



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

Montclair State University
Center for Autism and Early Childhood Mental Health
Mr. Frederic Russo
1 Normal Avenue
Montclair, NJ 07043
russot@montclair.edu

Dear Mr. Russo:

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 **\$680,000** 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 University will need to be explicitly clear how psychotherapy in this proposal is preventative.
- The statewide Early Relational Health Workforce training on the Newborn Behavioral Observation component did not fall within the parameters of this grant. Funding for staff training is an exclusion in the RFP. This component will not be funded.

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,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner

www.nj.gov/def



Schedule of Estimated Claims

Third Party Contract Sumn Early Childhood Prevention Direct Services

Provider **Montclair State University**
 Division **FCP**
 Contract **23SQGP**
 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)	\$681,000.00
Grand Total	\$681,000.00

Authorized Provider Signature

James J. Longo

Date

6/2/23

DCF Contract Supervisor Signature

Veronica McNeil

Date

7/14/23

Schedule of Estimated Claims
Third Party Contract Summary Report - Page 2 of 2

Provider **Montclair State University**
 Division **23SQGP**
 Contract **23SQGP**
 Dates **10/1/2022** to **9/30/2025**

Original Contract Ceiling
\$681,000.00

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
	<u>\$0.00</u>

Total Contract Ceiling
\$681,000.00

Total Match Amount
\$0.00

Amended Contract Ceiling *
\$681,000.00

Payments by Month *	
2022 October	\$18,917.00
2022 November	\$18,917.00
2022 December	\$18,917.00
2023 January	\$18,917.00
2023 February	\$18,917.00
2023 March	\$18,917.00
2023 April	\$18,917.00
2023 May	\$18,917.00
2023 June	\$18,916.00
2023 July	\$18,916.00
2023 August	\$18,916.00
2023 September	\$18,916.00
2023 October	\$18,917.00
2023 November	\$18,917.00
2023 December	\$18,917.00
2024 January	\$18,917.00
2024 February	\$18,917.00
2024 March	\$18,917.00
2024 April	\$18,917.00
2024 May	\$18,917.00
2024 June	\$18,916.00
2024 July	\$18,916.00
2024 August	\$18,916.00
2024 September	\$18,916.00
2024 October	\$18,916.00
2024 November	\$18,916.00
2024 December	\$18,916.00
2025 January	\$18,917.00
2025 February	\$18,917.00
2025 March	\$18,917.00
2025 April	\$18,917.00
2025 May	\$18,917.00
2025 June	\$18,917.00
2025 July	\$18,917.00
2025 August	\$18,917.00
2025 September	\$18,916.00
Grand Total	\$681,000.00

2025		
2023	1630-090	\$170,252.00
2024	1630-090	\$227,000.00
2025	1630-090	\$226,998.00
2026	1630-090	\$56,750.00
Grand Total		\$681,000.00

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



**Schedule of Estimated Claims
Third Party Contracts**

Provider Name Montclair State University
 Component Name Early Childhood Prevention Direct Services Contract Administrator [REDACTED]

Division	FCP	Contract No	23SQGP	Contract Start	10/1/2022	Contract End	9/30/2025
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Type of Funding: 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2022	\$18,917.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	2022	\$18,917.00
	December	2022	\$18,917.00
	January	2023	\$18,917.00
	February	2023	\$18,917.00
	March	2023	\$18,917.00
	April	2023	\$18,917.00
	May	2023	\$18,917.00
Match Required?	June	2023	\$18,916.00
No	July	2023	\$18,916.00
	August	2023	\$18,916.00
	September	2023	\$18,916.00
0.0%	Total		\$227,000.00

Type of Funding: 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2023	\$18,917.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	2023	\$18,917.00
	December	2023	\$18,917.00
	January	2024	\$18,917.00
	February	2024	\$18,917.00
	March	2024	\$18,917.00
	April	2024	\$18,917.00
	May	2024	\$18,917.00
Match Required?	June	2024	\$18,916.00
No	July	2024	\$18,916.00
	August	2024	\$18,916.00
	September	2024	\$18,916.00
0.0%	Total		\$227,000.00

Type of Funding: 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2024	\$18,916.00
Enter Mod # 1 thru 10 above. If new or renewal leave blank	November	2024	\$18,916.00
	December	2024	\$18,916.00
	January	2025	\$18,917.00
	February	2025	\$18,917.00
	March	2025	\$18,917.00
	April	2025	\$18,917.00
	May	2025	\$18,917.00
Match Required?	June	2025	\$18,917.00
No	July	2025	\$18,917.00
	August	2025	\$18,917.00
	September	2025	\$18,916.00
0.0%	Total		\$227,000.00

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)			
0.0%	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)			
0.0%	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)			
0.0%	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)			
0.0%	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)			
0.0%	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)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$681,000.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$681,000.00
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:
 FY23 Contract period 10/01/2022- 09/30/2025
 FA 23-79: APU 1630-090 CFDA 93.590-One time funding - No Match required- Funding award amounts:
 Year 1 \$227,000 (10/1/2022-09/30/2023)
 Year 2 \$227,000 (10/1/2023-09/30/2024)
 Year 3 \$227,000 (10/1/2024-09/30/2025)
 Funding term 10/01/2022- 09/30/2025

**DEPARTMENT OF CHILDREN AND FAMILIES
AGREEMENT WITH A CONTRACTED STATE ENTITY**

This AGREEMENT shall be effective as of the date recorded on the signature page of this document.

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 such social service and training programs, including the program(s) covered by this Agreement; and

WHEREAS the Departmental Component desires that the Contracted State Entity provide services and the Contracted State Entity has agreed to provide services in accordance with the terms and conditions contained in this Agreement;

THEREFORE, the Departmental Component and the Contracted State Entity identified on the signature page agree as follows:

I. DEFINITIONS

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

Agreement means this document, the additional terms and conditions in DCF-SAGE, and all supporting documents, approved assignments, subcontracts, and modifications. The Agreement constitutes the entire agreement between the parties. Any change or modification to this Agreement must be written and approved in writing by the Departmental Component.

