment. Include a description of other outcomes as described above in the Background section or outcomes that are consistent with the relevant protective factor(s) the program is designed to address. If applicable, how does the program contribute to reduction in infant mortality.
- 5) Include a summary of existing services and community supports in the geographic area, including barriers and gaps. Describe how your program will (i) be different from, rather than duplicate existing community services and resources; and (ii) bridge identified gaps and overcome barriers to build relationships that will reach the target population.

C. Program Approach-(25 Points)

- 1) Describe the proposed program model and all strategies and key activities of the project. Describe how this model meets the stated purpose of the grant.
- 2) Describe how the strategies will keep fidelity to an evidence-based, evidence-supported, or evidence-informed model. If the project includes innovative models or strategies, please provide a clear description of the evidence to support your model/strategy selection.
- 3) Describe the population to be impacted by the project. Include basic demographic information of the community and/or children and families to be served and identify the geographic reach of the project. Include

numbers of children, families, or others to be served by each component of the project.

- 4) Describe outreach strategies to special populations of underserved or underrepresented groups unique to the identified service area.
- 5) Describe any potential barriers to implementation of the proposal and strategies to overcome them.

Note:

Address the following three cross-cutting priorities of the NJTFCAN Prevention Plan for 2022-2025. For reference, the NJTFCAN Prevention Plan can be found at: [2022-2025.NJ.Statewide.Prevention.Plan.pdf](#)

- **Priority 1:** *Promote racial equity/racial justice and reduce disparities across populations in service access, service provision, and retention.*

What strategies will be utilized to ensure that every family, regardless of race, has the same opportunities and access to culturally and linguistically appropriate prevention services.

- **Priority 2:** *Increase opportunities for effective youth and family participation and partnership in policy and program planning, implementation, CQI, evaluation, and outcomes.*

What strategies will the program adopt to enhance opportunities for diverse persons including those with lived experience (e.g., persons or families who have sought support) to partner, collaborate, and provide insight into programs and policies related to this initiative. **DCF places a premium on the meaningful involvement of youth/family and persons with lived experience in the planning, implementation, continuous quality improvement, evaluation and outcomes of programs and services.**

The response for Priority 2 will be awarded up to five (5) points.

- **Priority 3:** *Promote developmentally based trauma-Informed and healing-centered prevention practices.*

Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.

- **Include written policies implementing trauma informed practices, if available.**

II. Organizational Capacity-(15 Points)

Organizational Capacity refers to the Respondent's ability to financially and structurally meet and sustain the specified minimum requirements.

1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, Board of County Commissioners). Do leaders have the diverse skills and perspectives representative of the community being served?

• **Include a Governing Body List. (A "governing body" is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Board of County Commissioners of Responsible Governing Body. List must be dated and include the following: names, titles, emails, phone numbers, addresses, and terms for all members of Governing Body.) as part of the appendix.**

• **Include a current Agency-Wide Organizational Chart.**

2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described in the Resources section of this RFP? If so, describe.

3) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.

4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.

• Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Describe the management and supervision methods that will be utilized.

○ **Include an organizational chart for the proposed program operation as part of the appendix.**

○ **Include job descriptions that include all educational and experiential requirements as part of the appendix.**

○ **Include professional licenses related to job responsibilities, if applicable.**

- **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
 - **Include a brief narrative on staffing patterns as part of the appendix.**
- 5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
 - 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
 - 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
 - 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
 - 9) Briefly describe the ways in which your Agency's operations (policies and/or practices) mirror the Prevent Child Abuse New Jersey's Safe Child standards.

The Standards are available at:

<https://nj.gov/dcf/providers/notices/nonprofit/>

- **Include a brief (no more than 2 pages double spaced) Safe-Child Standards Description demonstrating ways in which your agency's operations mirror the Standards as part of the appendix.**
- 10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for clients served.
 - **Submit a description/floor plan of program space as part of the appendix (include address).**
 - **Additional photos and/or floor plans are also welcomed, if available-attach as part of the appendix.**

- 11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).
- 12) Describe how the requirements of this initiative will be implemented through the community partners listed and attested to in the resources section of this RFP and the collaborative activities listed and attested to in the activities section of this RFP.
 - **Include a letter of commitment** specific to a service or MOU to demonstrate commitment to the program **as part of the appendix (if relevant to your program). If not applicable, include a written statement stating "NOT APPLICABLE"..**
 - **Include no more than eight (8) professional letter(s) of support** from community organizations that you already partner with **as part of the appendix.** Letters from any New Jersey State employees are prohibited.
- 13) Describe your plans to ensure the needs of the target community will be met in a manner consistent with your commitment to cultural competency and diversity and the Law Against Discrimination (NJSA 10:51 seq.).
- 14) Provide a Proposed Program Implementation Schedule (attached as Appendix item 20), including a detailed timeline for implementing the proposed services or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.
 - **Include a Program Implementation Schedule attached as part of the appendix.**

III. Organizational Supports-(10 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.
 - **Include a Curricula Table of Contents for current and proposed training as part of the appendix.**

- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders.

IV. Outcomes and Evaluation-(15 Points)

- 1) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 2) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
 - **Include a summary of evaluation tools that will be used to determine the effectiveness of the program services (Summary should be no more than 5 pages) as part of the appendix. These tools must demonstrate outcomes measures that will measure the extent to which your program is impacting the outcomes identified in Section I. B (Need) above, as well as process measures, demonstrating whether your intervention is being carried out as intended.**
- 3) Describe procedures that will be used for data collection, management and timely reporting. Provide a description of data to be recorded, the intended use of that data and the means of maintaining confidentiality of respondents.
- 4) Submit a **signed Notice** of Standard Contract Requirements, Processes, and Policies as attached as **Exhibit C, as an appendix.**
- 5) Submit a **signed Attestation (Exhibit D)**-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts, **as an appendix.**
- 6) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 7) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

V. Budget-(10 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore,

applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program. The narrative must be part of the proposal.

- **The Budget forms are to be attached as an appendix .**

The Applicant shall submit 3 12 month budgets:

Year 1 from 7/1/22 to 6/30/23;

Year 2 from 7/1/23 to 6/30/24; and

Year 3 from 7/1/24 to 6/30/25.

The Applicants shall use the form attached as Exhibit E and provide three 12 month budgets.

The budget shall be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget shall also reflect a twelve (12) month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items. The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs.

The grantee is expected to adhere to all applicable State cost principles.

A description of General and Administrative Costs are available at <https://www.nj.gov/dcf/providers/contracting/manuals/#1> under the Contract Reimbursement Manual, Section 4.

<https://www.nj.gov/dcf/providers/notices/requests/>

See Standard Documents for RFPs for forms.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent. There is a twenty-five (**25**) page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements.

Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total twenty (20) points or more, the proposal shall be rejected as

non-responsive. A penalty of five (5) points will be deducted for each missing document if not provided in five business (5) days after requested by DCF. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Attachments do not count towards the narrative page limit.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal																													
1	<input type="checkbox"/> Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc																												
2	<input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices.																												
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 40px;">Abstract</td> <td style="text-align: right;">0 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">I. Organizational Community & Fit</td> <td></td> </tr> <tr> <td style="padding-left: 40px;">A. Expertise of the Applicant Agency</td> <td style="text-align: right;">10 Points</td> </tr> <tr> <td style="padding-left: 40px;">B. Project Description: Need <u>HSAC</u></td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td style="padding-left: 40px;">C. Program Approach <u>Family involvement</u></td> <td style="text-align: right;">25 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">II. Organizational Capacity</td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">III. Organizational Support</td> <td style="text-align: right;">10 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">VI. Outcomes and Evaluation</td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">V. Budget Narrative</td> <td style="text-align: right;">10 Points</td> </tr> </table>	Abstract	0 Points			I. Organizational Community & Fit		A. Expertise of the Applicant Agency	10 Points	B. Project Description: Need <u>HSAC</u>	15 Points	C. Program Approach <u>Family involvement</u>	25 Points			II. Organizational Capacity	15 Points			III. Organizational Support	10 Points			VI. Outcomes and Evaluation	15 Points			V. Budget Narrative	10 Points
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Part II: Appendices																													
4	<input type="checkbox"/> Written policies implementing trauma informed practices, if available. If not applicable, include a written statement.																												
5	<input type="checkbox"/> Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Board of County Commissioners of Responsible Governing Body). List must be Dated and include the following: <ol style="list-style-type: none"> a. Names b. Titles c. Emails 																												

		d. Phone Numbers e. Address and f. Terms
6	<input type="checkbox"/>	Current Agency-Wide Organization Chart
7	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response - include agency name and date created
8	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this response If not applicable, include a signed/dated written statement on agency letterhead
9	<input type="checkbox"/>	Job Descriptions that include all educational and experiential requirements
10	<input type="checkbox"/>	Resumes of any existing staff who will perform the proposed services (please <u>do not</u> provide home addresses or personal phone numbers)
11	<input type="checkbox"/>	Brief narrative on Staffing Patterns
12	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
13	<input type="checkbox"/>	Description/floor plan of program space-Include Address
14	<input type="checkbox"/>	Additional photos and/or floor plans, if available are also welcomed
15	<input type="checkbox"/>	Letter of Commitment specific to a service or MOU to demonstrate commitment to the program (if relevant to your program). If not applicable, include a written statement.
16	<input type="checkbox"/>	No more than 8 Professional Letters of Support from community organizations that you already partner with. Letters from any New Jersey State employees are prohibited.
17	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
18	<input type="checkbox"/>	Summary of evaluation tools that will be used to determine the effectiveness of the program services (no more than 5 pages)
19	<input type="checkbox"/>	All Applicants must submit a signed Notice of Standard Contract Requirements , Processes, and Policies as attached as <u>Exhibit C</u> . All Applicants must submit a signed Attestation -Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts as attached as <u>Exhibit D</u> .

20	<input type="checkbox"/>	Proposed Program Implementation Schedule or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.
21	<input type="checkbox"/>	Proposed Exhibit E Budget Form(s) documenting anticipated budget The Applicant shall submit 3 12 month budgets on the form provided as Exhibit E: Year 1 from 7/1/22 to 6/30/23; Year 2 from 7/1/23 to 6/30/24; and Year 3 from 7/1/24 to 6/30/25.
22	<input type="checkbox"/>	Agency's Conflict of Interest policy
23	<input type="checkbox"/>	Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last 2 years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
24	<input type="checkbox"/>	Standard Language Document (SLD) (signed/dated) [Version: Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
25	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number 2006 Federal Accountability & Transparency Act (FFATA) Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711
26	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
27	<input type="checkbox"/>	Applicable Consulting Contracts, Affiliation Agreements related to this RFP. If not applicable, include a written statement
28	<input type="checkbox"/>	Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Version: Rev. 8-2019]

		Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx
29	<input type="checkbox"/>	<p>Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury</p> <p>Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Any agency previously contracted through DCF is required to submit an Affirmative Action Certificate.</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf</p>
30	<input type="checkbox"/>	<p>Certificate of Incorporation</p> <p>Website: https://www.nj.gov/treasury/revenue/</p>
31	<input type="checkbox"/>	<p>For Profit: NJ Business Registration Certificate with the Division of Revenue. If not applicable, include a signed/dated written statement on agency letterhead.</p> <p>Website: https://www.nj.gov/njbusiness/registration/</p>
32	<input type="checkbox"/>	Agency By-laws or Management Operating Agreement if an LLC
33	<input type="checkbox"/>	<p>Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)</p> <p>If not applicable, include a signed/dated written statement on agency letterhead.</p> <p>Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml</p>
34	<input type="checkbox"/>	<p>Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 3-15-19]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</p>
35	<input type="checkbox"/>	<p>Disclosure of Investment Activities in Iran (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-19-17]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActiviti esinIran.pdf</p>
36	<input type="checkbox"/>	<p>For Profit: Ownership Disclosure Form (PDF)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-8-18]</p>

		Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf See instructions for applicability to your organization. If not applicable, include a written statement.
37	<input type="checkbox"/>	For Profit: Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions (signed/dated) [Version: Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated written statement on agency letterhead. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf
38	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf
39	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
40	<input type="checkbox"/>	Tax Forms: Non Profit Form 990 Return of Organization Exempt from Income Tax or For Profit Form 1120 US Corporation Income Tax Return or-LLC Applicable Tax Form and may delete or redact any SSN or personal information
41	<input type="checkbox"/>	Executed Russia Belarus Disclosure form provided as Exhibit F

* Standard forms for RFP's are available at:

<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

Standard DCF Annex B (budget) forms are available at:

<https://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

Click on Vendor Information and then on Forms.

Standard Language Document, and the Contract Reimbursement Manual and Information Manual may be reviewed via the Internet respectively

at: <https://www.nj.gov/dcf/providers/contracting/forms/> and www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification:

Question and Answer:

DCF will provide eligible Applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCF.ASKRFP@dcf.nj.gov must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at:

<https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

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

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies,

placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT B
TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS
N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (C.18A:18A-51 et seq.).

Exhibit C

Notice of Standard Contract Requirements, Processes, and Policies

I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and email this executed document to:
OfficeOf.ContractAdministration@DCF.NJ.Gov

II. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at:
<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at:
<https://www.nj.gov/dcf/providers/contracting/manuals>
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations.
- D. the Equal Employment Opportunity (EEO) requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works.
- F. the Diane B. Allen Equal Pay Act, N.J.S.A. 34:11-56.14 and N.J.A.C. 12:10-1.1 et seq., mandate to provide the Commissioner of Labor and Workforce Development a report regarding the compensation and hours

worked by employees categorized by gender, race, ethnicity, and job category using the report templates found at <https://nj.gov/labor/equalpay/equalpay.html>.

- G. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
 2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil, or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
 4. Ensuring the content of every contractor's web site protects the confidentiality of and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.
- H. the terms of Executive Order No. 291 (EO 291) issued March 7, 2022; and DCF Administrative Order 14 titled Limitations on Activity Involving Russia, Belarus, and Ukraine; prohibiting the use of DCF funds to knowingly procure goods or services from any entity owned by or closely tied to the governments of Russia or Belarus, their instrumentalities, or companies investing directly in the same. In addition, every entity contracting with the State must submit to DCF a copy of a signed certification that it is not engaged in prohibited activities in Russia or Belarus, as defined in L.2022, c.3 (S1889). The certification is available at:
<https://www.nj.gov/dcf/providers/contracting/forms/>
- I. the requirement of N.J.S.A. 52:34-15 to warrant, by signing this document, that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or

understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage, or contingent fee.

III. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.
- C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- E. Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the SLD or the IPA.
- F. As defined in N.J.S.A. 52:32-33, contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information

provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320 b-8 to serve in this State.

- G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- I. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml
- J. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- K. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.

- L. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- M. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.
- B. If services are paid with Medicaid funds, contractors must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds-7.31.2020.pdf>
- D. If services are provided by programs licensed, contracted, or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:

1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.J.S.A 30:6D-73 et seq. (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system after the award of a contract.); and
 2. Danielle's Law:
<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/ddd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link", the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.
- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.

G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (N.J.S.A. 30:1-1.2b) requires the contractor to:

1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (N.J.S.A. 30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery, and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and
2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the

safety of the contractors, employees, and service recipients until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall act, including financial penalties or cancellation or non-renewal of the contract.

- H. If the employees of a contractor or its subcontractor enter, work at, or provide services in any state agency location, then they are covered by Executive Order No. 271 (EO 271), which was signed and went into effect on October 20, 2021. A covered contractor must have a policy in place: (1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments. The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. EO 271 excludes financial assistance; contracts or sub-contracts whose value is less than the State bid Advertising threshold under N.J.S.A. 52:34-7; employees who perform work outside of the State of New Jersey; or contracts solely for the provision of goods.
- I. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts

available to the public by posting them on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website), and by subjecting them to possible review by an Integrity Monitor.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature _____ **Date:** _____

Printed Name: _____ **Title:** _____

Exhibit D

**Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF
Contracts**

**ALL DCF Providers must sign, scan, and email this executed document to:
OfficeOf.ContractAdministration@Dcf.nj.us**

By my signature below, I hereby confirm I am authorized to review and sign this document on behalf of my organization. I additionally confirm:

_____ (1) my organization **is not** an entity entering into or renewing a contract or contracts with the Department of Children and Families to provide mental health, behavioral health, or addiction services that employs more than 10 regular full-time or regular part-time employees who principally work for the organization to provide the contracted services as defined in Public Law P.L. 2021, c.1 [if you select this response, please return the signed form as noted above].; OR

_____ (2) my organization **is** such an entity and in compliance with Public Law P.L. 2021, c.1., I therefore must submit within the 90-day period following the initiation or renewal of our DCF contract(s) either:

A. An attestation:

_____ signed by a labor organization confirming entry into a labor harmony agreement with such labor organization; **or**

_____ stating that our employees are not currently represented by a labor organization and that no labor organization has sought to represent our employees during the 90-day period following the initiation or renewal of our DCF contract(s) after the effective date of this act and up to the time of submission; **or**

_____ signed by a labor organization, confirming entry into an agreement or binding obligation to be maintained through the term of the DCF contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **or**

B. A notice:

_____ from a labor organization confirming it seeks to represent our employees after the expiration of the 90-day period following the effective date of our DCF contract, to be followed no later than 90 days after the date of notice stating that we have entered into:

(1) a labor harmony agreement with the labor organization; or

(2) an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **and**

C. A COVID-19 health and safety commitment:

I ensure the organization will continue to make a good faith effort to comply with minimum health and safety protocols issued by DCF to adequately ensure the safety of the covered providers' employees, and service recipients at least through the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. These efforts

include our adherence to the measures service providers may take to prevent and mitigate exposure to, and spread of, the COVID-19 virus while delivering services, as explained by the DCF Commissioner's issuance of Guidance's published on the DCF website at: https://www.nj.gov/dcf/coronavirus_contractedproviders.html These Guidance's have amended and supplemented, and may continue to amend and supplement, our contract requirements. I additionally represent I am not aware of any prior failures to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered provider's employees or service recipients.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Organization Name: _____

2022 RFP ARP Early Childhood Prevention Programs

Questions? Email us anytime at dcf.askrfp@dcf.nj.gov

Contacts: Patti Bowen
Loren LaBadie

- 1. We understand that projects must be evidence-based but must they be from the Evidence-Based Practice in CBCAP|Friends NRC? <https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/>**

No. Applicants are not limited to the practices listed at the referenced link. Applicants should identify the registry of evidenced based or evidence - informed practices from which the practice was selected.