Contracted State Entity means the State organization or unit that enters into a contractual arrangement with a Departmental Component of the Department of Children and Families.

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 within the Department of Children and Families that is responsible for the negotiation, administrative

review, approval, and monitoring of certain social services and training Contracts or Agreements.

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

Notice means an official written communication between the Departmental Component and the Contracted State Entity. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the person(s) and address(es) specified for such purpose in DCF-SAGE or to such other person(s) 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 Departmental Component or Contracted State Entity.

Termination means an official cessation of this Agreement, prior to the expiration of its term, resulting from action taken by the Departmental Component or the Contracted State Entity, in accordance with provisions contained in this Agreement.

II. BASIC OBLIGATIONS OF THE DEPARTMENTAL COMPONENT

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 3.04 Audit or on the basis of any Department monitoring or evaluation of the Contract.

III. BASIC OBLIGATIONS OF THE CONTRACTED STATE ENTITY

Section 3.01 Agreement Services. The Contracted State Entity shall provide services to eligible persons in accordance with all specifications contained in this Agreement.

Section 3.02 Reporting. The Contracted State Entity shall submit to the Departmental Component programmatic and financial reports on forms provided by the Departmental Component, as well as any other information requested on the checklist attached hereto as Attachment 2. The reporting frequency and due date(s) shall be specified and sample forms, if applicable, shall be included in the DCF-SAGE and/or otherwise specified by the Departmental Component.

Section 3.03 Compliance with Laws. The Contracted State Entity agrees in the performance of this Agreement 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;
- b) Federal and State laws relating to safeguarding of client information;
- c) The federal Civil Rights Act of 1964 (as amended); P.L. 1975, 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 nondiscrimination in public contracts;
- d) The federal Equal Employment Opportunity Act;
- e) Section 504 of the federal Rehabilitation Act of 1973 pertaining to nondiscrimination based on handicap, and regulations thereunder;
- f) The New Jersey Conflicts of Interest Law (N.J.S.A. 52:13D-12 et seq.);
- g) New Jersey Department of Treasury regulations, policies, and procedures; and
- h) DCF policies and procedures (See Section 3.05 of this Agreement).

Failure to comply with the applicable laws, rules, regulations, policies, and procedures referenced above shall be grounds to terminate this Agreement.

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

Section 3.04 Audit. At any time during the Agreement term and up to 7 years after Expiration or Termination of the Agreement, the Contracted State Entity's compliance with specific Agreement provisions and the operations of any assignees or subcontractors engaged by the State Entity under Section 5.03 Assignment and Subcontracts may be subject to audit by the Departmental Component or by any appropriate unit or entity of State or federal government.

Whether or not such audits are conducted during the Agreement term, a final financial and compliance audit of Agreement operations, including the relevant operations of any assignees or subcontractors, may be conducted after Agreement Termination or Expiration. If any audit has been started but not completed or resolved before the end of the 7-year period, the Contracted State Entity continues to be subject to such audit until it is completed and resolved.

Section 3.05 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 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 DCF for conducting a compliance investigation pursuant to Subchapter 10 of N.J.A.C.17:27.

Section 3.06 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 3.07 Department Policies and Procedures. In the administration of this Agreement the Contracted State Entity, unless otherwise noted in this Agreement, shall comply with all applicable policies and procedures issued by the Department of Children and Families 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 Agreement.

IV. TERMINATION

This Agreement may be terminated or suspended in accordance with the sections listed below.

Section 4.01 Termination for Convenience by the Departmental Component or Contracted State Entity. The Departmental Component or Contracted State Entity may terminate this Agreement upon 60 Days' written advance Notice to the other party for any reason whatsoever, including lack of funding by the Departmental Component.

The parties expressly recognize and agree that the Departmental Component's ability to honor the terms and conditions of this Agreement is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Agreement, therefore, the federal and/or the State government reduce its allocation to the Departmental Component, the Departmental Component reserves the right, upon Notice to the Contracted State Entity, to reduce or terminate the Agreement.

Section 4.02 Default and Termination for Cause. If the Contracted State Entity fails to fulfill or comply with any of the terms or conditions of the Agreement, in whole or in part, the Departmental Component may by Notice place the Contracted State Entity in default status and take any action(s) listed in accordance with Policy P9.05, Contract Default located in the Department's Contract Policy and Information Manual. Notice shall follow the procedures established in the Policy.

Section 4.03 Termination Settlement. When an Agreement is terminated under any of the terms of this Agreement, the Contracted State Entity shall be prohibited from incurring additional obligations of Agreement funds. The Departmental Component may allow costs

which the Contracted State Entity could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Contracted State Entity and Departmental Component shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.04 Audit.

V. ADDITIONAL PROVISIONS

Section 5.01 Records. The Contracted State Entity must maintain adequate books and records, supporting documents, statistical records, and all other records pertinent to the Agreement. The Contracted State Entity shall retain all such books and records for 7 years after the Expiration or Termination of the Agreement.

The Contracted State Entity's books, records and facilities must be available to the Department or an agent of the State or federal government for the purposes of visitation, inspection, evaluation, or audit. Such visitations, inspections, evaluations, and audits may be at any time and may be announced or unannounced.

If any litigation, claim, negotiation, audit, or other action involving the records has not been resolved, the records must be retained until after such resolution.

Section 5.02 Application of New Jersey Law. This Agreement shall be governed, construed, and interpreted in accordance with the applicable laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.).

Section 5.03 Assignment and Subcontracts. No rights or obligations of the Contracted State Entity under this Agreement, in whole or in part, may be assigned or subcontracted to another entity for any reason without the prior written approval of the Departmental Component. Such consent shall not relieve the Contracted State Entity of its full responsibilities under this Agreement. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or any of its terms but shall operate only as an approval of the Contracted State Entity's request for the making of a subcontract between the Contracted State Entity and its chosen subcontractor. All approved assignments and subcontracts shall become part of this Agreement, and the Contracted State Entity shall bear full responsibility, without recourse to the Departmental Component, for its performance. The Contracted State Entity shall forward copies of all assignment and subcontract documents to the Departmental Component and shall retain copies of them on file together with this Agreement.

Section 5.04 Client Fees. Other than as provided for in DCF-SAGE and/or Departmental Component specific policies, the Contracted State Entity shall impose no fees or any other types of charges of any kind upon recipients of Agreement services.

Section 5.05 Modifications and Amendments. If both parties to this Agreement decide to amend or supplement this Agreement, any and all such amendments or supplements shall be in writing, dated and signed by both parties. The amendment or supplement shall incorporate

the entire Agreement by reference and will not serve to contradict, amend, or supplement the Agreement except as specifically expressed in the amendment or supplement. A modification form(s) shall be supplied by the Departmental Component.

Section 5.06 Exercise of Rights. A failure or a delay on the part of the Departmental Component or the Contracted State Entity in exercising any right, power or privilege under this Agreement 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 5.07 Copyrights. The Department 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 right to authorize others to reproduce, publish or otherwise use any work or materials developed under said contract or subcontract.

AGREEMENT SIGNATURES AND DATES

The terms set forth in this Agreement supersede any prior Agreements. This agreement governs all executed contracts; and contracts entered into by the state entity and DCF on or after the Agreement’s effective date, which is the below date of the contracted state entity’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 supplement the agreement is inadmissible. The Agreement has been read and understood by the persons whose signatures appear below and the parties agree to comply with its terms and conditions.

DEPARTMENT

CONTRACTED ENTITY

Contact Person: _____

Contact Person: Frederic Russo

Title: Business Manager

Title: Director, OSP

Telephone: _____

Telephone: 973-655-3219

(Name of DCF Signatory)

ENT SIGNATURES

Junius Gonzales
(Name of Contracted Entity Signatory)

Business Manager

Dr. Junius Gonzales, Provost & Senior VP for AA

(Title)

(Title)

12/06/2022

10/25/2022

(Date)

(Date)

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
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: Frederic J. Russo  Digitally signed by Frederic J. Russo
Date: 2022.10.28 14:10:48 -04'00'

Printed Name: Frederic J. Russo

Title: Director, Office of Sponsored Programs

Provider: Montclair State University

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

Sign



Date: 12/06/2022

Printed Name:



Title: Business Manager

By my signature below, I hereby confirm I am authorized to sign this document and to enter into the terms and conditions of this Agreement on behalf of my organization and to legally bind my organization as the Business Associate to this Agreement. 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.

Business Associate Organization: Montclair State University

Signature: *Frederic J. Russo*

Date: 10/25/2022

Printed Name: Frederic J. Russo

Title: Director, Office of Sponsored Programs



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 INFORMATION FORM
PAGE 1 OF 20**

Agency Montclair State University
 Address 1 Normal Avenue
Montclair, NJ 07043
 Phone 973-655-6692
 Chief Executive Officer Dr. Jonathan Koppell

Agency Federal ID#: [REDACTED]
 Charities Registration #: n/a
 Non-Profit Agency For-Profit Agency Public Agency
 Budget Period: 10/1/2022 to 9/30/2023 Agency Fiscal Year End: 6/30
 Schedules Completed: 1 2 3 4 5 6
 Cash Basis Accrual Basis

Prepared By [REDACTED]


Date 5/22/2023

Contracting Division	Contract #	Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person and Telephone #
Division of Family & Community Partnerships	23SQGP	CBCAP ARP	\$681,000	Technical Assistance	Cost-Related	Installments	[REDACTED]	[REDACTED]

Division Use Only

Contract # _____
 Effective Dates _____ to _____
 Division _____

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.



 Agency Authorized Signatory

Expenditure Report: I certify that the expenditures reported herein are current, accurate, and in accordance with the contract budget and the governing principles for determining costs.

 Fiscal Officer

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

**Annex A
PROGRAM DESCRIPTION
Section 2.2**

Program Name: Early Childhood Prevention Direct Service

Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.

Label all answers clearly as outlined below:

- 1. Provide a brief description of the program/component and its purpose. The description should reflect the goals and services set forth in the initial RFP and any changes that may have resulted from negotiations.**

Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University will enhance existing evidence-based prevention services by partnering high quality programming that target the first 1,000 days of life, typically understood as the combined time of the prenatal period and the first 24 months of development, for pregnant and parenting families in Passaic County. Enhancing Relationships proposes three direct service activities that will support traditionally underserved populations who have not had access to affordable, and linguistically- and culturally attuned services by expanding our promotional early relational health efforts of: 1) the evidence-supported Lamaze Childbirth Education, 2) the original group-based postnatal relational and developmental education curriculum, ABC's: Attachment, Behaviors and Co-Regulation, and 3) an opportunity to connect with an early relational health and development growth specialist through three family meetings, known as Being with Babies, which includes the use of the Newborn Behavioral Observation (Brazelton & Nugent, 1995) a relational tool that has been found to increase the parents' ability to read and respond to child's cues, and strengthen the infant-parent relationship. Enhancing Relationships also includes our preventive service of increasing access to perinatal and infant-parent psychotherapeutic services. These activities meet the Strengthening Families protective factor of knowledge of parenting and child development, and aim to increase access to first 1,000 days services, improve knowledge of parenting and child development, and improve skills of co-regulation for caregivers. Enhancing Relationships proposes to serve a minimum of 650 pregnant and parenting families over the 3-year period. The total funding requested over the 3-year period is \$680,000.