- 2. Page 4. Exclusions: “Funds for this offering cannot be utilized for domestic violence programs, training, events, and public information campaigns”.**

- Is this exclusion specific to domestic violence or does this mean all trainings, events, and public information campaign are excluded?**

The exclusion related to training, events, and public information campaigns is not specific to domestic violence. Training and public information campaigns that are part of the execution of services using an evidence-based practice are acceptable as part of a proposed program. However, funds may not be used for a project whose focus/purpose is training and/or a public information campaign. In this context, training means training of professionals, paraprofessionals, or others in the provider community. Community education activities are not part of this exclusion.

- 3. Page 4. Exclusion: “These funds cannot be utilized to expand home visiting programs. Rather the intent of this offering is to bolster services and programs that will further support existing home visiting programs and planned universal home visiting”.**

- Can you distinguish between “not expanding home visiting, but funds can be used to bolster services”? Maybe you can provide a clarifying example.**

These funds are not intended to implement evidence-based home visiting programs. DCF is willing to fund programs which address the needs of the population served by New Jersey's home visiting programs, and to which home visitors can refer families.

- 4. Does this Proposal allow for professional training, targeted consumers, or both? Also, are other than domestic violence, are any other types of trainings excluded?**

Please see the answer to number 2.

- 5. Page 3. "Applicants may only apply for one grant under this offering and one grant under the related CBCAP ARP funding for Community Based Prevention Programs". This appears to be one proposal for community Based Prevention Program.**

- **Can you provide clarity and additional information about this statement? Does this proposal include both grants? If so, do we submit 1 application for both or 2 separate applications.**

Applicants may submit applications under both this offering and the related CBCAP ARP offering for Community Based Prevention Programs, however DCF expects that these applications would be for discrete programs, each with their own application. No more than one application may be submitted under each offering.

- 6. Can training costs and fees associated with an affiliation agreement /MOU be taken from accruals in first few months if we have accruals?**

Any proposed one-time expenses should be funded with contract accruals. However, not the limitation on training costs discussed in the response to Question 2. Fees associated with an affiliation agreement/MOU are potentially allowable provided they are necessary for delivery of the proposed program, and are allocated to all benefitting programs, if applicable.

- 7. Can we engage in a collaborative arrangement with another organization – like a subcontract?**

Yes, collaborations are encouraged under this offering. All subcontracts will need to be approved by DCF.

- 8. Would the RFP allow for a new home visiting program to be brought to the state?**

No.

9. Is budget modification permissible throughout the 3-year contract for instances of incidentals or unforeseen items and expenses?

Yes, provided DCF's contract modification policy is followed. [DCF | Contracting Policy Manuals](#).

10. Does this grant permit collaborative MOUs with another grantee that is a critical community resource for this project (i.e. South NJ Perinatal Cooperative).

Yes. DCF encourages collaboration.

11. What is the frequency of submission for fiscal expenditure reports? Is the Annex B, the only fiscal report format required?

No. Annex B is the provider budget. Providers will be expected to submit ongoing financial reports throughout the three-year contract term. DCF will provide the expected format, reporting frequency, and due dates, as outlined in Section 3.02 of the Standard Language Document, however DCF expects providers will be asked to report on a quarterly basis.

12. Is there a cap on indirect costs? Is there a percentage cap on this type of cost?

No.

There is not a cap on indirect (General and Administrative) costs, however grantees are expected to adhere to all applicable State cost principles, including reasonability.

More detail on General and Administrative costs is available in the Contract Reimbursement Manual, Section 4, at [DCF | Contracting Policy Manuals](#).

13. Can start-up costs include rent/stipend for space used within the targeted community. Also costs associated with job posting website membership fees.

These costs are permissible provided they are specifically related to the proposed program. If the costs are benefitting multiple programs, they must be allocated to all benefitting programs.

14. Is DCF interested in awarding grants geographically, so that there will be one or two awarded in the North, North East, Central and Southern areas?

No. Grants will not be awarded geographically.

**State of New Jersey
Department of Children and Families
Proposal Cover Sheet**

Please complete this form in its entirety

Incorporated Name of Applicant: The Children's Home Society of New Jersey

Public

Private-for-Profit

Private-Non-Profit X

Federal ID No.: [REDACTED] **Charitable Registration No.:** [REDACTED] **Unique Entity ID #:** [REDACTED]

Applicant Mailing Address: 635 S. Clinton Avenue, Trenton, NJ 08611

Contact Person: Karen Courtney, Chief Operating Officer

Phone Number: 609-695-6274 **Fax:** 609-394-5769 **Email:** kcourtney@chsofnj.org

Title of RFP/RFQ: American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS

County to be Served: Mercer

Location of Service(s) to be provided (if known): 635 S. Clinton Avenue, Trenton, NJ 08611

Total dollar amount requested: \$204,000

Funding Period: From July 1, 2022 to June 30, 2025

Brief description of services by program name and type of service to be provided: The Children's Home Society of New Jersey will offer prenatal health education and community doula support to low-income women who are pregnant or newly parenting children ages 0-5. Services are rooted in evidence-based curricula and are provided by highly trained and experienced staff who deliver content with cultural sensitivity and respect.

Authorization

Chief Executive Officer: Donna Pressma

Signature:  Donna C. Pressma

Date: 6/17/22

CEO Email: dpressma@chsofnj.org



**American Rescue Plan Supplemental Funding For
EARLY CHILDHOOD PREVENTION PROGRAMS**

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**American Rescue Plan Supplemental Funding For
EARLY CHILDHOOD PREVENTION PROGRAMS**

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The Children's Home Society of New Jersey

First Months/Primeros Meses

Abstract

The Children's Home Society of New Jersey (CHSofNJ) requests funding to strengthen and expand its continuum of Maternal Child Health (MCH) preventative education and support programs to more effectively engage women and children 0-5 with preventive prenatal and postpartum health education, community doula services, and access to other supportive services. CHSofNJ's current culturally and linguistically-appropriate maternal child health programs are grounded in research and evidence-based peer support approaches.

Incorporation of evidence-based models from the March of Dimes and HealthConnect One will be used in the proposed services to help to meet great need in Mercer County, where inequity can be vast and access to high-quality and respectful services is lacking. CHSofNJ knows that prenatal and postpartum group education workshops, individual support, and participant-community doula linkages work to improve health outcomes for women and babies. Services help build the Protective Factors of parental resilience, social connections, and knowledge of parenting to prevent child abuse and neglect.

CHSofNJ requests \$204,000 in annual support for our proposed First Months/Primeros Meses (FM/PM) program to support a minimum of 190 low-income or otherwise at-risk, women and their young children each year. Funding will support Women's Health Advocates and Community Doulas representative of the women they serve, as well as related agency and staff support. The proposed program is a complement to and enhancement of current CHSofNJ programs and services and leverages all resources possible to create a cost-effective model that encourages positive outcomes.

I. Community and Organizational Fit

A. Expertise of the Applicant Agency

1. Initiative is consistent with agency mission, vision and priorities. Founded in 1894 with a mission to save children's lives and build healthy families, the Children's Home Society of New Jersey (CHSofNJ) strives to help participants gain the skills and knowledge they need to be successful long after our services end.

CHSofNJ has proven experience and demonstrated leadership in developing family and children's services, neighborhood-based networks that incorporate and highlight family voice, and inter-disciplinary partnerships to promote the welfare of infants, children, youth, and their parents and families, as well as those who serve them. CHSofNJ serves the community through several core service areas including Maternal & Child Health and Community Support; Early Child Care and Parent Education; and Trauma-Informed Behavioral Health. All CHSofNJ services are designed to empower individuals with the skills and knowledge needed to sustain healthy habits long after our services have ended. Activities aim to help increase protective factors and prevent child abuse by helping participants to improve health outcomes, and preserve and improve interpersonal connections with family, community members and service providers.

CHSofNJ has successfully provided Maternal Child Health (MCH) preventative education and support programs since 2001. The overall purpose is to improve the maternal and child health outcomes of low-income, often isolated, participants by providing free, community-based, evidence-based prenatal health education, pregnancy testing and community doula services. All these programs increase likelihood of attendance at prenatal and postpartum medical appointments; and increase access to quality of medical care; and improve postpartum health outcomes for all women, including Black, Indigenous and People of Color (BIPOC) – supporting

NJTFCAN Prevention Plan Priority 1, *Promote racial equity/racial justice and reduce disparities across populations in service access, service provision, and retention.*

As part of its broad mandate to prevent child abuse and neglect, CHSofNJ operates two NJDCF funded Family Success Centers - places residents can go for free and culturally sensitive family support, information, and services. FSC staff help families identify and build on their own strengths; link families to community services, provide culturally-sensitive programs, and promote family well-being – aligning with DCF Priority Three. Activities under the proposed First Months/Primeros Meses (FM/PM) program will strengthen and increase CHSofNJ’s ability to effectively engage women and children 0-5 with evidence-based preventive maternal child health services and link them and their families to education, advocacy, and family-bonding activities, such as those at the FSC.

2. Fit with existing agency initiatives. The Children’s Home Society of New Jersey (CHSofNJ) aims to build a strong and consistent continuum of support across the agency’s core service areas in order to provide individuals with high-quality, reliable and trustworthy services from pre-conception through adulthood. Recently, CHSofNJ has begun working with the Brazelton Touchpoints Center to increase our knowledge of the 0 -5 population even further.

This First Months/Primeros Meses (FM/PM) program will complement funding CHSofNJ received in May 2022 from the U.S. Department of Health and Human Services, Office on Women’s Health to provide racially equitable postpartum care to Black women, and two awards from the National Institutes of Health, National Library of Medicine grants to further strengthen CHSofNJ MCH prenatal health education and *AMAR* doula services, thereby improving equity for diverse communities. The full scope of CHSofNJ MCH services is below.

Free pregnancy testing at CHSofNJ in Trenton, NJ, which number 300-700 tests per year representing 25 percent 50 percent of the births from Trenton, help expecting mothers enroll in Medicaid which facilitates access to medical care. MCH staff help mothers make these medical appointments at the medical clinic serving pregnant and postpartum women. The MCH staff are often able to get access to appointments at the clinic earlier than if women call on their own.

Prenatal health education groups at CHSofNJ prepare women and teens with education about maternal health topics, including hypertension and postpartum depression, in order to understand pregnancy and the postpartum period. The multi-week groups emphasize the value of medical care before and after birth to produce healthy outcomes.

Through medically-accurate information based on March of Dimes curricula, *Becoming A Mom/Comenzando Bien*, and enhanced with guest speakers on topics based on participant need, CHSofNJ prenatal health education helps reduce poor birth outcomes and their long term effects, including developmental disabilities, cognitive and social-emotional delays, and chronic illness. Prenatal health education is offered in a warm and nurturing manner and provides participants with an encouraging space in which to learn important prenatal health information.

Community doula program supports women at birth, postpartum and prenatally. The community doula program is foundational to guiding women to participate in high-quality prenatal and postpartum medical care and routinely screens for postpartum depression in its participants. The CHSofNJ AMAR doulas have assisted 125 Hispanic women with 105 births in just over two years – imparting education about the importance of pregnancy-related care and sometimes attending medical visits with mothers. FM/PM will include a 4th Trimester Initiative to provide BIPOC women with this same high-quality culturally representative community doula support, especially for those women who are at high-risk for pregnancy or postpartum complications.

3. CHSofNJ emerging, promising, supported or well-supported practice services. CHSofNJ MCH services are rooted in evidence-based approaches (March of Dimes, HealthConnect One), as well as peer support approaches that are well documented for producing positive maternal health outcomes (Population Health Directorate, 2020). CHSofNJ offers both Spanish and English-language multi-week prenatal health education courses – based on evidence-based March of Dimes curricula Comenzando Bien/Becoming a Mom, CHSofNJ has added to and tailored these programs the needs of the community and to provide a more targeted service to participants. CHSofNJ Community Doulas are trained in models such as those provided by HealthConnect One or Uzazi Village: A Model for Decreasing Perinatal Health Inequities with Sister Doulaszai Village – both approved programs for Medicaid reimbursable community doula services.

4. Consistent working with the target populations required to be served by this initiative. The women typically served by CHSofNJ maternal child health (MCH) programs are pregnant or newly parenting low-income, Hispanic, Black and immigrant people living in Trenton and Mercer County. At intake, significant numbers of MCH participants report being unemployed; many have language barriers as they are still learning English; and are food or housing insecure. The First Months/Primeros Meses program will enroll pregnant and newly parenting teens and women who are historically at-risk for pregnancy complications and poor birth and postpartum outcomes.

B. Project Description: Need

1. Needs initiative will address. The FM/PM program will address the needs of pregnant or newly parenting women living with the stress of poor access to health care, poverty, immigration, and social isolation, which puts them at risk for other health issues, including decreased birth weight in newborns, lack of breastfeeding initiation, and postpartum complications. The Mayo Clinic

describes that babies born preterm or with a low birthweight are more likely to get infections, asthma, have feeding problems, and tragically, Sudden Infant Death Syndrome.

In New Jersey, studies of low-income Medicaid participants show significant racial-ethnic differences in depression-related mental health care after delivery, including disparities in the initiation and continuation of postpartum depression care; and suboptimal treatment is prevalent among all low-income women (National Public Radio 2019; Kozhimannil, Trinacty 2011).

In Trenton, in 2021, Hispanic women and teens are experiencing high rates of anemia according to anecdotal evidence from local midwives. Anemia is especially problematic given that it increases the probability of hemorrhage, which the Nurture NJ Strategic Plan cites as one highly preventable cause of maternal death: “Three in five pregnancy-related deaths are preventable (CDC, 2019) and some leading causes (e.g. hemorrhage, hypertension, and embolism-related deaths) are highly preventable.”

Challenges related to the lack of health insurance, late or lack of prenatal care, and emotional needs identified in the HSAC Needs Assessment, underscore the need for prenatal and postpartum care and supportive community doula services to mitigate health risks for babies and mothers. Community-based, culturally/linguistically-appropriate pre and postnatal education and support and linkage to community doula services can help to further prevent child maltreatment.

2. How the proposed initiative will address the identified gaps or needs. The First Months/Primeros Meses (FM/PM) program will directly address maternal and infant health disparities while imparting crucial information on actions that impact health outcomes and infant development. FM/PM will use evidence-informed multi-session group education with a focus on the importance of healthy behaviors during and after pregnancy to facilitate access to prenatal care, offer strategies for reducing physical and mental stress and promote peer support and the

development of social networks – all of which support positive outcomes. CHSofNJ has seen that interactive group education coupled with a high level of individual support-to-support creates better birth outcomes than in the population as a whole.

Through FM/PM, CHSofNJ will expand services to include community doula care for Black women that will mirror the successful CHSofNJ AMAR community doula program for Hispanic women which follows the evidence-based HealthConnect One community doula model. CHSofNJ will expand into the “4th Trimester” to provide enhanced postpartum group education workshops and individual support to Black women through linkage to a BIPOC doula to guide new mothers at-risk for or who have high-risk conditions including hypertension, diabetes and postpartum depression. Group education workshops may focus on addressing hypertension, perinatal mood disorders and the value of breastfeeding in the postpartum period, significant topics for Black women. Participants may also be linked with CHSofNJ Family Success Centers for targeted assistance meeting concrete needs and increasing protective factors.

3. Specific target population. Description of impacting disparities. The First Months/Primeros Meses (FM/PM) program will serve pregnant and newly parenting low-income Mercer County women and teens. Mercer County, population 368,085, is diverse economically and demographically (US Census Bureau, 2020). In Mercer, about 10% live in poverty, 10% lack health insurance, and 40% are Black or Hispanic/Latino. In Trenton, about 27% of families live in poverty, 17% lack health insurance, and 80% are Black or Hispanic/Latino. In 2018, there were approximately 4,000 births and, in 2020, the number of Trenton women who gave birth was 10 percent higher than the rate in NJ (US Census Bureau, 2018), ranging primarily in ages 15-30. Many have significant challenges in accessing health education and health insurance and are first time moms or women delivering for the first time in the U.S.

4. Program contributes to the prevention of child maltreatment and reduction in infant mortality. The FM/PM program contributes to prevention of child maltreatment by increasing access to prenatal and postpartum information, education and care, and linkages with insurance and medical providers - all identified as challenges for Mercer County families by the HSAC Needs Assessment. DCF notes that children under the age of 1 were at most risk for maltreatment and that more than 80 percent of perpetrators of child fatalities are caregivers of the victim.

FM/PM focuses on addressing the protective factors of parental resilience, social connections, and knowledge of parenting and child development - supporting women in creating meaningful peer relationships; encouraging and promoting knowledge gain related to social and emotional health and factors that impact the health of mother and baby; and providing connection to meaningful resources – all actions help participants increase their Protective Factors.

CHSofNJ's MCH services produce strong birth and immediate postpartum outcomes. From June 1, 2021, May 31, 2022, prenatal health education programs documented the following positive outcomes in 78 babies born to CHSofNJ prenatal health education participants – 95% kept all or most of their prenatal appointments were kept; 91% of babies were born full term and 99% full birthweight; and 90% of mothers initiated breastfeeding. The CHSofNJ AMAR community doula program saw similar positive results for 54 births during the same time period – 100% of babies were born full term and at full birthweight; and 94% of mothers initiated breastfeeding.

5. How program is different from existing services and community supports, including barriers and gaps. How it will overcome barriers. Although programs currently exist across the prenatal, postpartum, and early childhood trajectory, there is a lack of continuum with clear connection from one pregnancy/parenting stage to the next – some programs may have participants who attend prenatal education programs, yet fail to continue with postpartum care; or individuals

who participate in prenatal and/or postpartum care, yet fail to follow up on their own health needs, or who do not connect with continued family supports. FM/PM provides continuous support from pregnancy through the first year of life – connection to our FSCs encourages lifelong engagement.

Another major barrier to engaging in the full continuum of services for women and their children 0-5 is the lack of access to culturally representative providers. FM/PM addresses this gap by recruiting diverse staff, those who represent the cultures of those being served and have shared experiences. This helps build trust, which may be leveraged to further help participants increase knowledge, and gain access to health insurance, culturally-responsive providers.