- 2. Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).**
 - Provide a brief outline or snapshot of the characteristics, needs, and current circumstances of the population the program intends to serve.**
 - Explain how these customers are distinct in any way from the general population. It is generally viewed as a sign of strength when a program is able to identify the population that will benefit the most from the services provided.**

ER will support the pregnant and early parenting community within Passaic County.

We anticipate that the demographics of this subset of the population will be similar to the overall population of the county. According to the 2021 HSAC report, Passaic County has approximately 504,041 residents, 41,961, or 8%, of whom are 6 years or younger. 65% of the population identify as Caucasian, 14% are African American, 6% are Asian, and 17% are classified as "other". In the population, 41% identify as Hispanic. After English, Spanish is the most utilized language in the county. (JANUS Solutions, 2020). Passaic County has the state's third highest birth rate (12.7 births per 1,000 residents in 2019), and the population has increased every year since 2010 (Healthy NJ 2020 Progress Tracker: Passaic County). Passaic County has the second highest teen birth rate in New Jersey at 11.1 per 1,000 teens. About 30% of all pregnant women do not access prenatal care (JANUS Solutions, 2020). In 2018, 525 babies were born in Passaic County after their moms received no/late prenatal care; this number rose from 476 two years earlier (Community Based Needs Assessment 2021: New Jersey Health Collaborative). The median income is one of the highest in the state, yet 21% of families with young children live with incomes below the federal poverty level, the majority of which are families of color, impacted by the cascading challenges of systemic racism (JANUS Solutions, 2020). Research demonstrates that communities with lower socioeconomic status have less utilization of childbirth education, prenatal care, and postnatal support (Vanderlaan, Gatlin, & Shen, 2022). As such, increasing access in traditionally underserved communities can address this gap. We anticipate that the majority of services will be offered to families who have not traditionally had accessible prenatal childbirth education, postnatal infant-parent relational and developmental education, or perinatal and infant-parent psychotherapeutic services.

According to the New Jersey Child Welfare Data Hub, children under the age of 1 are most at risk for maltreatment (rate of 4.4 per 1,000). In our state and nationally, children under the age of 2 are the most likely to be placed in out of home placement and most likely to have multiple placements (<https://njchilddata.rutgers.edu/>). This sobering statistic demonstrates the need for preventative services in the first 1,000 days of life to support the family to support the child that reduce incidents of child maltreatment. ER begins building protective factors from pregnancy through the first two years of life, including the protective factor of the knowledge of parenting and child development, and an indirect impact on infant mortality. In fact, research demonstrates that childbirth education increases breastfeeding initiation and retention and that extended breastfeeding support reduces the risk of infant mortality. We also know that the use of the Newborn Behavioral Observation helps families better read and respond to infant cues. When parents are more attuned to their infant cues and in more intentional and responsive relationships, we see a reduction in child maltreatment. Lastly, for families who require mental health intervention, appropriate therapeutic support can also protect against child maltreatment and the potential of infant mortality (Ruowei, et al, 2022).

3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.

Enhancing Relationships in the First 1,000 Days will enhance existing evidence-based prevention services by partnering high quality programming that target the first 1,000 days of life, typically understood as the combined time of the prenatal period and the first

Program Description cont.

24 months of development, for pregnant and parenting families in Passaic County. ER proposes the expansion of four direct service activities that will support traditionally underserved populations who have not had access to affordable, and linguistically- and culturally attuned services: 1) the evidence supported Lamaze Childbirth Education, 2) the original group-based postnatal relational and developmental education curriculum, ABC's: Attachment, Behaviors and Coregulation for families of infants and toddlers, 3) individual family meetings with an early relational health and developmental growth specialist in the first 4 months of life, including the Newborn Behavioral Observation, and 4) perinatal and infant-parent psychotherapeutic services. These three activities meet the Strengthening Families protective factor of the knowledge of parenting and child development and aim to increase access to first 1,000 days services, improve knowledge of parenting and child development, and improve skills of co-regulation for caregivers. Research demonstrates that safe, stable, nurturing and responsive relationships with adults during the first 1,000 days of life set children up for a future of good health and success (Baker, Little & Thomason, 2021). We also know that the newborn period is one of great vulnerability and great opportunity (Nugent, 2003). These early months allow for an essential partnership with families to support the parent-infant relationship. The activities of Enhancing Relationships are meant to meet this moment of opportunity in early family formation.

The four proposed activities in Enhancing Relationships are described below:

Activity #1: Prenatal Lamaze Childbirth Education

Lamaze Childbirth Education is a four-session, group-based learning experience to prepare families for childbirth and the first moments post-birth. Lamaze promotes six research-informed healthy birth practices (Lamaze.org). In the classes, each of these principles are taught along with the physiological and emotional information necessary for families to be prepared for welcoming a child into their family. The expansion of prenatal Lamaze Childbirth Education is proposed because of the evidence that suggests that prenatal childbirth education improves maternal and childbirth outcomes (Gao, Tang, Tong, Du, & Chen, 2019; Levett, et al, 2018), reduces medically unnecessary cesarean births, a factor towards maternal mortality and preterm birth which can impact child developmental outcomes (Sandall, et al, 2018; World Health Organization, 2018), increases perinatal and parent-infant relational health by reducing stress and depression (Shorey, Ang, & Chee, 2019), and increases breastfeeding initiation (Levett, et al, 2018; Soriano-Vidal, et al, 2018) which has health benefits for the infant, including protecting against infant mortality, and infant disease, especially in communities of color (Ruowei, et al, 2022; Sankar, et al, 2015). Outcomes of Lamaze childbirth education will be measured by prepost test scores on the Prenatal Parenting Scale which measures understanding of birth practices and early childhood development.