C. Program Approach

1. Proposed program model, strategies and key activities of the project. Building upon our trusted and well-established maternal child health programs, CHSofNJ will continue to solidify our continuum of support – from prenatal through postnatal – with the same team of caring community health workers participants grow to know and trust. CHSofNJ will expand community doula services to include pre and postpartum doula care for Black women, and group education for Black women at-risk for high risk pregnancy complications. CHSofNJ will also provide intensive and targeted maternal child health education to a minimum of 190 low-income Black and Hispanic women in Mercer County annually. Participants can elect to participate in one or all program components, depending on their own needs and goals. Components are described below.

Prenatal Health Education. Skilled Women’s Health Advocates, who are in and of the community, will facilitate participant driven multi-course workshops at CHSofNJ Headquarters in Trenton. CHSofNJ parental health education courses are enhanced versions of the bilingual Becoming a Mom/Comenzando Bien prenatal curriculum from the March of Dimes, and are tailored to best meet the needs of participants. Women’s Health Advocates and Doulas teach

women about postpartum depression and anxiety; hypertension and the importance of postpartum medical care during postpartum group education, and provide 1:1 education and support.

The courses bring participants together in a warm and welcoming environment that promotes learning and growth, and help to educate women about prenatal care, nutrition, stress, things to avoid during pregnancy, labor and birth, postpartum and newborn care. Participants are encouraged to ask questions and share experiences about pregnancy and childbirth, especially as it relates to giving birth for the first time in the US or facing adversity in medical settings. Program activities are informed by participants' strengths and needs.

CHSoF NJ prenatal health education courses aim to educate low income, uninsured or underinsured, at-risk pregnant women in Mercer County about vital prenatal care, and link them to existing health care providers and support networks in order to improve maternal-infant health outcomes, thereby reducing maternal mortality.

CUNA, based on *Comenzando Bien*, is delivered in Spanish by bilingual and bicultural Women's Health Advocates; supporting mainly uninsured or under-insured Latina pregnant women from Trenton and Mercer County. CUNA courses are delivered twice each week for 16 weeks. Each course is approximately two hours in length.

Body & Soul for Black mothers, including teens, and based on *Becoming A Mom*, is delivered by BIPOC Women's Health Advocates from Mercer County. Each two hour course is delivered one time each week for nine weeks, bringing women together in a collaborative and nurturing environment that encourages women to bond with and support one another.

Community Doula Program. Community Doulas are women with lived experience and cultural match with the women in their care. Trained in evidence-based models, Community doulas generally support women earlier in pregnancy than traditional doulas, and provide high levels of

engagement and support through text, telephone and social media. Community doulas also remain present with women longer in the postpartum period, often staying in contact for several months. AMAR doulas are HealthConnect One trained doulas who have been supporting Hispanic women successfully for more than two years. Doulas provide a minimum of eight visits plus continuous labor and delivery support. The First Months/Primeros Meses (FM/PM) program will allow CHSofNJ to expand community doula services to include experienced BIPOC doulas to support Black women pre and postnatally, as well as through group education courses.

4th Trimester Initiative. CHSofNJ will expand postpartum education for Black women, specifically those at-risk for hemorrhage, hypertension, and anemia or other risk factors. Stand-alone courses will be provided by a qualified BIPOC doula with experience supporting women through high risk pregnancies and deliveries. This initiative will also aide in connection to postpartum care with the Trenton HealthStart Clinic serving pregnant and postpartum people and the local Federally Qualified Health Center.

Goals and Objectives. All CHSofNJ maternal child health strategies focus on providing women access to culturally and linguistically-appropriate prenatal and postnatal education and pregnancy support that helps them understand the value of before and after birth medical care. Efforts support existing home visiting programs and planned universal home visiting by offering participants an encouraging space in which to learn important prenatal health information for themselves and their families. CHSofNJ will work to meet the stated purpose of this grant through the following:

Goal 1. Increase participants' health knowledge and intention to engage in positive behaviors, related to nutrition, alcohol or drug use, identifying and acting on signs of preterm labor, and managing stress through CUNA and Body & Soul prenatal education cycles.

Objective 1.1. 95 percent of participants in prenatal health education program will avoid alcohol, illegal drugs and nicotine as indicated on intake and after delivery forms.

Goal 2. Improve birth outcomes of CHSofNJ participants including percentages of full-term and healthy weight births, and breastfeeding initiation, compared to overall data for Hispanic and Black deliveries in Trenton or for the hospital serving most Trenton women.

Objective 2.1. 95 percent of babies served by doula and prenatal health education programs will not be admitted to the neonatal intensive care unit (NICU).

Objective 2.2. 90 percent of babies born to mothers in doula and prenatal health education programs will be born full term and at full birth weights.

Objective 2.3. 90 percent of mothers will initiate breastfeeding.

Objectives 2.1, 2.2, and 2.3 will be measured through post-delivery forms. Outcomes will be compared to public data shared by the NJ Department of Health.

Goal 3. To improve Black women’s access to and participation in “4th trimester” postpartum medical care and education through extension of “4th trimester” services.

Objective 3.1. 30 Black women will be assessed by CHSofNJ MCH staff using the Edinburgh Postpartum Depression Screening with appropriate referral to CHSofNJ professionally licensed counselors or other community-based providers.

Objective 3.2. MCH staff with shared lived experience will help 30 Black women to make their “4th trimester” postpartum medical appointments from 3 days to 12 weeks postpartum at the prenatal clinic or the Federally Qualified Health Center.

2. How the strategies will keep fidelity to the model. CHSofNJ MCH programs build from evidence-based and best practices and are delivered with fidelity and help to address participant barriers. Staff participate in weekly one-to-one supervision. Team meetings are held twice monthly

in order to discuss program successes and challenges and strategize ways to meet participant needs while maintaining fidelity to the model.

3. Population impacted by the project. Demographic information and geographic reach of the project. LOS each component of the project. CHSofNJ MCH services are open to all Mercer County women who are pregnant or newly parenting. Based on previous years' enrollment, CHSofNJ expects the majority of participants will be residents of the City of Trenton, a community that historically has faced high rates of crime, violence, unemployment, and child maltreatment. CHSofNJ expects to provide the following levels of service annually: CUNA Prenatal Health Education for Spanish-speaking women using an enhanced Comenzando Bien curriculum for 90 women; Body & Soul Prenatal Health Education for Black women using an enhancement of Becoming a Mom for 30 women; AMAR Community Doula Program for 60 Hispanic Women; and The 4th Trimester Initiative for offering culturally-representative postnatal education and community doula support to 10 Black women each year.

4. Describe outreach strategies to special populations. CHSofNJ services do not discriminate, including against under resourced or underserved populations. All services are delivered with dignity and with privacy of the participant in mind. CHSofNJ outreaches women with the greatest need especially women who are delivering for the first time, the first time in the United States and/or are isolated from health care and support services due to immigration status or other barriers. CHSofNJ's inclusive and welcoming approach has historically resulted in a significant percentage of referrals from participant word-of-mouth. Other outreach strategies include information sharing with community partners, at agency facilitated socialization activities, and at local partner meetings where such information is appropriate.

5. Potential barriers to implementation and strategies to overcome them. CHSofNJ program participants face tremendous challenges, including lack of health insurance, late or lack of prenatal care, and emotional/mental distress needs. Additionally, a lack of reliable transportation in and around Mercer County makes attending programs a challenge.

In order to overcome these challenges, CHSofNJ maternal child health services are offered in family-friendly environments and many participants attend with their young children. Women's Health Advocates, members of the community themselves, guide women in applying for health insurance and other benefits. CHSofNJ provides vouchers for taxis, Uber and Lyft when needed.

Priority One, promoting racial equity/racial justice and reduce disparities is supported by CHSofNJ's emphasis on community-based commitment to learn more about Black women in the community's strengths and needs. *Priority Two*, involving participants in program planning is demonstrated by active Parent Advisory Boards, focus groups, and completion of end-of-service evaluation. *Priority Three*, promoting developmentally based trauma-informed healing-centered prevention practices is supported through culturally-sensitive and trauma-responsive services delivered by facilitators who share common backgrounds and experiences. Program activities are informed by an awareness of the participants' strengths and needs.

II. Organizational Capacity

1. How the organization's leadership is knowledgeable about and in support of this initiative.

CHSofNJ Board of Trustees and agency leadership are knowledgeable about and are in full, enthusiastic support of this project. Alarmed but motivated by the disparity and rates of maternal mortality that exists with BIPOC and Hispanic women and infants, these services are among the Board's highest priorities. Their dedication is highlighted in commitment to open a state-of-the-art Head Start/Early Head Start early learning center; using both federal and agency dollars to best

serve the community. Serving pregnant women and children 0-5, the Liberty Street center will strengthen the CHSofNJ continuum of services starting in pregnancy.

The CHSofNJ Board reviews the financial and program results of agency programs and includes educators and community representatives who give voice and perspective to program needs and challenges. Each year, youth join with a delegation of Board members to educate members of the New Jersey congressional delegation about issues they identify as critical.

How Requirements Will be Met Through Governance and Management Structure. The adopted policy of the CHSofNJ Board of Trustees is to "provide equal employment opportunity to all people without regard to race, color, religion, gender, sexual orientation, disability, marital status, veteran status, national origin, age, or physical handicap." CHSofNJ has developed a cultural competency plan that promotes cross-cultural understanding and respect for differences and encourages engagement of people of diverse backgrounds.

The CHSofNJ President and CEO oversees all administrative and program division directors at the agency, and serves on the agency Board of Trustees. The board meets regularly to oversee agency operations, determine strategic direction, and identify new priorities and resources. There are advisory boards in place for CHSofNJ Head Start, Family Success Centers, 21st Century Community Learning Centers and Healthy Women/Healthy Families program.

Diverse Skills and Perspectives of Leaders. CHSofNJ Board of Trustees consists of a diverse group of able business leaders, professionals, community members, and former clients. The board meets at least ten times per year to oversee agency operations, determine strategic direction, and identify new priorities and resources. **Governing Body List & Agency Org. Chart (Appendices 5 & 6).**

2. Fulfilling staffing requirements for this initiative. All CHSofNJ Maternal Child Health programs are overseen by Maritza Raimundi-Petroski, Vice President of Strategic Initiatives,

Prevention Programs and Community Engagement. Prenatal health education courses are delivered by trained Women’s Health Advocates (Shahera Hutchinson and Joselin Arana), and supported by the MCH Coordinator, Vilma Aguirre, who is also a HealthConnect One trained doula. Ms. Arana will move from part-time to full-time employment as part of the First Months/Primeros Meses (FM/PM) program. Cassandra Agnu and one additional BIPOC doula will come onboard part-time to support Black women in pregnancy and through their delivery and postpartum period. The AMAR Community Doula team includes Supervisor, Teresita Carrasquillo and five Spanish-speaking doulas, two who are employed by CHSofNJ full-time.

3. Cultural Match with Population Served and Community Relationships. CHSofNJ maternal child health staff are in and from the communities they serve. Current Women’s Health Advocates are bilingual and most are also bicultural. All have deep and meaning ties to the communities they serve, including active collaboration with Capital Health and Trenton Health Team – both leaders in promoting culturally respectful and responsive relationship and services.

CHSofNJ encourages all staff to think more broadly about cultural diversity – not just language differences, but also body language and communication styles, gender and cultural identity, generational relationships, nutrition, childrearing and other practices – and to identify relevant culturally-appropriate resources. Staff take deliberate and purposeful steps to build positive and healing relationships with program participants and deliver all programming through a trauma-informed lens. When possible and appropriate, forms and signage are provided in the primary language of consumers.

4. Plans to fulfill staffing requirements not currently in place. CHSofNJ’s hiring and program design strategies support Priorities One and Three and include ongoing opportunities for professional development. The agency works to achieve its affirmative action goals by: review of

its hiring process to ensure freedom from bias; recruitment techniques that increase flow of minority applicants for new and open positions; audit of compensation practices; and posting of promotional opportunities in multicultural media print and websites.

5. Designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice. All participants enrolled in CHSofNJ prenatal health education and community doula programs complete an intake survey at time of enrollment, the Edinburgh Postpartum Depression Screening to help identify mothers who are struggling with perinatal mood disorders, and CHSofNJ Post-Delivery Form after delivery. All women are asked to participate in intake and completion processes. The assigned Women’s Health Advocate and/or Community Doula are responsible for collecting the required data and completing entry into CHSofNJ’s HIPAA compliant electronic health record, Evolv. Reports are generated quarterly or as needed and reviewed with program staff and leadership.

6. Administrative practices developed and/or refined to support the initiative. CHSofNJ will evaluate, update and refine (if needed) administrative practices related to current agency prenatal health education and community doula services, including billing of Medicaid reimbursable services. CHSofNJ will look to the success of other (BIPOC) community doula services available nationally, and information gleaned from the CHSofNJ VP and her service with the Grunin Foundation’s Amplifying BIPOC Leadership Group – aligning with NJTFCAN Priorities 1 and 2.

7. How CHSofNJ Promotes Collaboration within Communities. CHSofNJ has strong collaborative relationships with social services, health and mental health agencies, houses of worship, and community organizations. Staff participate in and host resource fairs and community-focused events with prenatal health education partners including Capital Health, Henry J. Austin FQHC, Planned Parenthood, and Trenton Health Team among others.

In 2020, with funding from the National Library of Medicine, CHSofNJ conducted a Field Scan with 19 non-profits and hospitals about interest in community doula services in Paterson and Passaic County; and in March 2022 received a second year of funding from the Taub Foundation to provide technical assistance to support development of community doula training and services to focus on Hispanic, Black, Arabic and Bengali-speaking women in Passaic County.

Additionally, CHSofNJ contracts with NJDCF to provide community-based services which promote collaboration with organizations and residents, including: three Family Success Centers, two in Mercer County and one in Ocean County; Child Care Resource and Referral Services (Ocean County); the Regional Peer to Peer program (Mercer, Monmouth and Ocean Counties); Trauma Treatment for Child Victims of Domestic Violence (Mercer County); Intensive Services Program (Mercer); Ocean Therapeutic Visitation and Ocean Reunification Programs, as well as NJ Department of Health funded Healthy Women Healthy Families in Ocean County.

8. Membership in professional advisory boards. CHSofNJ promotes the values of diversity, tolerance, and cultural competence -- among the membership of the agency's Board and program advisory committees, and the agency staff. President and CEO, Donna Pressma, sits on The Child Welfare League of America National Commission for Policy and Practice which brings national perspective such as on importance and direction of trauma-informed practices; and the Vice President sits on several committees which connect her to the community and bring real-time understanding of ways to strengthen family protective factors given emerging trends in local communities including the Leadership Council, Foundations Academy, Trenton, NJ; Chair, Community Advisory Board, Trenton Health Team; THT's Accountable Care Organization Board of Trustees; Maternal Health HUB Learning Community Collaborative; CHPRD Alumni

Association; Amplifying BIPOC Leadership Group, Grunin Foundation; Curriculum Work Group, NJ DOH Colette Lamothe-Galette (CLG) Community Health Worker Institute.

9. Safe-Child Standards. CHSofNJ ensures compliance with all New Jersey and federal laws against discrimination in employment practices and service delivery, including N.J.S.A 10:5-12. The agency's staff undergoes annual training on child abuse, neglect, sexual abuse and reporting. New hire orientation and ongoing training addresses human trafficking, duty warn, confidentiality, discrimination and child safety. The agency has a Code of Ethics that follows NASW and a Board-approved Affirmative Action Policy. Please see the attached CHSofNJ incorporation of Prevent Child Abuse New Jersey's Safe-Child Standards. **Please see attached Standards (Appendix 12).**

10. Plans for program accessibility. CHSofNJ currently maintains corporate accounts with Uber and Lyft to help ameliorate participant transportation needs. Agency headquarters in Trenton is within walking distance to several residential neighborhoods, accessible via NJ Transit bus lines, and next to the South Clinton Avenue River LINE light rail station stop. The Heritage South FSC sits within CHSofNJ headquarters and Heritage North FSC is accessible via NJ Transit and is positioned within walking distance to several residential neighborhoods. All buildings are handicap accessible, with accessible parking and restrooms.

11. How requirements will be met through strategies for identifying, engaging and maintaining participation. CHSofNJ staff use a variety of strategies to identify and engage participants within the target population, including active social media pages created for each program; agency website updates; partner agency engagement such as through resource fairs or advisory meetings; and word of mouth to outreach participants.

When women feel empowered about their pregnancies and their own ability to advocate, they are more likely to seek out and utilize support. Capital Health midwives and medical staff tell

CHSofNJ that CHSofNJ participants are *different* than other mothers they see – CHSofNJ moms are more prepared for each prenatal appointment; asking good questions and knowing what to expect when a challenge or complication may arise. Maternal knowledge, self-advocacy skills and support increase the likelihood of better birth outcomes - thereby decreasing likelihood of child maltreatment and contribute to reduction in infant mortality.

12. How requirements will be implemented through the community partners and the collaborative activities. Program staff collaborates with Capital Health for referral of pregnant mothers and provision of bilingual prenatal education, breastfeeding, and nutrition classes; as well as Henry J. Austin Community Health Center which welcomes CHSofNJ program participants for healthcare appointments; Planned Parenthood provides education and services on family planning and sexually transmitted disease. Horizon NJ Health delivers workshops on Medicaid, NJ Family Care and chronic disease prevention; Central Jersey Family Health Consortium provides workshops on postpartum mood disorders, early intervention, child safety, and perinatal addictions; Rutgers Cooperative Extension provides nutrition education.

13. Needs of Community will be Met in Manner Consistent with Commitment to Cultural Competency and Diversity and the Law Against Discrimination. CHSofNJ ensures compliance with all state and federal laws, including NJSA 10:51 seq, the Law Against Discrimination. Agency staff undergoes annual training on cultural sensitivity and special needs. The agency has a Code of Ethics that follows the National Association of Social Workers (NASW) and a Board-approved Affirmative Action Policy. CHSofNJ is delivering a training series for all staff on justice and equity; a practice the agency will continue.

14. Please see the proposed Program Implementation Schedule (Appendix item 20)

III. Organizational Supports

1. Training, Coaching, Supervision and Program Oversight. Professional development is an integral, ongoing part of CHSofNJ operations. Staff are supported in their efforts to complete college degrees and professional credentials. The agency's human resources process includes regularly scheduled and structured supervision, coaching and mentoring. New-hire training covers policies, procedures, ethics, client rights, cultural sensitivity, critical incident reporting, mandated reporting of child abuse and neglect, human trafficking and informative materials about the benefits of organ donation. All CHSofNJ employees receive annual cultural competency training to ensure that services and treatment planning are conducted in a manner respectful of the consumer's culture. All CHSofNJ staff are encouraged to take advantage of all internal trainings, as well as those offered by DCF. Formal weekly supervision is provided to all MCH staff. **Please see the Curricula Table of Contents as Appendix 17.**

Process to Evaluate Staff Performance. CHSofNJ employs the *Supervision for Success* method developed by the Child Welfare League of America, which operates on the principle that all employees can be successful when they are helped to cultivate the skills, abilities, and resources to do their job. A written learning and action plan outlines the role of the individual providing supervision and the specific activities and expectations for the employee -- a demonstrated method to improve morale, productivity and retention.

2. How organization will support staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders. CHSofNJ will leverage community resources by inviting partners to present to women on topics that are in support of the five Protective Factors and that offer strategies for ameliorating those needs, thereby serving as a support to staff by providing relevant, culturally and linguistically appropriate content.

IV. Outcomes and Evaluation

1. How organization will support requirements of this initiative for collection, maintenance, and analysis of data. CHSofNJ maternal child health prenatal education has the following goals: to improve women’s prenatal and postpartum care knowledge including about postpartum depression and anxiety, hypertension, and the importance of medical care in pregnancy; improve health outcomes for women and their babies; and improve access to and usage of prenatal and postpartum medical care.

Outputs include culturally relevant outreach, group education, and 1:1 supports for pregnant and postpartum women. Short-term outcomes include increased scheduling of and attendance at prenatal and postpartum medical care appointments, increased participant knowledge of prenatal and postpartum care and its importance, decreased levels of postpartum depression and anxiety, and increased perceived maternal parenting self-efficacy. All these outcomes aim to support the Protective Factors of parental resilience, social connections, and concrete supports in times of need to prevent child abuse and neglect. Confidentiality of all client records will be maintained in accordance with all HIPAA requirements.

Several data sources will be collected and analyzed throughout the project, including check-ins asking about appointments attended, results of the Edinburgh Postpartum Depression Screening, and post-delivery forms, results of the post-program staff and participant satisfaction and perceived outcomes surveys. Information will be captured in CHSofNJ’s electronic health records system Evolv. CHSofNJ Labor and Post Delivery Forms provide information on birthweight, gestational age, NICU stays, known disability, use of medical interventions such as cesarean, and breastfeeding. CHSofNJ will track need and connection to resources, perceived level of social support, and outcomes of the Edinburgh Postnatal Depression Scale. Evolv allows staff to follow trends in monthly report data including the frequency and types of services delivered;

number of missed/cancelled appointments; and number of engagement and outreach attempts made to connect with absent clients.

Qualitative data sources include program documents, meeting agendas, CQI protocols, and focus groups. The CHSofNJ evaluator will be responsible for collating quantitative and qualitative data sources, conducting analyses, and presenting findings in quarterly reports, which will be shared with DCF, the CHSofNJ Board of Trustees, program staff, and other stakeholders. Data collection, maintenance, and analysis processes are in alignment with existing systems.

2. How initiative will be supported by use of data. The evaluation will use a mixed methods, participatory approach and consist of four reporting periods. Each report will explore the extent to which program activities are implemented as planned and their quality; as well as satisfaction levels of staff and participants. The reports will also describe progress of how well the program is meeting its intended goals and objectives. The purpose of the evaluation is to provide feedback on program implementation and for ongoing program monitoring and improvement.

In line with Priority Two, CHSofNJ has an established Continuous Quality Improvement (CQI) process and utilizes Supervision for Success to ensure that employees have the skills and tools they need to provide high quality services, and that training needs are identified and trainers selected to fulfill those needs. To further support CQI, a Data Review Committee will be established by the first quarter of the grant period and will schedule quarterly data review and planning meetings annually. Membership will include, at a minimum, a representative from the CHSofNJ leadership team, evaluation team, Women's Health Advocates, and doulas. Women participating in the program and related services will also be encouraged to participate. A SWOT analysis will be conducted at each meeting and action plans for continued program improvement will be shared with all program staff via staff meetings and email communications.

3. Data Collection, Management and Reporting. Program staff will be trained to use the agency's secure cloud-based password-protected, client management database, *Evolv*. Confidentiality of all client records will be maintained in accordance with all HIPAA requirements. The system allows staff to follow trends in monthly report data: identify underserved groups and communities; count the frequency and types of services delivered; the number of missed/cancelled appointments; demographics of service recipients; and number of engagement/outreach attempts.

Staff will collect and input information for participants relevant to the individual goals of youth. The evaluator will analyze aggregated data with the Vice President and program staff to better understand the impact of the provided services and the broad needs of clients so that program delivery can be adjusted to meet anticipated needs of likely participants.

4. A signed Notice of Standard Contract Requirements, Processes, and Policies is attached as Exhibit C, Appendix 19a.

5. A signed Attestation (Exhibit D)-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts, is attached as Appendix 19b.

6. Quality Assurance and Performance Improvement Processes. CHSofNJ has an established Continuous Quality Improvement process and utilizes Supervision for Success to ensure that employees have the skills and tools they need to provide high quality services, and that training needs are identified and trainers selected to fulfill those needs. Program staff administer an annual consumer survey and work with DCF in determining change in the Protective Factors for families with child welfare involvement. Participant outcome data, the results of the quarterly quality assurance reviews, and other input will be shared with agency management and treatment staff and with the CHSofNJ Board of Trustees.

7. How initiative will be supported by willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators. CHSofNJ welcomes the opportunity to collaborate with DCF to improve and finalize outcome indicators and participate in other collaborative evaluation planning activities. Program staff and agency leadership will be available as needed to attend meetings, share information (with appropriate releases and confidentiality measures), and otherwise communicate with DCF officials.

V. Budget Narrative. CHSofNJ requests a total of \$204,000 as shown in Appendix 21. **Year 1** personnel costs total \$107,747 in salaries and \$24,611 in fringe benefits for program staff: MCH Supervisor (45% of time); two Women’s Health Advocates (60% and 25% of their time); BIPOC Doula Supervisor (51% of time); Community Based Doula (per diem for eight births at \$1,200 each); Vice President for oversight and management (2% of time); and Database Administrator and Electronic Health Records Manager to set up data collection and reporting systems in the myEvolv database, ensure quality of data, run reports and maintain the system (5% of time each).

Fringe benefits for full-time staff are at a rate of 30.5% of salary expenses: payroll taxes (FICA and unemployment insurance, 9.26%), health insurance (12.81%); retirement (6.66%); life and long-term disability insurance (0.37%); and worker’s compensation (1.39%). Part-time staff, BIPOC Doula Supervisor and Doula, do not receive health and retirement benefits; rate is 11.02%.

Professional fees (audit, payroll processing, legal fees, etc.) are allocated based on the number of full-time equivalent (FTE) staff working in a program, 1.93 for Early Months. Allocation is \$2,329/FTE, total amount is \$4,505. Detail is provided in Annex B, attached.

CHSofNJ has budgeted \$9,591 for materials: \$1,209 for office supplies, based on agency historical costs for similar programs of \$625 per FTE, plus \$2,462 for program supplies (workshop materials, demonstration dolls, assessment tools and labor comfort aids), \$1,000 for personal

protective equipment for in-person services, \$3,600 for two laptops, \$600 for two monitors, \$600 for two printer/scanners, and \$120 for microphones/headphones.

The initiative will operate from CHSofNJ Trenton office on Clinton Ave. with space costs totaling \$16,538. Costs are allocated based on number of staff with workstations at each site. FTE allocations at the Trenton office are: rent (\$3,985), maintenance (\$2,423), utilities (\$1,351); property insurance (\$447) and telephone (\$344). These bases are multiplied by 1.93 FTEs.

Assistance to clients, totaling \$13,600, is \$10,000 for child safety items such as car seats and cribs) estimated at \$200 per family for 50 families; and \$3,600 to assist with transportation to programming, medical appointments and delivery. Other expenses:

- Cell phones for staff, \$480 per phone x 1.93 FTEs = \$928.
- HIPAA-compliant ZoomPro for virtual programing, 2 accounts x \$240/account = \$480.
- Mileage reimbursement for staff and transportation assistance to clients at the IRS approved rate of 0.625/mile x 3,000 miles = \$1,875.
- Liability insurance allocated at \$413/FTE x 1.93 FTEs = \$799.
- Software maintenance/network security \$246/FTE x 1.93 FTEs = \$476.
- Electronic health records system (myEvolv) at \$1,620/FTE x 1.93 FTE = \$3,134.
- Membership in Child Welfare League of America and Postpartum Support International at \$48.13 x 1.93 FTE = \$93.

General/administrative costs are \$19,632 for salaries and fringe benefits, allocated by FTE.

Years 2 and 3. Annual salary increases are budgeted at 2% and the Doula is budgeted for additional cases. Reductions are in materials and supplies.

THE CHILDREN’S HOME SOCIETY OF NEW JERSEY
POLICY ON TRAUMA INFORMED PRACTICES

POLICY:

An organization that is trauma-informed realizes the widespread impact of trauma; recognizes the signs and symptoms of trauma; and understands there are potential pathways to recovery; and responds by fully integrating this knowledge about trauma into policies, procedures, and practices – purposefully trying to minimize or eliminate re-traumatization.

The Children’s Home Society of New Jersey (CHSofNJ) strives to create a safe and culturally sensitive environment that promotes and fosters self-awareness of life impacting events while providing respect, encouraging independence, and instilling hope in our children, families, staff, volunteers, and interns. Principles of trauma informed care are reflected in the services provided, supervision received, and interactions inside the agency and with the community at large.

PROCEDURE:

The CHSofNJ policy on Trauma Informed Practices applies to all *full-time and part-time classified, “at will” and hourly employees*.

Trauma informed care is provided through every level of agency staff and all programs offered by CHSofNJ using the guiding principles of trauma-informed care:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural Issues

CHSofNJ provides continuous education for staff and supervisors about ways to provide trauma-informed care. CHSofNJ staff are trained in ways to understand and realize what trauma is and how it impacts individuals, families, and communities so they are able to recognize the signs and symptoms of trauma in others and respond to trauma in an appropriate manner in efforts to resist or minimize re-traumatization of staff and clients.

The Children’s Home Society of New Jersey
List of Board of Trustees
Updated February 2022

Name and Occupation	Professional Affiliation and Address	Board Position and Committee Service
James T. Shea Financial Consultant 2024	[REDACTED]	Chairman of the Board Chair Governance Committee Ex-Officio – Strategic Planning, Nominating, Investment, Head Start, Real Estate, TEDI and Trenton Auxiliary Committees
Mustafa Abdi Financial Manager 2023	[REDACTED]	Board Trustee
Miranda Alfonso-Williams CIPP/IT, Professional Consultant 2022	[REDACTED]	Board Trustee Strategic Planning and Real Estate Committee
Eva Alicea Accountant, Business Owner 2022	[REDACTED]	Board Trustee TEDI Committee
Marilyn Carroll Registered Nurse 2022	[REDACTED]	Board Trustee Co-Chair Nominating Committee Chair Trenton Auxiliary Committee Governance Committee
Kati Chupa Strategic & Marketing Consultant 2022	[REDACTED]	Vice President of Strategic Planning: Strategic Planning Committee Chair Governance, Investment, Head Start,

The Children’s Home Society of New Jersey
List of Board of Trustees
Updated February 2022

Name and Occupation	Professional Affiliation and Address	Board Position and Committee Service
		Nominating, Real Estate and TEDI Committees
Meredith Domzalski Administrative Assistant 2022	[REDACTED]	Board Trustee Nominating and TEDI Committees
James A. Graham, Ph.D. Professor of Psychology 2022	[REDACTED]	Board Trustee Co-Chair Nominating Committee Governance, Head Start and TEDI Committees
Rev. Brian Joyce Head Pastor 2024	[REDACTED]	Board Trustee Strategic Planning and TEDI Committees
John Martorana President 2023	[REDACTED]	Board Trustee

The Children’s Home Society of New Jersey
List of Board of Trustees
Updated February 2022

Name and Occupation	Professional Affiliation and Address	Board Position and Committee Service
Crystal Moore Senior Director Marketing Solutions 2022	[REDACTED]	Board Trustee Chair TEDI Committee Governance and Strategic Planning Committees
Debbie Musick Retired Administrative Personnel 2022	[REDACTED]	Board Trustee Co-Chair Trenton Auxiliary
Micah Parker Vice President–Property Operations 2022	[REDACTED]	Board Trustee Real Estate Committee
Jennifer Pizi Executive Director 2022	[REDACTED]	Board Trustee Investment and Strategic Planning Committees
Rev. Jose Rodriguez Pastor 2022	[REDACTED]	Board Trustee Real Estate Committee
Timothy P. Ryan Executive 2022	[REDACTED]	Vice President of Fiscal Affairs Audit Chair Real Estate Committee Chair Governance, Strategic Planning, Investment

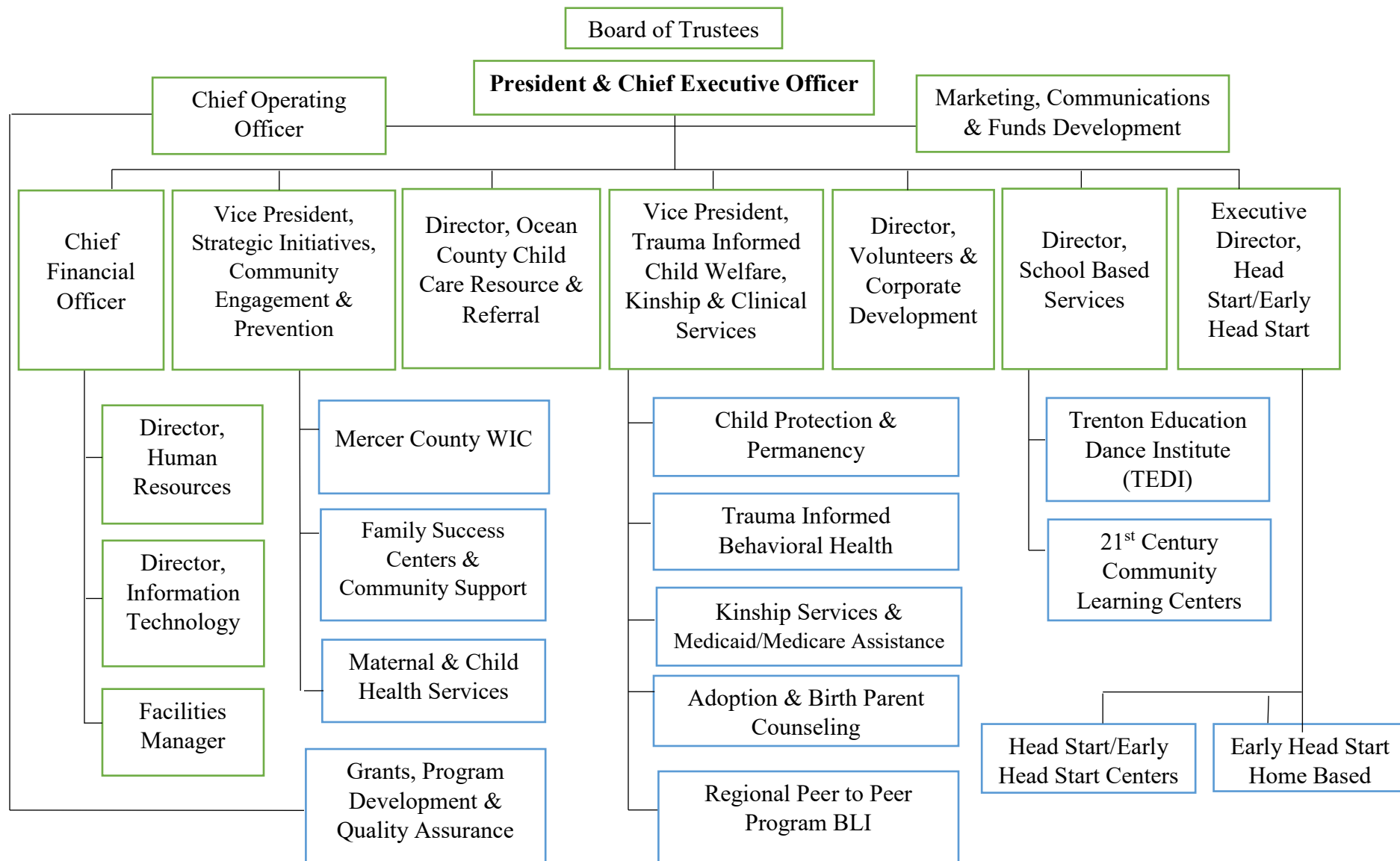
The Children’s Home Society of New Jersey
List of Board of Trustees
Updated February 2022

Name and Occupation	Professional Affiliation and Address	Board Position and Committee Service
	[REDACTED]	(non-voting), Head Start and TEDI Committees
Tamar Shelov Learning Disabilities Teacher/Consultant 2024	[REDACTED]	Board Trustee Strategic Planning Committee (Diversity and Inclusion)
Cordelia Staton Employment Specialist 2023	[REDACTED]	Vice President of Community Relations Governance, Head Start, Real Estate and TEDI Committees
Burt Sutker Business Owner 2022	[REDACTED]	Board Trustee Investment Committee Chair Governance and Strategic Planning Committees
Fong Wei, MD, FACP Internist-Nephrologist President & CEO 2024	[REDACTED]	Board Trustee