Activity #2: Postnatal Relational and Developmental Education

Our original postnatal relational and development education curriculum, ABC's: Attachment, Behaviors and Coregulation, is a four-session, group-based experience for families with infants and toddlers that provides connection with other new families and information about the first 100 days of life with a newborn.

Activity #3: Being with Babies

Being with Babies provides an opportunity for families with newborns (birth through 4 months) to meet with an early relational health and developmental growth specialist to

Program Description cont.

discuss newborn development and parenting skills through increasing parents' understanding of their infants' cues. Being with Babies is proposed because of the research findings for postnatal education as a relational protective factor towards positive parent-infant relationship and child developmental outcomes (Carlson & Sroufe, 1995). Outcomes expected are an increase in parental reflective functioning measured on the Parental Reflective Functioning Questionnaire, and increase in positive interactions as measured on the PICCOLO.

Activity #4: Perinatal mental health and infant-parent psychotherapeutic services
Perinatal and infant-parent psychotherapy is the provision of preventative mental health services to postpartum adults or to the infant-parent dyad. Perinatal mental health and infant-parent psychotherapeutic services are proposed because of the preventative benefits demonstrated from intervening in relational disruption as early as possible in order to promote relational, emotional and physical health. Outcomes from perinatal and infant-parent psychotherapeutic services include increased regulation as evidenced by decreased stress as measured by the Parenting Stress Index – Short Form, increased parental reflective functioning as measured by the Parental Reflective Functioning Questionnaire, and/or an increase in positive parent-infant interactions as measured by the PICCOLO.

4. Describe the program approach and method of service delivery.

Method of service delivery is direct service to the community. Groups will be offered at two office locations in Little Falls and Haskell or within existing community locations. Being with Babies is offered virtually, as needed. Preventative psychotherapeutic services are also offered virtually, at community locations, or at the two office locations. Services are available in Spanish and English.

5. Detail how customers access services.

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Indicate specific documents needed for referrals, when applicable**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**

No physical limitations exist for participation. Referrals will be made through a Google Form link that can be initiated by the family and/or community partners.

6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.

The program catchment area is residents of Passaic County. Both the Center for Clinical Services in Little Falls on the campus of Montclair State University and the private office in Haskell have public transportation options at the doorstep either by train or bus. Both buildings are ADA accessible.

Program Description cont.

7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.

Enhancing Relationships benefits from the emergency procedures established at the Center for Clinical Services on the campus of Montclair State University. There is coverage Monday through Friday from 8:30-7:30 pm. Supervisors can be reached after hours, as needed. Enhancing Relationships also utilized the Quick Connection phone line for professionals, which the workforce/community partners can use to contact an ERH specialist live from 8:00 am - 8:00 pm M-F, and receive a call from a voice mail left after hours or on weekends. Families will be invited to utilize their medical professional during pregnancy and their pediatrician with any additional concerns.

8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.

- **Indicate the number of unduplicated customers achieving results.**
- **Indicate how the information was captured and measured.**

Projected:

Lamaze Childbirth Education: 15-40 per session depending on format (i.e. in person or virtual); 9 sessions per year over 3 years = 405 families

ABC's Developmental Group: 8-10 families per session; 8 sessions per year over 3 years 192 families

Being with Babies individual meetings: 24 families per year over 3 years = 72 families

Perinatal and infantparentpsychotherapy: 8-10 families per week; 6-9 months of service for each family over 3 years = 32 families

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

**Annex A
SERVICE OUTCOMES
Section 2.3**

Program Name: Early Childhood Prevention Direct Service

For each program component please identify goals, objectives, activities, outcomes, supporting documentation and reporting timeframes using the following definitions and template:

GOALS:

Goals articulate the desired results or end point that DCF expects will be achieved through the provision of contracted services. Goal statements speak to the overarching impact that services will have on recipients over a period of time that may reach beyond the contract term.

OBJECTIVES:

Objectives define services in qualitative terms. They detail the purpose of program activities and impart a clear understanding of contracted services. Objectives are short term milestones to be achieved during the contract period; they are easy to understand, specific, attainable and they reflect the overarching goals of the program component.

SERVICE ACTIVITIES:

Service Activities specify the tasks performed to achieve the identified goals and objectives. They reflect program operations and functionally define contracted services. All service activities are tangible, observable and measurable.

OUTCOMES:

Outcomes quantify the program's impact on the target population. They are tied directly to program goals rather than to each objective or service activity. Benchmarks are established to indicate successful program performance in achieving the specified goals. Outcomes may be attainable during the contract period or it may be necessary to track impact data at intervals that extend beyond the contract term (i.e. follow-up data obtained 1 year post discharge).

REPORTING:

This section is still under development and should remain blank

SUPPORTING DOCUMENTATION:

Supporting documentation refers to any source documents, records or data that reasonably prove or verify outcome reporting. Supporting documentation is retained on file and available for inspection as part of contract monitoring and auditing procedures.