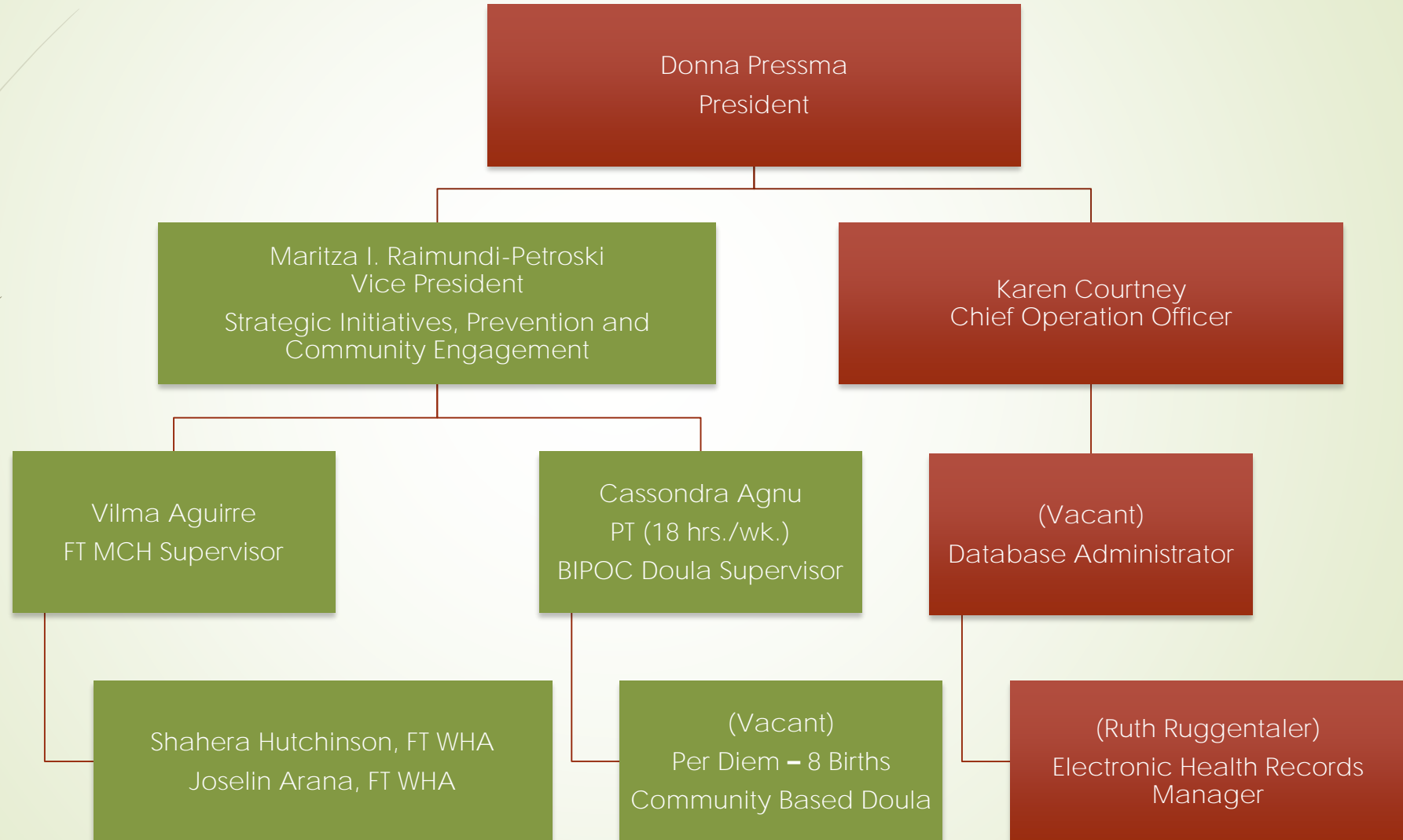
The Children's Home Society of New Jersey
List of Board of Trustees
Updated February 2022

Name and Occupation	Professional Affiliation and Address	Board Position and Committee Service
P. Alan Zulick, Esq. Attorney 2022	[REDACTED]	Vice President of Policy Governance, Strategic Planning, Head Start and Real Estate
Donna C. Pressma President & CEO	The Children's Home Society of New Jersey 365 South Clinton Avenue Trenton, NJ 08611 609-695-6274	Assistant Secretary/Assistant Treasurer TEDI Committee
Susan Hackman Acting CFO/Controller Non-Voting	The Children's Home Society of New Jersey 365 South Clinton Avenue Trenton, NJ 08611 609-695-6274 [REDACTED]	Acting Treasurer Investment Committee Advisor
Valerie Kouras Senior Executive Assistant Non-Voting	The Children's Home Society of New Jersey 365 South Clinton Avenue Trenton, NJ 08611 609-695-6274 [REDACTED]	Secretary

The Children's Home Society of New Jersey Agency Organization Chart



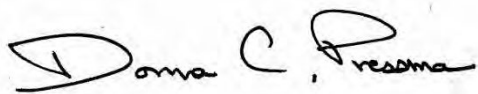
Mercer County CHSofNJ – Early Months/Primeros Meses Maternal Child Health Services





Appendix 8 – Professional Licenses

Professional licenses are not required for positions described in the proposed program narrative.



Donna Pressma
President and CEO

Children's' Home Society of New Jersey
Vice President of Strategic Initiatives, Prevention Programs and Community Engagement
Job Description

The VP is responsible for overall management and oversight of Maternal Child Health and Family Success Center programs, as well as strategic program development initiatives across the agency.

She has worked in the field of non-profit management for over 20 years and have expertise in organizational development, program design, program implementation and contract management. Most recently, she served as the Chief Program Officer for a county-wide Community Action Agency in Middlesex, NJ and she worked for 13 years as CHS's Division Director for Maternal C

Program Responsibilities:

- Supervise Family Success Center supervisors and staff as needed
- Supervise Maternal Child Health supervisors and staff as needed
- Lead initiatives that develop and implement critical need programming
- Problem solve with program staff and agency leadership.
- Mediate grievances by clients regarding programs and program personnel.
- Supervise implementation of program services in accordance with approved budgets.
- Lead annual review of department and agency goals
- Help develop training plans for new and current programs.
- Develop and maintain ongoing relationships with program partners, hospital and health agencies, Universities, state departments, community agencies, courts, schools, etc.
- Lead efforts related to regulatory and planning initiatives such as licensing, accreditation, strategic planning and compliance with audits and contract deliverables.

Children's' Home Society of New Jersey
Maternal Child Health Supervisor
Job Description

The Maternal Child Health Supervisor is responsible for day-to-day oversight, development, implementation and evaluation of CHSofNJ Maternal Child Health programs. Experience working with underrepresented and at-risk populations required. Experience leading preventive services with emphasis on protective factors required. Ability to read, write and speak Spanish required. Must hold intermediate proficiency with Microsoft Office applications and web-based meeting platforms. Advanced degree in Social Work, Early Childhood Development, or related field preferred.

Program Responsibilities:

- Supervise Maternal Child Health – provide daily oversight and guidance and weekly one-to-one supervision.
- Plan and lead Maternal Child Health Department meetings
- Problem solve with program staff and agency leadership.
- Mediate grievances by clients regarding programs and program personnel.
- Supervise implementation of program services in accordance with approved budgets.
- Lead annual review of all program manuals and evaluation tools, and use of CHSofNJ electronic record keeping system.
- Help develop and implement programs that meet the mission and the vision of the agency.
- Help develop training plans for new and current programs.
- Develop and maintain ongoing relationships with program partners, hospital and health agencies, Universities, state departments, community agencies, courts, schools, etc.
- Directly support Parent Advisory Boards.
- Take a leading role in regulatory and planning initiatives such as licensing, accreditation, strategic planning and compliance with audits and contract deliverables.

**Children's' Home Society of New Jersey
BIPOC Doula Supervisor
Job Description**

The BIPOC Doula Supervisor is responsible for oversight of doula services for Black women enrolled in the Body & Soul program. Certification from an accredited doula agency required. Credentialing with NJ Medicaid provider required. Reliable transportation required. Nights and weekends required.

Program Responsibilities:

- Assists in establishing program goals and objectives
- Provides culturally relevant support to maternal child health participants
- Provide culturally relevant support to doulas and other maternal child health staff.
- Oversee community doula services for Black women, including one-to-one supervision, and consultation for high-risk pregnancy situations.
- Attend training to keep up to date with health, nutrition, breastfeeding and related topics.
- Ensures documents and records are collected and completed as needed and required
- Communicate at monthly meetings with staff

Children's' Home Society of New Jersey
Doula
Job Description

The Doula is responsible for community doula services for Black women enrolled in the Body & Soul program. Certification from an accredited doula agency required. Credentialing with NJ Medicaid provider required. Reliable transportation required. Nights and weekends required.

Program Responsibilities:

- Helps in meeting program goals and objectives
- Provides culturally relevant support to maternal child health participants
- Provide pregnancy, labor and postpartum community doula support
- Attend training to keep up to date with health, nutrition, breastfeeding and related topics.
- Ensures documents and records are collected and completed as needed and required
- Communicate at monthly meetings with staff

The Children's Home Society
Women's Health Advocate
Job Description

Women's Health Advocates must have a minimum of two years' experience working with diverse and at risk populations in an urban setting. Experience working in the area of women's health preferred. Experience and/or professional development training as a doula, home visitor or community health worker is a plus. Reliable transportation required. Some evenings and weekends required.

Primary Responsibilities:

- Administers pregnancy tests
- Provides one-on-one support, including information, referrals, linkages and enrollment
- Enrolls participants in CUNA, body and soul or other programs and services
- Disseminates information to pregnant latina, black and teenage women with emphasis on preconception, prenatal and inter-conception care. Services can be offered prior to and immediately after giving birth.
- Assist with appropriate utilization of health and social services
- Assist families to enroll with appropriate health insurance plans
- Assist with health education and social support services for pre/post-natal care and interconception, and family planning services using, but not limited to, any of these curriculums: CUA prenatal health education, Comenzando Bien, Becoming a Mom, and/or body and soul.
- Assist with outreach (churches, schools, clinics, etc.), enrollment, intake and follow-up of all program participants for appropriate health related education classes, develop education objectives, and content for the prenatal and post-natal classes.
- Assist in the planning of activities that serve to recruit families into the maternal child health programs.

The Children's Home Society of New Jersey
Database Administrator
Job Description

The position of Database Administrator must have a bachelor's degree from an accredited school in social work or a related field, and three to five years of experience working with an accredited. Additional education and related experience is preferred. Reliable transportation is required. The Administrator should have knowledge of child development, early childhood education, parenting curriculums, standards of prevention, principles of family and protective factors.

Primary Responsibilities:

- Maintain agency electronic health record, Evolv, including regularly system updates.
- Lead set-up efforts to establish new programs in Evolv or other record keeping system.
- Problem solve with program staff and agency leadership.
- Collaborate with program staff regarding training related to data collection.
- Help develop training plans for new and current programs.
- Collaborate with program evaluator regarding data collection and preparation of reports.
- Participate in evaluation of services as needed

MARITZA I. RAIMUNDI-PETROSKI, MPA

NON-PROFIT EXECUTIVE: Experienced leader with over 20 years of successful program management and organizational leadership working with historically marginalized communities in the pursuit of social justice, equity, diversity and inclusion.

PROFESSIONAL DEVELOPMENT

2020-Present *Vice President of Strategic Initiatives, Prevention and Community Engagement*, The Children's Home Society of New Jersey, Trenton, NJ

- Work closely with the board of directors, CEO and other top executives to define and support the mission of the organization.
- With the CFO, ensures that all finances are being maintained according to state and federal regulations. Assist in the development of the agency-wide \$20 million dollar budget.
- Responsible for strategic planning and organizational development to ensure quality assurance and performance outcomes across multiple counties.
- Create and implement program delivery and data management systems for direct service programs.
- Responsible for professional development strategies across local, county, and state funded programs.
- Develop proposals and grants as well as new philanthropic contracts for the provision of prevention and community services both to sustain and identify new revenue sources to support program operations.
- Monitor contract management, program operations and contract renewals to meet levels of services.
- Oversee the implementation of new services or expansion of services as well as special projects.
- Responsible for the development of staff as well as maintaining and building internal and external relationships.
- Compiles periodic reports outlining the finances and operational successes or failure of the organization, including suggestions on how to improve performance.

2019-Present *Founding Partner* - MAPA Collaborative, LLC, Lawrenceville, NJ

- A management consulting firm that provides expert-based advice to individuals and organizations seeking to improve performance, create strategies and optimize operations. Specializes in Organizational Development, Personal Development, Education and Training, and Community Engagement, with a special focus on women owned, minority owned businesses and community and faith based organizations.

Recent Key Deliverables at MAPA

- Currently working with collective impact initiatives, consensus building projects, decision making strategies, and funds development plans for six nonprofit organizations. Secured over \$350,000 in state and private funds.

2017-2020 *Chief Program Officer*, Puerto Rican Action Board, New Brunswick, NJ

- Manage strategic planning infrastructure, contracts, board development and operations for a \$13 million dollar non-profit community based organization as part of the Executive Management Team.
- Directly responsible for corporate and funds development and participate actively in resource identification, funds development and donor cultivation, grant writing, donor outreach, solicitations, and relations.
- Ensure quality control, internal and external standards and requirements for 15 programs serving over 20,000 individuals county-wide.
- Oversee the design, implementation, monitoring, and evaluation of all programs, including compliance with site monitoring visits, financial audits and program audits.

Raimundi-Petroski II

- Supervise AmeriCorps VISTA coordinators and oversee special projects as part of a national service program designed to alleviate poverty.
- Directly responsible for overseeing the development and implementation of the organization's volunteer onboarding process, resource development strategy and community partnership initiatives.
- Responsible for the agency's risk assessment and self-monitoring process in compliance with the National Performance Indicators and Organizational Standards as required by the federal Community Service Block Grant as a designated County-wide Community Action Agency.
- Generate metrics to ensure the delivery of qualitative and quantitative goals and outcomes for evidence based programs such as Parents as Teachers (PAT), our NAEYC accredited early childhood schools and our Parent Infant-Child Center.
- Develop program-specific budgets, monitor and manage monthly departmental financial reports. Work with the Chief Financial Officer to coordinate agency-wide budgets.
- Manage a high-performing team of 2 Senior Directors, 7 Site Directors, 6 Managers and 10 Coordinators.
- Responsible for agency-wide professional development and resource capacity training plan.
- Responsible for program operations and contract management for all Early Childhood and Youth Services, Housing and Community Services and Family and Prevention Services.

Recent Key Deliverables at PRAB

- Secured \$780K in state, charitable contributions and private funding. Assisted in the renewal of over \$2 million in county and state grants in a period of 18-24 months to support agency programming.
- Secured recognition and accreditation from the USA Department of Justice to serve as a Board of Immigration Appeals (BIA) Center. Secured Child Care Licensing and compliance for two After School Programs.
- Secured satisfactory ratings for two programs previously in a technical assistance plan prior to joining the agency.
- Implemented the agency's new database management information system, policies, procedures and protocols.
- Coordinated all training and data monitoring and led the agency in a yearlong process to complete the National Association for State Community Services Block Grants Programs Outcomes Report, increasing data collection by 80% across three departments.
- Developed and implemented the agency's New Hire Orientation Process for all full-time and part-time employees as well as interns and volunteers, facilitated training for over 150 employees.
- Facilitated the successful expansion and restructuring of our Family Success Center to comply with the state model.
- Developed new policies adapted by the Board of Trustees in the areas of: 1) records retention, 2) summer flexed schedules, 3) internship placements and screening process, 4) quality assurance and 5) staff wellness plans.

2018 *Fall First Year Seminar Co-Instructor*, The College of NJ, Ewing, NJ

- Co-Instructed TCNJ's first course about Puerto Rico post-hurricane Maria called The Perfect Storm: Puerto Rico, an Island in Crisis. Course covered issues of Civic Responsibility, Race and Ethnicity, and social justice.
- Co-Chaired an open forum for Mercer County community partners, school administrators, and general student body. Coordinated two Community Engaged Learning projects for 17 students.
- Monitored student performance using CANVAS.

2004-2017 *Division Director for Family and Community Support/Maternal Child Health Services*, The Children's Home Society of New Jersey, Trenton, NJ

- Responsible for overseeing program leadership, planning, and development as well as the implementation of private, local, county and state funded contracts (including the NJ Department of Health and the NJ Department of Children and Families) totaling over \$2.5 million dollars with a unionized workforce of over 50 employees within the Division during my tenure with the organization.
- Reported directly to the CEO/President and worked closely with the Chief Fiscal Officer and Director of Human Resources for oversight of program operations and meet or exceeded program benchmarks.
- Managed the day to day operations of all maternal and newborn health projects as well as prevention programs within the division in collaboration with a support team of five senior managers across two counties.
- Responsible for the agency's cultural competence awareness training for all new hires, volunteers, and interns across all programs during New Hire Orientation.
- Developed the agency's first mentoring program and curriculum for Spanish-speaking first time pregnant Latina immigrant women in the county (MAYA).
- Established the agency's annual Latino Parenting Education Conference for Spanish-speaking families in the county.
- Provided direct oversight and management of the Mercer County WIC Program and was responsible for coordinating efforts for relocation of services and personnel to increase access for eligible families.
- Developed the CUNA Prenatal Health Education and Support Group Programs, the Body and Soul Prenatal Health Education Support Group Program, the BURP Program, the MYA Program, and the MIO Programs, including curriculum development, program implementation and supervision special initiatives within these programs.
- Worked with the Executive Management team to provide direct oversight and contract monitoring for the Access to Care Grant, Improving Pregnancy Outcomes Grant and the day to day management of 3 Family Success Centers across two counties.
- Directly responsible for the development of the Trenton Makes Words Initiative in collaboration with key stakeholders in the City of Trenton and contributed to securing renewed funding through the PNC Foundation Grow Up Great Initiative in the amount of 1 million dollars.
- Implemented new initiatives in collaboration with Capital Health and the March of Dimes in the areas of breastfeeding, prenatal and postnatal care, NICU services and cultural competency.

PROFESSIONAL EXPERIENCE

2000-2004 *Coordinator of Housing & Latino Outreach Services, Family Guidance Center Corporation, Hamilton, NJ*

- Conducted the agency's first Workforce Diversity and Cultural Competency Assessment in collaboration with the Human Resource Department and the Board of Directors.
- Responsible for the application process and subsequent grant designation as a HUD-approved agency under their Consumer Credit Counseling program.

1997-2000 *Director of Operations, Mercer County Hispanic Association, Trenton, NJ*

- Worked closely with the Executive Director in all aspects of strategic planning, grant writing, budgeting, board development, fundraising, and marketing, including identifying potential donors and preparing reports.
- Responsible for the day to day operations of the Housing and Job Readiness Centers.

1992-1997 *Legal Assistant, Khan and Reiter Law Firm, New Brunswick, NJ*
Legal Assistant, Kamlesh Tewary Law Firm, Edison, NJ

- Conducted legal research; scheduled depositions; assisted in the preparation of summonses and subpoenas; generated status reports.
- Interviewed clients for background information needed to obtain legal status, including H1B visas. Drafted court papers and gathered supporting documents to file a client's immigration application.
- Maintained databases; provided translation and interpretation services as needed.