Program Name: Early Childhood Prevention Direct Service

**Annex A
SERVICE OUTCOMES
Section 2.3**

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
Promote healthy birth outcomes in Passaic County	Increase access to Lamaze childbirth education	Lamaze childbirth education groups in Spanish and English, as needed by the community	Outcomes of Lamaze childbirth education will be measured by prepost test scores on the Prenatal Parenting Scale which measures understanding of birth practices and early childhood development.	Quarterly reports	Pre/post scores: Prenatal Parenting Scale
Promote healthy relationships between families and newborns, infants and toddlers	Increase access to parenting education through a relational lens	Attachment, Behaviors and Coregulation Groups Being with Babies family check-ins	Families improved knowledge of child development, Families expanded social networks,	Quarterly reports	Reflective Functioning Questionnaire; Newborn Behavioral Observation

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
Prevent relational disruption in the first 1,000 days of relationship	Increase access to perinatal mental health services and infant-parent psychotherapy services	Perinatal mental health Infant-parent mental health	Families improved skills of regulation	Quarterly reports	Life Stressors Checklist; Parenting Stress Index 4 – Short Form; PICCOLO

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

Program Name: Enhancing Relationships In The First 1,000 Days

	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	Director	██████████	8:30	4:30	10%	PhD, LPC, IMH-E	fiscal oversight of grant, overall contract administration, program planning, supervision, infant-parent psychotherapy
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Associate Director	Tbd Associate Director	8:30	4:30	10%	PhD/PsyD/LCSW/LPC, IMH-E	supervision, group facilitation
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Assistant Director For Parental-Infant Mental Health	██████████	8:30	4:30	50%	LSW, IMH-E, PPD	program planning, lead to program officer, supervision, Lamaze facilitation, perinatal mental health services, ABC group facilitation
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Assistant Director For Evaluation And Research	██████████	8:30	4:30	10%	PhD	data collection, analysis and reporting
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Infant And Early Childhood Mental Health Clinician	██████████	8:30	4:30	10%	LCSW, IMH-E	ABC group facilitation in Spanish; Being with Babies in Spanish; infant-parent psychotherapy in Spanish
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Parental-Infant Relational Health Specialist	██████████	8:30	4:30	55%	M.Ed, IMH-E	Lamaze facilitation, Being with Babies, ABC group facilitation
<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	Infant And Early Childhood Mental Health Clinician	██████████	8:30	4:30	10%	LAC	Being with Babies, ABC group facilitation, infant-parent psychotherapy
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Assdir For Clinical Services And Training	Tbd	8:30	4:30	4%	LCSW/LPC,	Clinical oversight, scheduling and supervision of infant-parent psychotherapy
<input type="checkbox"/> FT <input type="checkbox"/> PT					%		

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

**Annex A
LEVEL OF SERVICE
Section 2.5**

Program/Component Name: Early Childhood Prevention Direct Service
Service Type: Direct Service
Description of Unit Measurement: Participant Attendance
Number of Contracted Slots/Units: _____
Number of Annualized Units: _____

Numbers should reflect unduplicated service counts

	1	2	3
	MONTH	MONTHLY SERVICE DAYS OR UNITS	MONTHLY CONTRACT LOS
1	October	31	20
2	November	30	20
3	December	31	20
4	January	31	20
5	February	28	20
6	March	31	20
7	April	30	20
8	May	31	20
9	June	30	20
10	July	31	20
11	August	31	20
12	September	30	20
	ANNUAL TOTALS	365	240



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; padding-right: 20px;">0 Points</td> </tr> <tr> <td colspan="2" style="padding-left: 20px;">I. Organizational Community & Fit</td> </tr> <tr> <td style="padding-left: 40px;">A. Expertise of the Applicant Agency</td> <td style="text-align: right; padding-right: 20px;">10 Points</td> </tr> <tr> <td style="padding-left: 40px;">B. Project Description: Need <u>HSAC</u></td> <td style="text-align: right; padding-right: 20px;">15 Points</td> </tr> <tr> <td style="padding-left: 40px;">C. Program Approach <u>Family involvement</u></td> <td style="text-align: right; padding-right: 20px;">25 Points</td> </tr> <tr> <td style="padding-left: 20px;">II. Organizational Capacity</td> <td style="text-align: right; padding-right: 20px;">15 Points</td> </tr> <tr> <td style="padding-left: 20px;">III. Organizational Support</td> <td style="text-align: right; padding-right: 20px;">10 Points</td> </tr> <tr> <td style="padding-left: 20px;">VI. Outcomes and Evaluation</td> <td style="text-align: right; padding-right: 20px;">15 Points</td> </tr> <tr> <td style="padding-left: 20px;">V. Budget Narrative</td> <td style="text-align: right; padding-right: 20px;">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: Montclair State University

Public

Private-for-Profit

Private-Non-Profit

Federal ID No.:
[REDACTED]

Charitable Registration No.:

Unique Entity ID #:

Applicant Mailing Address: Montclair State University; Center for Autism and Early Childhood Mental Health; 1 Normal Ave. Montclair, NJ 07043

Contact Person: Frederic Russo

Phone Number: 973-655-3219

Fax: 973-655-5150

Email: russot@montclair.edu

Title of RFP/RFQ: Enhancing Relationships in the First 1,000 Days

County to be Served: Passaic and statewide

Location of Service(s) to be provided (if known): [REDACTED]
[REDACTED]

Total dollar amount requested: \$680,000

Funding Period: From 07/01/22 to 06/30/25

Brief description of services by program name and type of service to be provided:
Prenatal Childbirth Education, postnatal parenting skills and child development education; perinatal mental health and infant-parent psychotherapy; workforce development

Authorization

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE: Frederic J. Russo, Director of Sponsored Programs

Signature: _____

Date: 6/16/22

CEO Email: russot@montclair.edu

Enhancing Relationships in the First 1,000 Days
Proposed by the Center for Autism and Early Childhood Mental Health at Montclair State
University

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MONTCLAIR STATE
UNIVERSITY

College of Education and Human Services
Center for Autism and Early Childhood Mental Health

1 Normal Avenue

Voice: 973-655-6685

Fax: 973-655-5376

Website: <http://cehs.montclair.edu/academic/ca/index.shtml>

PART I

Proposal

Enhancing Relationships in the First 1,000 Days

Proposal to the New Jersey Department of Children and Families submitted by the Center for Autism and Early Childhood Mental Health at Montclair State University