CURRENT COMMUNITY AND PROFESSIONAL SERVICE

- 2021-Present Board Member, THT's Accountable Care Organization Board of Trustees**
- 2021-Present Board Member, Trenton Health Team's Board of Trustees**
- 2021-Present Maternal Health HUB Learning Community Collaborative**
- 2021-Present NJ InCK Partnership Council**
- 2020-Present Member, Community Doula Sustainability Committee**
- 2019-2020** Member, NJ Pediatric Residency and NJFSC Advocacy Collaborative
- 2019-2020** Member, Padrinos' Committee at the Robert Wood Johnson University Hospital's Community Health Promotion Program
- 2019-Present Role Model, Hispanics Inspiring Students' Performance and Achievement (HISPA) Organization**
- 2019-2020** Member, Somerset/Middlesex Healthy Women Healthy Families Community Advisory Board
- 2018-2020** Esperanza Neighborhood Regional Collaborative Group
- 2018-Present** Member, State Theater of New Jersey's Latino Community Engagement Committee
- 2018-2020** Member, Steering Committee for the Esperanza Neighborhood Plan Neighborhood Revitalization Tax Credit (NRTC) Program
- 2018-2020** Chair, New Brunswick Domestic Violence Awareness Coalition
- 2018-Present Member, Café Vision Executive Women's Leadership Group**
- 2018-2020** Member, NBDVAC March and Rally Planning Committee
- 2017-2020** Member, PRAB's Board of Director's Program Services Committee
- 2017-Present Site Liaison and Task Supervisor, School of Social Work at Rutgers University**
- 2017-2020** Member, Planning and Evaluation Committee Artists Mentoring Against, Racism, Drugs and Violence (AMARD): Healing Through the Arts Summer Enrichment Program
- 2014-Present Member, NJ Council for Young Children's Infant Child Health Committee**
- 2014-Present Member, Horizon NJ Health Hispanic Advisory Group**
- 2010-Present Site Liaison, Governor's Hispanic Fellowship Program at the CHPRD**
- 2007-Present Site Liaison, Spanish/Portuguese's Translation & Interpretation Program, Rutgers**
- 2007-Present Member, Community Advisory Board Womanspace, Inc.**

EDUCATION

Graduate School of Public Affairs and Administration at Rutgers University
Executive Master in Public Administration-Concentration in Non-Profit Management

Rutgers, The State University of NJ
BA, Dual Major in Puerto Rican and Hispanic Caribbean Studies & Spanish

PAST COMMUNITY AND PROFESSIONAL SERVICE

- 2017-2018 Co-Chair, New Brunswick Tomorrow Wrap-Around Immigration Sub-Committee
2017-2019 Mentor, Latino Alumni Association of Rutgers University's Mentoring Program
2017-2019 Member, Juntos/Together: Puerto Rico Disaster Relief Regional Collaborative
2017-2017 Member, Planning & Silent Auction Committee, PRAB's 45th GALA Anniversary Celebration
2016-2019 Member, Community Grants Review Committee, Department of State's CHPRD
2016-2019 Member, March of Dimes State of NJ's Maternal Child Health Committee
2016-2018 Member at Large, City of Trenton's Latino Advisory Council to the Mayor
2016-2017 Member, Princeton University ReachUp USA Operational, Implementation & Research Team, Trenton's Early Childhood Study Pilot Program
2016-2017 Member, Mercer County Council for Young Children
2016-2017 Member, Early Literacy Committee Capital City My Brother's Keeper
2015-2016 Member, NJ Chapter of March of Dimes Program Services Committee Peer Grant Reviewer
2015-2016 Chair, DCF's Central Region Child Abuse Prevention Awareness Committee
2013-2016 Board Member, PACE Charter School
2012-2013 Board Member, Nominations Committee, Puerto Rican Community Center
2010-2017 Site Liaison, Field Placement Program at the Department of Social Work at Cairn University
2006-2017 Chair, CHS of NJ's Latino Advisory Committee
2006-2010 Member, Program Services Committee/Peer Grant Reviewer, NJ Chapter of March of Dimes
2004-2017 Chair, Mercer County Annual Latino Parenting Education Conference
1998-2000 Board Member, Granville Charter School & Chair of the Cultural Competency Sub-Committee
1998-2000 Board of Trustees and Secretary, Capital Resource Center of Trenton

RECENT PRESENTATIONS and PUBLIC SPEAKING ENGAGEMENTS

- 2021** Motivational Speaker, Emerging Leaders Cohort, NORWESCAP
2020 Presenter, Grant Writing: The Critical Elements Workshop, Princeton Community Works Conference
2019 Motivational Speaker, Jerome Dunn Academy's HISPA Program: Make Every Day Count!
2019 Speaker, 17th Annual March & Rally Against Domestic Violence "Break the Silence, Stop the Violence"
2019 Speaker, "Your Vote Counts!" Panel at the League of Women Voters of Greater New Brunswick
2019 Speaker, "Lessons Learned from the Whole Family Approach for the Biggest Impact Panel Discussion" Pascale Sykes Foundation Grantee Conference
2019 Keynote Speaker, Project TEACH-Mercer County Commencement Ceremony
2019 Speaker, Rutgers Dreamers Virtual Career Expo for Deferred Action for Child Arrivals (DACA) Students in New Jersey Panel Discussion
2019 Speaker, Princeton Area Community Foundation's Fund for Women and Girls' Education Forum: Building a Better Understanding of Our Immigrant Communities Panel Discussion
2019 Motivational Speaker, Samuel E. Shull Middle School's HISPA Program: Building your own path!
2018 Co-Chair, Open Forum - Puerto Rico Standing; a Critical Conversation about Our History, TCNJ
2018 Speaker, Annual Rally against Domestic Violence, New Brunswick
2017 Workshop Presenter, "Taking the LEAP: Integrating Fatherhood and Community Engagement within the Family Success Center Movement" at the 10th Annual Family Success Conference
2016 Speaker, NJ Governor's Hispanic Fellowship Program's Alumni Non-Profit Management Discussion, NJ State Museum
2016 Speaker and Workshop Presenter, Central Region Child Abuse Prevention Awareness Conference: Relationships Make a Difference

- 2016** NJ Delegation Representative, CWLA National Advocacy Summit - Congressional Visits
- 2015** Speaker and Workshop Presenter, SocialJustice and Community Building Conference sponsored by the Bonner Institute for Civic and Community Engagement, The College of New Jersey
- 2015** Guest Speaker, Mid-Atlantic Regional Office of Food and Nutrition Service's Caribbean American Heritage Month: Contributing to the American Landscape Event Cultural Diversity and Inclusion
- 2015** NJ Delegate Representative, CWLA National Conference: Advancing Excellence through Innovation and Collaboration, Congressional Visits to Capitol Hill

CREDENTIALS, CERTIFICATION PROGRAMS AND KEY TRAININGS

- 2021** Geraldine R. Dodge Foundation Learning to Applied Practice: Anti-Racism and Anti-Oppression Cohort
- 2020** Act-Cess USA, Inc./Department of Labor Skills Partnerships - Lean Management Enterprise Training
- 2019** US Department of Health and Human Services Office of Minority Health - VDC Grant Writing for Technical Writers Certificate
- 2018** NJ Department of Treasury, Division of Revenue - Certificate of Notary Public - Commission ID#50079878
- 2016** School of Social Work, Rutgers The State University - Trauma Response and Crisis Intervention Workshop Series
- 2014** School of Public Health, Management and Labor Relations, Rutgers University - Community Health Worker Training Program
- 2012** School of Social Work's Institute for Families at Rutgers, The State University - Family Development Credential Leadership Program
- 2002** Thomas Edison State College - John S. Watson Institute for Public Policy Leadership Trenton Fellowship Program
- 2000** Rutgers, The State University of NJ - Post Graduate Certificate Program in Nonprofit Management
- 1999** New Jersey Department of Labor - Certificate Program in Human Resource Development
- 1997** School of Arts and Sciences at Rutgers, The State University of NJ - Proficiency Certificate in Spanish and English Translation-Interpretation
- 1996** Rutgers University Center for Strategic Urban Community Leadership - Latino Fellows Public Policy Leadership Institute Graduate

AWARDS & RECOGNITIONS

- 2015** United States Department of Agriculture Certificate of Appreciation Award
- 2013** Recipient of the New Jersey Council for the Humanities Latino Oral History: Justice Project given to 10 prominent Latinos by the National Endowment for the Humanities and the New Jersey Hispanic Research & Information Center
- 2010** Rutgers University Latin Images Award
- 2008** Be the Change Award from the Central New Jersey Maternal Child Health Consortium
- 2008** Outstanding Dedication, Service & Leadership Award, Association Dominicana del Condado de Mercer
- 2003** State of New Jersey Department of Corrections, New Jersey State Prison, Outstanding Volunteer Service Recognition
- 2000** Hispanic Americans for Progress Community Service Award, New Jersey State Prison, Department of Corrections

VILMA AGUIRRE BICHINQUE

PROFESSIONAL EXPERIENCE

The Children's Home Society of New Jersey (Trenton, NJ) August 2010 – Present

Maternal Child Health Coordinator/Social Service Specialist II (December 2016 – Present)

- Responsible for the management of all the prenatal, preconception classes offered within the Maternal Child Health Services.
- Monitor Level of Services for contracts and participate in the development and implementation of new program policies in order to meet expected levels of services and contractual operations.
- Collaborate with community organizations and programs to address persistent disparities in perinatal health in the greater Trenton area by identifying high-risk pregnancies early and providing high-risk birthing parents with enhanced services and support.
- Conduct a Diversity, Equity, and Inclusion (DEI) program assessment for all programs within the Maternal Child Health division, including services offered in Mercer/Ocean/Monmouth Counties.
- Participate in the city, county, and state stakeholders and community advisory groups in the representation of CHSofNJ's Maternal Child Health Services as appropriate.
- Serve as the program liaison/POC between Capital Health Start Prenatal Clinic and Maternal Child Health Services at The Children's Home Society of New Jersey.
- Disseminates information on available public health services primarily to women of childbearing age, including pregnant Latina, African American and Teenage women with emphasis on preconception, prenatal and inter-conception care.
- Generate reports on a regular basis for internal and external reviews using an Electronic Health Record
- Work in collaboration with key professional medical staff such as (DOULA's, Registered Nurses, Dieticians, Midwives, Childbirth Educators, NICU Nurses, etc.) for the delivery of programs and services to women in families.
- Assist with the training and orientation process of new staff, student interns and program volunteers to support day to day operations of the MCH programs.
- Administer and follow up with CLIA approved pregnancy tests on and off site to increase early enrollment into prenatal care services and provide appropriate support and linkages for women.
- Work with families who may need additional support for immunizations, ages and stages developmental assessments and/or other maternal child health screenings to support program outcomes.
- Identify educational resources to create a professional development tool kit to address justice, equity, diversity, and inclusion issues and aid materials handling health and birth equity and trauma care for BIPOC communities.
- Assist with the tracking and re-engaging of "lost-to-care" families, particularly women of childbearing age, first trimester mothers and women with limited English-speaking skills or who are considered at risk populations.

Bilingual Women's Health Advocate (November 2013 – November 2016)

- Provide instruction in basic preventative women's health measures and prenatal/postnatal care (breastfeeding, nutrition, screenings, etc.) in collaboration with nurse educator or doula.
- Plan and facilitate prenatal health curriculums based on program needs and required levels of service for agency programs including but not limited to; CUNA, Body & Soul, Teen2Teen and March of Dimes Curriculums.
- Complete client intake and preconception screenings, including the distribution and collection of evaluation forms, client satisfaction questionnaires, and other necessary documentation to be entered into database.

Bilingual Family Support Specialist (August 2010-November 2013)

- Plan, coordinate, develop lesson plans and facilitate parenting education programs using the Bavolek/Nurturing Curriculum.
- Create program forms and correspondence for all program related activities
- Assist in development of comprehensive quarterly reports
- Administer Parent and Child Assessments, Information and Referrals to 300 individuals (adults/children).
- Assist with the coordination of special outreach projects for underserved minority families.
- Administer Ages and Stages Questionnaire for children up to the age of 5 years old.
- Provide case management for all families participating in center-based activities.
- Help with the interpretation and translation as needed.
- Maintain program statistics and record keeping for approximately 300 participants.

EDUCATION

Rowan College at Burlington County –Human Services Degree- In progress

International Board Certified Lactation Consultant – In progress

Bucks County Community College 2010-2014

CERTIFICATIONS

CPR, AED & First Aid Certified (Adult & Child): 2022

Community Health Worker: completed 6/2021

Health Connect one Training of Trainers; Health Connect One Community-Based Doula: 2019

Certified Infant Car Seat Technician: 2015-2018

Community Peer Lactation Counselor: 2013

Additional Training: HIV Disease; HIV Counseling & Testing; Personal Safety & Security; CARES for Her: Access to Care; Childhood Lead Poisoning; Preconception, Interconception, and Prenatal Care; Ethics Training, WIC- New Guidelines and Information; Cultural Sensitivity: Valuing the Cultures of the Families We Serve (Translation & Interpretation); Post-Partum Depression, Attachment and Infant Mental Health; Child Care Connection's Stress Management.

PROFESSIONAL SKILLS

Proficient in Microsoft Office programs

Bilingual (fluently speak, read, and write) in English and Spanish

Shahera N. Hutchinson
[REDACTED]

OBJECTIVE: To become a part of a team that dedicates its time and service to helping those in need. To help rebuild, restore, and regain all that has been lost. And through my personal and work experiences, as well as knowledge, assist diverse individuals within the community, with various needs.

EDUCATION:

Mercer County Community College
August 2013 - 2015
Liberal Arts

W. Windsor, NJ

Lawrence High School
September 1994 – June 1998
Diploma

Lawrenceville, NJ

EXPERIENCES:

August 2010-Present

CHS of NJ, South Ward

Trenton, NJ

Woman’s Health Advocate & Parent Educator

- Responsible for the organization, preparation, and facilitation of a Prenatal Health and Education Support Group in English, which consist of creating session agendas and calendars, contacting and securing speakers, setting up hospital tours; pre-Covid, and preparing for the end of the cycle, virtual baby shower.
- Conduct Intakes for the Prenatal Health and Education Support Group by obtaining information on participants, nutritional habits, home environment, wants and needs, then referring when possible to both inside and outside agencies. Administer pregnancy test in both English & Spanish, and depending on the results, refer clients to appropriate organizations either inside or outside of the agency.
- Assist with organizing numerous isolated workshops
- Responsible for facilitating a virtual 5-week Infant Massage group, to assist parents and caretakers with creating a bonding experience
- Responsible for facilitating specified workshops on Zoom, and maintain information shared to the MCH (Maternal Child Health) social media accounts.

September-December 2015 Family Support Organization of Mercer County Mercerville, NJ

Youth Partner

- Responsible for overseeing a small group of coed teens, who dealt with behavioral and mental health challenges.
- Assisted the youth with ways to overcome the daily tests of living in a world where they are constantly judged.
- We the adults were the facilitators, but we allowed the teens to run the group. In order to get comfortable with speaking in front of others and gaining confidence.
- Purchased food. Hosted Parties. Created a safe haven for the teens

SKILLS & ACTIVITIES:

Bilingual - English and Spanish

Data Entry - 10,000+ Keystrokes

Typing - 65wpm

MS Office, Evolv System, Medical Transcription and Dictation, and Medical Terminology

Home Front Free Store

1000 Division St.

2012

Trenton, NJ

K.I.K.S Program

Lawrence High School

1996-1997

Lawrenceville, NJ

COMMITTEES:

Core Implementation Team (CIT)

Civil Rights Committee

Trenton, NJ

Trenton, NJ

Joselin Dayana Arana



EDUCATION

Rider University, Lawrenceville, NJ

Bachelor of Arts in Criminal Justice and Sociology, May 2021

Minor: Spanish for Business and the Professions

HONORS

International Honor Society in Philosophy, February 2020-Present

Rider Founders Award, September 2017-2021

Benjamin Shein Scholarship, September 2017-May 2021

PROFESSIONAL EXPERIENCE

The Children's Home Society, Trenton, NJ

Family Success Center, May 2022-present

- Contact other non-profit agencies to provide knowledge to the families in the community
- Call new families to see if they are interested in the services we offer
- Input client information into the designated database Evolv
- Remind families to pick up food bags

The Children's Home Society, Trenton, NJ

Women's Health Advocate, February 2022-present

- Administer pregnancy tests, as well as make referrals to WIC, Early Head Start, and Capital Health Start Prenatal Clinic
- Create appointments for women, and remind of upcoming appointments via phone, text, and email
- Facilitate a prenatal education group for expecting mothers

Teper Law LLC, Hamilton Township, NJ

Intern, October 2019-March 2020

- Translated important documents, such as birth certificates, from Spanish to English
- Attended meetings with clients translating, from Spanish to English to attorney
- Reminded clients of appointment time via phone, text, and email

The English School, Lawrenceville, NJ

Volunteer, September 2019-March 2020

- Tutored adults in English as a second language
- Attended conversation classes with tutees to encourage the tutees to speak publicly
- Completed learning activities with the tutees children ages 3-15

El Centro of Catholic Charities, Trenton, NJ

Volunteer, September 2019-March 2020

- Ensured children ages 4-12 complete homework
- Created lesson plans for weekly activities to help the kids ages 4-12 learn English as a second language

Cassandra Angu

EDUCATION

B.S. in Telecommunications (Spanish and Pre-Medical Concentrations) University of Florida, <i>Gainesville, FL</i>	April 2016
M.S. in Global Medicine University of Southern California, <i>Los Angeles, CA</i>	May 2017
B.S. in Nursing Thomas Edison State University, <i>Trenton, NJ</i>	Pending December 2022

CLINICAL EXPERIENCE

Medical Surgical I , <i>Capital Health Regional Hospital, Trenton, NJ</i>	Fall 2021
Medical Surgical II , <i>Capital Health Regional Hospital, Trenton, NJ</i>	Fall 2021
Psychiatry , <i>Capital Health Regional Hospital, Trenton, NJ</i>	Winter 2022
Emergency Medical Services , <i>Trenton EMS, Trenton, NJ</i>	Winter 2022
Mother Baby , <i>Capital Health Hopewell, Pennington, NJ</i>	Spring 2022
Pediatrics , <i>The Woods' School, Langhorne, PA</i>	Spring 2022