Abstract

Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University will enhance existing evidence-based prevention services by partnering high quality programming that target the first 1,000 days of life, typically understood as the combined time of the prenatal period and the first 24 months of development, for pregnant and parenting families in Passaic County. Enhancing Relationships proposes three direct service activities that will support traditionally underserved populations who have not had access to affordable, and linguistically- and culturally attuned services by expanding: 1) the evidence-supported Lamaze Childbirth Education, 2) the original group-based postnatal relational and developmental education curriculum, *Being with Babies*, and 3) perinatal and infant-parent psychotherapeutic services. These three activities meet the Strengthening Families protective factor of knowledge of parenting and child development, and aim to increase access to first 1,000 days services, improve knowledge of parenting and child development, and improve skills of co-regulation for caregivers. In addition, Enhancing Relationships proposes the use of the Newborn Behavioral Observation (Brazelton & Nugent, 1995) by the state-wide early relational health workforce, including evidence-based and universal home visiting. Research indicates that the NBO has been found to increase the parents' ability to read and respond to child's cues, and strengthen the infant-parent relationship. Expanding the use of the NBO will provide a tool for the workforce to focus on early relationships in all health and developmental programming, and will promote positive infant-parent relationships from the earliest moments of family formation. Enhancing Relationships

proposes to serve a minimum of 650 pregnant and parenting families and 120 professionals over the 3-year period. The total funding requested over the 3-year period is \$680,000.

I. Organizational Community and Fit

A. Expertise of the Applicant Agency

I.A1) The Center for Autism and Early Childhood Mental Health (CAECMH) at Montclair State University is pleased to propose the project, **Enhancing Relationships in the First 1,000 Days** (hereafter: ER), which meets the funding priorities to enhance evidence-based prevention services for families in the first 1,000 days that have a positive impact on early relational health to reduce child abuse and neglect, and enhance the state's prevention infrastructure through workforce development. ER proposes the expansion of three direct service activities: 1) the evidence-supported Lamaze Childbirth Education, 2) the original group-based postnatal relational and developmental education curriculum, *Being with Babies*, and 3) perinatal and infant-parent psychotherapeutic services, as well as the indirect workforce initiative of training the preventative early relational health workforce in the use of the Newborn Behavioral Observation. This work is consistent with the vision of the CAECMH of a world where all infants, toddlers and children are surrounded by loving relationships and equitable social structures that promote their optimal health and development. At the CAECMH, this vision is put into action through our mission to: 1) form a network of relational, regulated and reflective adults who provide nurturing and responsive care and education in the home, school and community; 2) advance justice, equity, diversity, inclusion and belonging across all systems and sectors; and 3) translate the multidisciplinary sciences about human development and early relational health into applied practices and policies in support of sustainable promotion, prevention and intervention services and programs. We value the importance of relationships, we strive to be an antiracist organization that centers justice, inclusion, and belonging in all

interactions, and we are committed to provide research-informed, ethical practice that supports lifelong relational, emotional and developmental health for all.

I.A2) Since opening in September 2011, the CAECMH has been recognized as the statewide leader in infant and early childhood mental health, and has received over \$30 Million in grants, donations and revenue, provided service to more than 600 client families, partnered with the foremost maternal-infant health initiatives in our state including the First Lady’s Nurture NJ initiative, baby-friendly hospitals, Healthy Women, Healthy Families and the Doula Learning Collaborative, and been established the state-wide hub for the professional formation of the early relational health workforce. ER fits within three of our six branches of services: Family and Clinical Services, Professional Formation Programming, and Systems Coordination. The Family and Clinical Services Branch holds our primary community-facing programming, providing multidisciplinary clinical service for families with children from pregnancy through age 12 years since 2012. This branch also offers our prenatal group-based Lamaze Childbirth Education, the postnatal group-based Being with Babies, and perinatal and infant-parent psychotherapeutic services. Our Family and Clinical Service operates out of the Center for Clinical Services in Little Falls in Passaic County, and serves families from surrounding counties and wide socioeconomic, racial, ethnic and cultural backgrounds. The Professional Formation branch holds our professional development and reflective practice activities and has been responsible for facilitating state-wide multidisciplinary training opportunities for the workforce since for the past nine years. Our Systems Coordination branch supports connection and collaboration between the preventative early relational health systems. The NBO offering will leverage experience in each of these branches to provide a state-wide multidisciplinary workforce development initiative to the preventative early relational health workforce.

I.A3) The psychotherapeutic services used by the CAECMH that are categorized as emerging, promising, supported or well-supported by the California Evidence-based Clearinghouse for Child Welfare or the Title IV- E Prevention Services Clearinghouse include Child-Parent Psychotherapy: promising/supported by research evidence, Child-Centered Play Therapy: promising, Theraplay: promising, and DIR-Floortime: promising. In addition, Lamaze Childbirth Education is advertised as evidence-based (<https://www.lamaze.org/>).

I.A4) From its inception, the CAECMH has had a dedicated focus on the importance of first 1,000 days through our parent-infant relational health programming which focuses on the formation of families through high quality respectful, equitable maternity care, and works with clinical and community partners, policy makers and legislators to improve maternal-infant health programming. Major initiatives include expanding legislators' understanding of the first 1,000 days, providing technical assistance on Title V programs, Medicaid, and state legislative and policy initiatives, providing policy leadership, and serving as the expert consultant to the NJDOH on the expansion of doula care. For the past 10 years supported by a private donation, the CAECMH has provided no cost Lamaze Childbirth Education to the local community on a quarterly basis to approximately 300 families. In 2020, we expanded our postnatal offerings to offer Being with Babies, a group-based promotional service for new and expectant families to learn about newborn behavior and development, obtain access to resources, and connect with others about the experience of the first days of raising a baby and forming a family. To date, we have supported approximately 50 families in a virtual group format. This offering has not had specific funding as yet, so is at risk of not continuing due to lack of funding. Since 2012, the CAECMH has provided low-cost services to more than 600 client families. Infant Mental Health Endorsed clinicians at the CAECMH have been trained to provide infant-parent dyadic

psychotherapy, including the evidence-based model Child-Parent Psychotherapy, which is used when families with children under the age of 6 years have experienced trauma (<https://childparentpsychotherapy.com/>). Clinicians have also been trained to provide perinatal mental health services that specifically target the postpartum period and the first 1,000 days of parenting. The Clinical services do not accept insurance, so services are supported by a fee-for-service, sliding scale, payment model, creating barriers of access for some families.