EXPERIENCE

Senior Case Manager and Family Care Coordinator Children's Futures, <i>Trenton, NJ</i>	September 2020 - Present
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- Maintained a caseload of 25 clients and supervised the case management team
- Established a free wellness clinic for community and/or uninsured prenatal and postpartum clients led by a Nurse Practitioner
- Created all supportive intake, PHI and treatment consent forms, maintained client relationships and tracked all encounters
- Served as a birth doula to support 5 teen and/or Spanish-speaking clients that other staff doulas were unable to support
- Designed 8 bilingual flyers geared towards outreaching the community and target demographic for HRSA grant
- Scheduled regular meetings with community partners and pertinent staff, gave educational community presentations, created meeting notes, and held key players accountable in meeting the decided upon deliverables

Community Doula

October 2019 - Present

The Hood Doula, *Los Angeles, CA; Trenton, NJ*

- Provided prenatal, birth and postpartum support services to 17 clients in underserved and/or low-income communities
- Educated clients and their birth support teams on childbirth, breastfeeding, birth positioning, labor comfort measures, etc
- Hybridized virtual/in-person services and provided pertinent education on healthy pregnancy and birth in a pandemic
- Fostered relationships with FQHCs, local OB/GYNs or midwives, WIC offices and other supportive community agencies
- Connected clients to prenatal, postpartum, pediatric, mental health and other social services necessary to their well-being
- Developed online community presence for clients and fellow doulas
- Fundraised for clients and business expansion through creation of "The Hood Doula" merchandise

HONORS AND AWARDS

Dhablania and Kim Family Global Medicine Fellowship	June 2017 – February 2018
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- Awarded fellowship to conduct a study investigating the correlation between vitamin D insufficiency in pregnant women in Yaoundé, Cameroon, and poor birth outcomes
- Presented findings from the Dhablania and Kim Family Global Medicine Fellowship as a student presenter via poster presentation at the Los Angeles Global Health Conference in February 2018

CERTIFICATIONS

Essential Access Health — Family Planning Health Worker	October 2019
Carriage House Birth — Birth Doula	October 2019
American Heart Association — BLS/CPR for Healthcare Providers	August 2021
The Academy of Lactation Policy and Practice — Certified Lactation Counselor	May 2022
The Uzazi Village — Perinatal Doula Training	June 2022

LANGUAGE PROFICIENCIES:

- Spanish | Level: Fluent, non-native

Ruth Ruggentaler-Cooper
[REDACTED]

SUMMARY OF QUALIFICATIONS

Process Coordinator with extensive event planning, database and file maintenance and analysis, customer service, human resource, and payroll experience. Proficient in Microsoft Word, Excel, Access, Quickbook, and HR Tax Software.

Experience

2000– 2010 Educational Testing Service Princeton, NJ

Process Coordinator

Performance Scoring

- Planned and coordinated on-site and off-site company sponsored events that supported the timely scoring of the constructed response portion of the ETS assessments. Responsibilities included the scheduling and tracking of participants, maintaining of electronic and paper files, employee travel, issues resolution, and serving as the lead point of contact for employees, clients, and vendors.
- Created and maintained a high volume of participant files for completeness and proper order; pulled and tracked records, designed forms and methods to improve record keeping processes, and supported internal and external client inquiries. With attention to detail, audited and archived files.
- Subject matter expert for the ETS schedule and pay database. Working closely with a development team, created and tested workflows, troubleshoot test environment bugs, and recorded/reported findings for new system implementation.
- Developed and presented training materials, process maps, and Standard Operating Procedures for internal and external clients.
- Processed employee payroll and expense reports ensuring accuracy and timely payment.
- Led recruitment efforts for assigned programs. Developed written recruitment plans, created ads for print and online placement, performed return on investment cost analysis, processed and screened electronic and paper employment applications, and as the System Administrator maintained accurate and complete employee data files.
- Complying with federal I-9 and E-Verify guidelines, processed and determined accurate and complete new hire employee documents.

1998-2000 Educational Testing Service Princeton, NJ

Customer Service Representative

1997 to 2000: H & R Block Hamilton, NJ

Tax Associate

Preparation of Tax Returns

Direct contact with Internal Revenue Service and the State of New Jersey

Education

1997 Rutgers, The State University of New Jersey New Brunswick, NJ
Bachelor of Science – Accounting - School of Management

Certificate: H&R Block Tax Course

Brief Narrative on Staffing

Maritza Raimundi-Petroski, Vice President, reports directly to President and CEO, Donna Pressma. She is a bilingual and bicultural professional with more than 20 years of experience supporting women and children. She provides broad oversight to CHSofNJ Family Success Centers and Maternal Child Health programs and will dedicate two percent of her time to this project. **Vilma Aguirre, Maternal Child Health Supervisor**, reports to the Vice President and CHSofNJ oversees pregnancy testing and prenatal health education courses in Mercer County. A qualified supervisor and bilingual and bicultural woman with deep community connections, Ms. Aguirre will dedicate 45 percent of her time to this project. **Shahera Hutchinson and Jocelyn Arana** are full-time (35 hrs/wk) **Womens Health Advocates**, and bring decades of experience supporting young children and their families. Womens Health Advocates report to the MCH Supervisor. **Cossandra Agnu, BIPOC Doula Supervisor**, will report to the VP. She will dedicate 18 hours each week to providing postpartum support and related community doula services. A **second community doula** will be hired to support eight births each year. **Ruth Ruggentaler, Database Administrator** will dedicate 5 percent of her time to set up data collection and reporting systems in the Evolv database, ensure quality of data, run reports and maintain the system.

THE CHILDREN’S HOME SOCIETY OF NEW JERSEY SAFE-CHILD STANDARDS

The Children’s Home Society of New Jersey has the following policies and procedures in place, or in development, that address the *Sexual Abuse Safe-Child Standards* developed by the New Jersey Partnership to Prevent Child Sexual Abuse and the Enough Abuse Campaign, and endorsed by the New Jersey Department of Children and Families in August of 2013.

Standard 1: Post a clear and accessible child-safe policy. The Children’s Home Society of New Jersey is committed to the safety and well-being of all children and youth accessing its services. The agency has and continues to: educate its staff about the risks related to child sexual abuse; institute policies and practices designed to protect children from the risk of child sexual abuse; and train staff and volunteers about appropriate reporting procedures.

Mandated Reporting Policy Statement: It is the policy of The Children’s Home Society of New Jersey that any knowledge by a staff member of possible abuse and/or neglect must be reported immediately to the New Jersey Division of Child Protection and Permanency (DCP&P) in accord with N.J.S.A. 9:6-8.10. Any reasonable suspicion of abuse and/or neglect is sufficient for a referral to DCP&P and all such suspicions must be reported.

The Children’s Home Society of New Jersey has a detailed and specific reporting procedure. Staff are required to familiarize themselves with this policy. The current version of the policy is provided to employees at the time they begin employment and can be accessed in the agency personnel manual. The agency is in the process of creating wall-sized posters of its child-safe policy to be displayed in agency offices and appropriate program areas.

Standard 2: Analyze risk of harm and minimize that risk. The Chief Program Officer is responsible for: monitoring and reviewing all Critical Incident Reports prepared by agency staff;

aggregating data from and preparing an analysis of the reported incidents quarterly; and presenting the analysis to senior staff for discussion and follow-up at management meetings.

Standard 3: Develop codes of conduct for adults and children. The Chief Program Officer is currently reviewing the suggested guidelines for complying with this standard, and preparing a recommendation to senior staff for their response and implementation ideas.

Standard 4: Recruit and hire suitable employees and volunteers. The agency systematically screens all employees, interns and volunteers who interact with agency clients. The screening process includes: face-to-face interviews; confirmation of education status, certification and licensure; checking of references; and fingerprinting, criminal and other background checks.

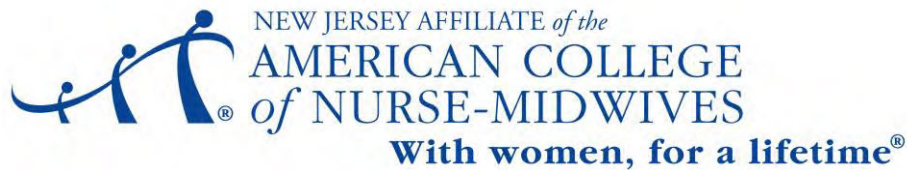
Standard 5: Educate staff and volunteers about the risk of child sexual abuse. All employees, interns and volunteers are educated about child sexual abuse and risk factors as part of new-hire orientation and ongoing professional development. Education about agency policy, the definitions of child abuse and neglect, and the risk factors associated with child maltreatment, and prevention measures are integrated into the agency's comprehensive training plan.¹ During new-hire orientation, agency employees learn how to conduct a child risk assessment and how to complete required reporting forms. Additional training is conducted to support implementation of related policy changes and strengthen staff skills.

Standard 6: Report and respond appropriately to suspected abuse and neglect. Agency reporting policies and procedures are fully aligned with and in compliance with state reporting regulations (N.J.S.A. 9:6-8.10) governing suspected instances of child abuse and neglect. The agency uses a single Critical Incident Report form.

¹ The risk factors include: parent or caregiver factors (personality characteristics and psychological well-being, history of maltreatment, substance abuse, attitudes and knowledge, and age); family factors (marital conflict, domestic violence, single parenthood, unemployment, financial stress, and social isolation); child factors which may interact with certain parental characteristics (age and physical, mental, emotional and social development, aggression, attention deficits, behavior problems, or parental perceptions of such problems); and environmental factors found in combination with previous factors (poverty, unemployment, social isolation, and community characteristics).

Appendix 15 – Letter of Commitment or MOU

Not applicable



June 10, 2022

Dear Ms. Pressma:

I write today in strong support of the CHSofNJ application to enhance services for families with young children -- services that are designed to strengthen and support families and communities to prevent child abuse and neglect, and early childhood services that address gaps and support families with children aged 0 through age 5.

As a nurse-midwife currently practicing in Trenton and the President of the American College of Nurse Midwives – NJ Affiliate, I have had the honor of working with current CHSofNJ community doulas and maternal child health staff. I fully support the concept of an expansion of the current CHSofNJ maternal child health programs. As a nurse-midwife working with low-income BIPOC women and birthing people for over 20 years in Trenton, I see the benefit of CHSofNJ maternal child health programming.

I have connected the current CHSofNJ doulas and MCH staff to many other midwives in Mercer County. My midwifery colleagues consistently comment that the CHSofNJ doulas are an essential addition to the care team. They accompany patients to prenatal visits and encourage them to ask questions when they otherwise might not. They are a familiar nurturing presence for women who might otherwise be alone in labor. They actively engage patients regarding breastfeeding and support them in the postpartum period for weeks after they have birthed. The doulas, working with women during pregnancy are well poised to foster lifestyle changes that promote healthier pregnancies. They support families by instilling knowledge and confidence needed to navigate our complicated and often intimidating health care system.

An expansion of the current CHSofNJ community doula program to serve additional BIPOC and immigrant communities would be a service to the birthing people of Trenton producing much improved birth outcomes.

Sincerely,

Julie Blumenfeld, DNP, CNM, FACNM
President, New Jersey Affiliate of the American College of Nurse Midwives



capitalhealth

capitalhealth.org

June 16, 2022

Ms. Donna C. Pressma, President & CEO
The Children's Home Society of New Jersey
635 S. Clinton Ave.
Trenton, NJ 08611

Dear Ms. Pressma:

Capital Health is pleased to provide The Children's Home Society of New Jersey with a letter of support for your proposal in response to the RFP for American Rescue Plan Supplemental Funding for Early Childhood Prevention Program with the New Jersey Department of Children and Families to enhance services for families with young children by implementing services designed to strengthen and support families and communities to prevent child abuse and neglect and for early childhood services that address gaps and support families with children aged 0 through age 5. The focus of this grant on preventing child abuse and improving health outcomes through outreach and education and community-based support for at-risk and low-income women of diverse ethnic/racial backgrounds fits well with Capital Health's work on providing quality, accessible, comprehensive health care services to our community to improve their health and well-being.

The Children's Home Society of New Jersey and Capital Health have collaborated for decades. Currently, Capital Health works with CHSofNJ's participants in a variety of ways to help low-income women in Trenton have healthy pregnancies and healthy babies. These include the following services:

- Capital Health HealthStart accepts referrals from CHSofNJ's free, bilingual pregnancy testing services program and sets up appointments for women with CHSofNJ. CHSofNJ refers more than 500 women each year from this service. Capital Health provides a specialized Nurse Educator to provide child birth and breast feeding education as part of CHSofNJ prenatal health education courses.
- Capital Health welcomes CHSofNJ course participants for special guided tour of Capital Health's maternity services and NICU at its hospital in Hopewell, NJ
- Capital Health provides a clear policy of admission of doulas into the hospital as primary support persons for women in labor.

We are pleased that CHSofNJ will propose to expand its outreach and coordination of services for women in our community and especially for black and African American women in Trenton. We look forward to welcoming your breastfeeding peer counselors again into Capital Health to ensure, not only breastfeeding initiation, but exclusive, sustained breastfeeding among mothers. We further appreciate your focus on reaching the most at-risk women and targeting reduction in diabetes, gestational diabetes, obesity and hypertension. We wish you luck with your proposal.

Sincerely,

Eric Schwartz, MD, MBA
Vice President, Community Health and Transformation

Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, New Jersey 08638
609 394 6000

Capital Health Medical Center – Hopewell
One Capital Way
Pennington, New Jersey 08534
609 303 4000

Capital Health – Hamilton
1445 Whitehorse-Mercerville Road
Hamilton, New Jersey 08619
609 588 5050



June 10, 2022
Donna C. Pressma, President & CEO
The Children's Home Society of New Jersey
635 S. Clinton Ave.
Trenton, NJ 08611

Dear Ms. Pressma:

The Henry J. Austin Health Center is writing today to offer a letter of support for The Children's Home Society of New Jersey's (CHSofNJ) application for American Rescue Plan Supplemental Funding for Early Childhood Prevention Program with the New Jersey Department of Children and Families to enhance services for families with young children designed to strengthen and support families and communities to prevent child abuse and neglect and for early childhood services grants to address gaps and support families with children aged 0 through age 5. The focus of this grant on preventing child abuse and improving health outcomes through outreach and education and community-based support for at-risk and low-income women of diverse ethnic/racial backgrounds fits well with Henry J. Austin Health Center's work on providing quality, community-based, affordable, accessible primary health care services in a culturally sensitive manner with respect and dignity.

We understand CHSofNJ has partnered with other community providers for many years in bringing prenatal health education and outreach to at-risk women in the communities we both serve. CHSofNJ prenatal education programs are informed by evidence-based curricula and include units on pregnancy stages and family planning; prenatal care, prenatal nutrition; baby's growth and development; and effects of alcohol, drugs, and cigarettes on the pregnant mother and developing baby.

We are pleased to offer this letter of support to CHSofNJ for its application to provide an enhanced level of service through funding from the NJ Department of Children and Families. Should the proposal succeed, we will accept referrals of women CHSofNJ engages, refer women and families to Healthy Women, Healthy Families, and as appropriate, welcome CHSofNJ Community Health Workers to visit our services for education, outreach and support. When we need to reach out to women in our community, we understand that CHSofNJ will welcome us to your sites and alert families to our services.

Sincerely,

Rachael B. Evans, MD Chief Medical Officer
Henry J. Austin Health Center
321 North Warren Street, Trenton
NJ 609-278-5900

Henry J. Austin Health Center locations:

321 North Warren St. Trenton, NJ 08618 *112 Ewing St. Trenton, NJ 08609 *
317 Chambers St. Trenton, NJ 08609 * 433 Bellevue Ave., 4th fl. Trenton, NJ 08618
Ph: 609-278-5900 * www.henryj.austin.org



June 10, 2022

Dear Ms. Pressma:

Trenton Health Team is writing today to offer a letter of support for The Children's Home Society of New Jersey's (CHSofNJ) application for New Jersey's Healthy Women, Healthy Families Request for Application (RFA) with the **New Jersey Department of Health to provide maternal/child health services to improve birth outcomes to at-risk women in Central New Jersey. The focus of this grant on community outreach and education; and community-based support for at-risk and low-income women of diverse ethnic/racial backgrounds fits well with Trenton Health Team's focus on forming committed partnerships with community providers to expand access to high quality, coordinated healthcare for Trenton residents.**

We understand CHSofNJ has partnered with other community providers for many years in bringing prenatal health education and outreach to at-risk women in the communities we both serve. Since 2002, CHSofNJ has offered prenatal education to Hispanic women in Trenton; and since 2005 to Black women in Trenton. **CHSofNJ has provided maternal child health outreach and education through the Improving Pregnancy Outcomes grant since 2013 in Ocean County and a state Prevention of Developmental Disabilities grant since 2016 in Mercer, Monmouth and Ocean Counties.** The prenatal education programs are informed by evidence-based curricula from the March of Dimes and include units on pregnancy stages and family planning; prenatal care, prenatal nutrition; baby's growth and development; and effects of alcohol, drugs, and cigarettes on the pregnant mother and developing baby.

The 9- and 12-session CHSofNJ prenatal health education programs, delivered in Spanish and English, are designed specifically for low-income women living with the stress of poverty and social isolation. The CHSofNJ programs have proven to lead to better birth outcomes. For instance, in 2015, Black women in CHSofNJ's prenatal health program had no preterm births compared to 13.3 percent of Black women in the general population in Trenton; and 8.6 percent of Hispanic women in CHSofNJ's program had preterm births compared with 8.8 percent of Hispanic women in the general population in Trenton. It is impressive that the programs include a Capital Health specialized Nurse Educator who co-facilitates education sessions with CHSofNJ staff. Capital Health also provides on-site breastfeeding and Lamaze classes and issues CHSofNJ staff passes to visit participants in the perinatal center and NICU at Capital Health's Hopewell campus.

We are pleased to offer this letter of support to CHSofNJ for its application to be a Healthy Women, Healthy Families grantee in Central New Jersey. We will continue to partner with CHSofNJ if they are to be awarded funds under this RFA.

Sincerely,

Gregory D. Paulson
Executive Director

Becoming a Mom/Comenzando Bien

Table of Contents

1. You and Your Pregnancy
2. Prenatal Care
3. Eating Healthy During Pregnancy
4. Stress During Pregnancy
5. Things to Avoid During Pregnancy
6. The Big Day: Labor and Delivery
7. Caring for Your Baby
8. Postpartum Care
9. Graduation

Getting to know you

Answer the following questions to help your session leader get to know the women in your group. Your answers are anonymous — do not put your name on this page.

1. How old are you?

- Younger than 18
- 18 to 25
- 25 to 35
- Older than 35

2. How long have you lived in the United States?

- Less than 1 year
- 1 to 2 years
- More than 5 years
- All your life

3. What languages do you speak?

4. Have you been pregnant before?

- Yes
- No

5. Do you have a partner you've lived with for more than 2 years?

- Yes
- No

6. Where do you go for regular health care (not related to pregnancy)?

- Your health care provider's office
- A clinic
- The emergency room
- You don't get regular health care.

7. Do you work full time?

- Yes
- No

8. Do you have health insurance?

- Yes
- No

9. Where do you get most of your information about pregnancy?

- Friends and family
- Your health care provider
- Books and magazines
- TV
- The Internet

10. Do you have any worries or concerns about pregnancy?

Currículo para el programa del grupo de apoyo y educación prenatal de CUNA

- Sesión 1** – “Preparándonos para ser padres: Cultivando una nueva alianza de familias en nuestra comunidad”
- Sesión 2** – “El embarazo, nuestra cultura y nuestros países: Mito o realidad”
- Sesión 3** – “La importancia del cuidado prenatal: Las distintas etapas y los cambios físicos en la vida de la madre y el bebé durante el embarazo”
- Sesión 4** – “Cambiano nuestros comportamientos y actitudes: Los efectos a corto y a largo plazo asociados con el uso de drogas, cigarrillos, y alcohol en la vida de nuestro bebé y como afectan nuestra salud”
- Sesión 5** – “El sabor de una dieta balanceada: La realidad acerca de la nutrición prenatal, el ácido fólico y las vitaminas prenatales”
- Sesión 6** – “La seguridad: Cómo proteger a nuestros bebés durante el embarazo, después de dar a luz y durante los primeros años de vida”
- Sesión 7** – “La barrera del idioma: Cómo comunicarse efectivamente con su médico y equipo profesional dentro y fuera del hospital”
- Sesión 8** – “Salud emocional durante y después de nuestro embarazo: Mi viaje a la maternidad y cómo preparar nuestra mente, cuerpo y alma para el labor de parto”
- Sesión 9** – “Dando el primer paso hacia una vida saludable: Vacunas, visitas pediátricas, servicios comunitarios y etapas de crecimiento”
- Sesión 10** – “La leche materna y la importancia de amamantar: El mejor regalo para dar comienzo a una vida saludable”
- Sesión 11** – “La vida después del parto: Planificación familiar, vida emocional, sexualidad y la crianza de nuestro bebé”
- Sesión 12** – *Baby Shower*: Tema especial (decisión del grupo)

Materiales imprescindibles para la clase

Documentos administrativos:

- Registro de entrada
- Formulario de evaluación semanal y Formulario de evaluación para la clase de nutrición
 - Palabra de reflexión (Una palabra que describe su experiencia en ese día)
- Notas de observación
- Recibos de transporte

Aparato y materiales del aula:

- TV, video y DVD, radio
- Pizarrón, caballete y marcadores y/o tiza
- Plumas, lápices, y papel
- Proyector/ Diapositivas o Presentación PowerPoint (como sea necesario)
- Suministros de limpieza
- Platos y vasos de papel, servilletas, y cubiertos

Proposed Evaluation Tools.

Edinburgh Postnatal Depression Scale (EPDS) and CHSofNJ Post-Delivery Form.

Evaluation Plan. As established in the needs section of this proposal, there is a need for improving women's access to and participation in prenatal and postpartum educational programs and medical care. To prevent child neglect, abuse, and mortality, challenges related to health insurance, access to prenatal care, and mental health distress (identified in HSAC Needs Assessment for Mercer County), alcohol, nicotine, and drug usage (identified as common cause of child mortality), and finding culturally and linguistically appropriate supports and providers and managing the complexity of the health care system (indicated from local data from current MCH staff and participants) must be addressed. The proposed initiative aims to strengthen and extend CHSofNJ's MCH continuum of services, grounded in the strong research support for community-based, peer support approaches, to improve maternal, birth, and child outcomes, 0-5.

The initiative proposes several key activities/programs to achieve these goals. They include prenatal and postpartum multi-week education cycles, 1:1 supports through community-doula programs, and an increased emphasis on linking participants with providers and FSCs for postpartum care and continued family supports. CUNA and Body & Soul are evidence-informed programs that use the March of Dimes medically-accurate and research-based curricula *Becoming a Mom/Comenzando Bien* to provide prenatal and postpartum education cycles; and AMAR doulas is an evidence-based program that follows the HealthCare One model of community-based doulas to provide 1:1 supports for participants. The prenatal and postpartum cycles and doula supports have the intended outcomes of avoidance of nicotine, alcohol, and drug usage, increased participant prenatal and postpartum medical care knowledge, and positive birth outcomes. The extension-related activities to expand existing programs to the "4th Trimester" have the intended

outcomes of increased women’s linkages with and participation in postpartum medical care in alignment with emergent health needs of pregnant and postpartum women gleaned from the HSAC Needs Assessment and local health records data.

Evaluation Design. CHSofNJ’s Evaluator will guide the mixed-methods evaluation of this initiative will follow a participatory evaluation approach. The evaluation plan consists of four reporting periods, the first three being formative and the fourth being summative in nature. Each report will, first, explore the extent to which program activities are implemented as planned and their quality; as well as satisfaction levels of staff and participants. The reports will also describe progress toward and determinations of how well the program is meeting its intended goals and objectives. The purpose of the evaluation is to provide feedback on program implementation and outcomes related to the project’s goals and objectives for ongoing program monitoring and improvement. The evaluation process is guided by the following questions:

1. What activities/programs were implemented; and what was their quality?
2. Who are the participants; and what are their levels of participation?
3. How do participants and staff describe their satisfaction with the program; and what suggestions do they have for improvement?
4. To what extent are anticipated participant outcomes achieved after participation in these programs?
5. What unanticipated, if any, outcomes are observed?

Data Sources and Analysis. To answer the first three evaluation questions, several quantitative and qualitative data sources are planned to be collected and analyzed. To evaluate program implementation and fidelity to evidence-informed and evidence-based models, program documents and data from CHSofNJ’s electronic health database, Evolv. The system allows staff

to follow trends in monthly report data including the frequency and types of services delivered. Focus groups with staff and participants will be conducted and specific items from participant intake and post-delivery forms will provide insight into levels of satisfaction with and perceived outcomes of program participation. These data sources will be analyzed using content analysis and pattern-matching to provide insight into program implementation and fidelity.

To answer the fourth and fifth evaluation questions, quantitative data will be drawn from Evolv. The system allows staff to follow trends in monthly report data including the number of missed/cancelled appointments, and number of engagement/outreach attempts made to connect with absent clients. Data from participant intake and post delivery forms will provide insight into maternal and birth outcomes. Local participant data may be analyzed in comparison with county and state free public data made available by the NJ Department of Health to further assess impact. Additional measures will be chosen by the program leadership, staff, and CHSofNJ evaluator.

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have coped quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Proposed Program Implementation Schedule

Year 1

July 2022 (Weeks 1 -4)

1. Current staff formally assigned to project; job postings activated for vacancies
2. Provide introduction and overview of program to Parent Advisory Boards
3. Identify and accommodate office space and laptop needs
4. Refine and/or establish electronic records and outcome indicators to track effectiveness
5. Receive referrals, screen and enroll participants, complete related data collection
6. Continue program elements to support participants with skills identification, resource access, and improved outcomes
7. Engage all staff in creating actions plans, including process for monitoring and assessing implementation; ensuring participant voice in plans and ongoing feedback

August 2022 (Weeks 5 – 8)

1. Fiscal staff and director begin monthly meetings
2. Director meets with human resources to orient to award
3. Develop communications materials and reach out to community partners and service providers regarding program services
4. Continue program elements, including enrollment, to support participants with skills identification, resource access, and improved outcomes
5. Begin monitoring of data collection, feedback and planning for sustainability

Year 1 - September 2022 – June 2023 (Weeks 9 -52);

Year 2 - July 2023 – June 2024 (Weeks 53 – 105); and

Year 3 – July 2024 – June 2025 (Weeks 106 – 157)

1. Implement updated communications and outreach plan
2. Continue program elements, including enrollment, to support participants with skills identification, resource access, and improved outcomes
3. Continue monitoring of data collection, feedback and planning for sustainability
4. Review caseload status and identify areas for improvement in service delivery
5. Monthly review of data, monitoring for accuracy; comparison to goals and benchmarks
6. Ongoing outreach and engagement activities
7. Ongoing professional development activities

DCF Budget Form -Year 1 from 7/1/22 to 6/30/23

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START- UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week) DCF Funding Request: - Vice President, Prevention, 0.02, FTE, 0.7 hours/week (0.15 FTE total cost) - MCH Coordinator, 0.45 FTE, 15.75 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.6 FTE, 21 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.25 FTE, 8.75 hours/week (1.0 FTE total cost) - BIPOC Doula Supervisor, 0.51 FTE, 18 hours/week (0.71 FTE total cost) - Community Based Doula, 8 births @ \$1800/birth - Evaluator (100% other sources, 0.09 FTE total cost) - Database Administrator, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost) - Database Manager, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost)	219,962	107,747	112,215	
Fringe (% rate) 30.5% full-time, 11.02% part-time	55,186	24,611	30,575	
B. Consultants & Professional Fees	9,665	4,505	5,160	
C. Materials & Supplies	12,514	9,591	2,923	
D. Facility Costs	35,483	16,538	18,945	
E. Specific Assistance to Clients	20,000	13,600	6,400	
F. Other	21,589	7,785	13,804	
G. Gen. & Adm. (G&A) Cost Allocation	42,101	19,623	22,478	
H. Total Operating Costs	416,500	204,000	212,500	
I. Equipment	0	0	0	

J. Total Cost	416,500	204,000	212,500	
K. Revenue (deduct)*	(212,500)	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
- US Department of Health and Human Services, Office of Women's Health - US Department of Health and Human Services, Office of Head Start - Mercer County - Foundations (Mary Owen Borden Memorial Foundation, Astle-Alpaugh Family Foundation, Janssen/Johnson & Johnson, Horizon) - Donors-food, utility assistance, child care items				
Other Funding Amounts:				
- Office of Women's Health - \$40,000 - Office of Head Start - \$110,000 - Mercer County - \$27,000 - Foundations - \$29,100 - Donors - \$6,400	212,500	0	212,500	

DCF Budget Form - Year 2 from 7/1/23 to 6/30/24

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week) DCF Funding Request: - Vice President, Prevention, 0.02, FTE, 0.7 hours/week (0.15 FTE total cost) - MCH Coordinator, 0.45 FTE, 15.75 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.6 FTE, 21 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.25 FTE, 8.75 hours/week (1.0 FTE total cost) - BIPOC Doula Supervisor, 0.51 FTE, 18 hours/week (0.71 FTE total cost) - Community Based Doula, 8 births @ \$1800/birth - Evaluator (100% other sources, 0.09 FTE total cost) - Database Administrator, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost) - Database Manager, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost)	226,569	112,110	114,459	
Fringe (% rate) 30.5% full-time, 11.02% part-time	56,533	25,347	31,186	
B. Consultants & Professional Fees	9,665	4,505	5,160	
C. Materials & Supplies	7,394	4,409	2,935	
D. Facility Costs	35,483	16,538	18,945	
E. Specific Assistance to Clients	17,000	13,600	3,400	
F. Other	21,755	7,868	13,887	
G. Gen. & Adm. (G&A) Cost Allocation	42,101	19,623	22,478	
H. Total Operating Costs	416,500	204,000	212,500	

I. Equipment	0	0	0	
J. Total Cost	416,500	204,000	212,500	
K. Revenue (deduct)*	(212,500)	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
- US Department of Health and Human Services, Office of Women's Health - US Department of Health and Human Services, Office of Head Start - Mercer County - Foundations (Mary Owen Borden Memorial Foundation, Astle-Alpaugh Family Foundation, Janssen/Johnson & Johnson, Horizon) - Donors-food, utility assistance, child care items				
Other Funding Amounts:				
- Office of Women's Health - \$40,000 - Office of Head Start - \$113,000 - Mercer County - \$27,000 - Foundations - \$29,100 - Donors - \$3,400	212,500	0	212,500	

DCF Budget Form - Year 3 from 7/1/24 to 6/30/25

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week) DCF Funding Request: - Vice President, Prevention, 0.02, FTE, 0.7 hours/week (0.15 FTE total cost) - MCH Coordinator, 0.45 FTE, 15.75 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.6 FTE, 21 hours/week (1.0 FTE total cost) - Women's Health Advocate, 0.25 FTE, 8.75 hours/week (1.0 FTE total cost) - BIPOC Doula Supervisor, 0.51 FTE, 18 hours/week (0.71 FTE total cost) - Community Based Doula, 8 births @ \$1800/birth - Evaluator (100% other sources, 0.09 FTE total cost) - Database Administrator, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost) - Database Manager, 0.05 FTE, 1.75 hours/week (3.5 FTE total cost)	229,660	112,912	116,748	
Fringe (% rate)	57,505	25,695	31,810	
30.5% full-time, 11.02% part-time				
B. Consultants & Professional Fees	9,665	4,505	5,160	
C. Materials & Supplies	5,900	3,717	2,183	
D. Facility Costs	35,483	16,538	18,945	
E. Specific Assistance to Clients	17,000	13,600	3,400	
F. Other	19,186	7,410	11,776	
G. Gen. & Adm. (G&A) Cost Allocation	42,101	19,632	22,478	
H. Total Operating Costs	416,500	204,000	212,500	
I. Equipment	0	0	0	

J. Total Cost	416,500	204,000	212,500	
K. Revenue (deduct)*	(212,500)	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
<ul style="list-style-type: none"> - US Department of Health and Human Services, Office of Women's Health or similar source - US Department of Health and Human Services, Office of Head Start - Mercer County - Foundations (Mary Owen Borden Memorial Foundation, Astle-Alpaugh Family Foundation, Janssen/Johnson & Johnson, Horizon) - Donors-food, utility assistance, child care items 				
Other Funding Amounts:				
<ul style="list-style-type: none"> - Office of Women's Health/similar source - \$40,000 - Office of Head Start - \$113,000 - Mercer County - \$27,000 - Foundations - \$29,100 - Donors - \$3,400 	212,500	0	212,500	



General Policies - Conflict of Interest

DEFINITION:

A "conflict of interest" arises when a board member or staff member has a personal interest that conflicts with the interests of The Children's Home Society of NJ (CHSofNJ) or arise in situations where a board/staff member has divided loyalties.

GENERAL STATEMENT:

Annually each director, officer, employee and volunteer shall complete a disclosure form identifying any relationships, positions or circumstances in which he/she is involved and that he/she believes could contribute to a Conflict of Interest. Any such information regarding the business interests of a director, officer, employee, volunteer, or a Family Member, shall be treated as confidential and shall generally be made available only to the Chief Executive Officer, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

PURPOSE:

CHSofNJ is a nonprofit, tax-exempt organization. Maintenance of its tax-exempt status is important both for its continued financial stability and for public support. A Conflict of Interest Policy is an important safeguard against unethical or illegal practices. The IRS as well as state regulatory and tax officials view the operations of CHSofNJ as a public trust, which is subject to scrutiny by and accountable to such governmental authorities as well as to members of the public.

There exists between CHSofNJ and its board, officers, management, employees and the public a fiduciary duty, which carries with it a broad duty of loyalty and fidelity. The board, officers, management, and employees have the responsibility of administering the affairs of CHSofNJ honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of CHSofNJ.

Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions with CHSofNJ or knowledge gained for their personal benefit. The interests of the organization must be the first priority in all decisions and actions.

AREAS IN WHICH CONFLICT MAY ARISE:

Examples of conflicts of interest that might occur at the organization and that provide a framework for determining if a situation not listed may constitute a conflict of interest. Examples

of actual or perceived conflicts of interest related to the organization may include:

- Holding an ownership interest in a business or profession that provides goods or services to the organization
- Having a financial or other interest in the assets, leases, business transactions, or professional services of the agency
- Using donor information or relationships inappropriately or in ways that might damage donor confidentiality and/or relationships with the organization
- Steering or accepting referrals of applicants or persons served to a private practice in which employees, consultants, or the immediate families of employees or consultants are engaged
- Low interest or forgiveness of personal loans made by the organization to covered persons
- Preferential treatment of covered persons when applying for and receiving the organization's services
- Nepotism

Procedure for evaluating situations that may constitute a conflict:

- Actual, potential and/or perceived conflicts of interest must be reported in writing as soon as they arise to the CEO and the Director of Human Resources.
- The Chair will review, investigate and either resolves the actual, potential or perceived conflict and so advises the reporter in writing, or brings the matter to the Board, Advisory Committee or designated Executive Committee for resolution.
- Any matter that is brought to the Board, Advisory Committee or the designated Executive Committee which involves a member of any of these voting bodies will abstain from voting when a conflict matter.
- The final resolution should be submitted in writing and included in the committee minutes.

Source: The Children's Home Society of New Jersey Personnel Manual, Revised August 2011, Section IX, General Policies, pp. 28-29.

**State of New Jersey
Department of Children and Families
Statement of Assurance**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Children and Families of the accompanying application constitutes the creation of a public document and as such maybe made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidders 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 Children and Families, 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 DCF 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, statement of works, 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 1975 c. 127 (N.J.A.C. 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 Chapter 51 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 Children and Families
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.
- Will notify the New Jersey Department of Children and Families of any changes to the applicant's organization that alters the ability to continue to provide the services or the qualifications to provide services.

The Children's Home Society of New Jersey

Name of Applicant Organization

Signature Donna C. Presma Date 6/14/22
Chief Executive Officer or Designee

This section is an internal document that is not a public record pursuant to N.J.S.A. 47:1a-1.1 as it constitutes intra-agency advisory, consultative, or deliberative material.