B. Project Description: Need

I.B1) Science is increasingly revealing evidence about the critical impact of early experiences, relationships, and systemic inequity on development and lifelong health and well-being, as well as the benefits of preventative support in the earliest years of life. However, there is still a lack of awareness, respect, and funding dedicated to infant, early childhood and family support services, which has resulted in inequities in access and quality of services for young families. There are limited funding structures in the mental health system, resulting in few mental health services for perinatal mental health and infant-parent psychotherapy, and virtually no infrastructure for equitable prenatal or postnatal services. This systemic disregard for the formative years of human development can be seen in the community concerns documented in the 2021 HSAC report on Passaic County (JANUS Solutions, 2020). The HSAC needs assessment revealed the fact that, “the current human service systems are designed to deal with crises, rather than bend the curve and make investments towards proactive, preventive solutions” (p. 6). This statement clearly demonstrates the need for increased promotional and prevention services in the county. In the HSAC report, community members identified three challenges that are in the scope of this proposed funding parameters: 1) difficulty in accessing services particularly in the ‘up-county’ northwest section of the county and for those who speak English as a second language, 2)

mothers receiving no/late prenatal care, including outreach, engagement in services, and ongoing support, and 3) child developmental outcomes for families with intergenerational histories of being under-resourced.

I.B2) Enhancing Relationships in the First 1,000 Days ‘bends the curve’ to make investments in proactive and preventative solutions so as to avoid crises in the future. ER will address the three selected challenges identified by the Passaic County community as follows in Table 1:

Table 1.

<p>Difficult in accessing services</p>	<p>Enhancing Relationships will provide multiple avenues to access services including an office in both areas of Passaic county (Little Falls and Haskell). Both clinics are accessible by public transportation and both are ADA accessible. Services can also occur at community partner sites or in family homes. Services can also occur through HIPAA compliant telehealth platforms. Enhancing Relationships also offers services that do not exist currently in the community including no-cost childbirth education, groups for postnatal families and perinatal and infant-parent psychotherapy. Services will be offered in Spanish and English</p>
<p>Mothers receiving no/late prenatal care</p>	<p>Increasing access to no-cost prenatal childbirth education in Spanish and English through advertising in non-traditional locations such as Child Care Resource and Referral Agencies, WIC offices, Family Success Centers, libraries and local businesses. Access to childbirth education will increase knowledge of the importance of prenatal care.</p>
<p>Child developmental outcomes</p>	<p>The access to no-cost childbirth education has been demonstrated to improve child development outcomes. The group-based postnatal relational and developmental health curriculum will increase parental awareness on child development. The use of the NBO across the state is to support infant-parent relational health that promotes positive child developmental outcomes.</p>

I.B3) ER will support the pregnant and early parenting community within Passaic County. We anticipate that the demographics of this subset of the population will be similar to the overall population of the county. According to the 2021 HSAC report, Passaic County has approximately 504,041 residents, 41,961, or 8%, of whom are 6 years or younger. 65% of the population identify as Caucasian, 14% are African American, 6% are Asian, and 17% are classified as "other". In the population, 41% identify as Hispanic. After English, Spanish is the most utilized language in the county. (JANUS Solutions, 2020). Passaic County has the state's third highest birth rate (12.7 births per 1,000 residents in 2019), and the population has increased every year since 2010 (Healthy NJ 2020 Progress Tracker: Passaic County). Passaic County has the second highest teen birth rate in New Jersey at 11.1 per 1,000 teens. About 30% of all pregnant women do not access prenatal care (JANUS Solutions, 2020). In 2018, 525 babies were born in Passaic County after their moms received no/late prenatal care; this number rose from 476 two years earlier (Community Based Needs Assessment 2021: New Jersey Health Collaborative). The median income is one of the highest in the state, yet 21% of families with young children live with incomes below the federal poverty level, the majority of which are families of color, impacted by the cascading challenges of systemic racism (JANUS Solutions, 2020). Research demonstrates that communities with lower socioeconomic status have less utilization of childbirth education, prenatal care, and postnatal support (Vanderlaan, Gatlin, & Shen, 2022). As such, increasing access in traditionally underserved communities can address this gap. We anticipate that the majority of services will be offered to families who have not traditionally had accessible prenatal childbirth education, postnatal infant-parent relational and developmental education, or perinatal and infant-parent psychotherapeutic services.

I.B4) According to the New Jersey Child Welfare Data Hub, children under the age of 1 are most at risk for maltreatment (rate of 4.4 per 1,000). In our state and nationally, children under the age of 2 are the most likely to be placed in out of home placement and most likely to have multiple placements (<https://njchilddata.rutgers.edu/>). This sobering statistic demonstrates the need for preventative services in the first 1,000 days of life to support the family to support the child that reduce incidents of child maltreatment. ER begins building protective factors from pregnancy through the first two years of life, including the protective factor of the knowledge of parenting and child development, and an indirect impact on infant mortality. In fact, research demonstrates that childbirth education increases breastfeeding initiation and retention and that extended breastfeeding support reduces the risk of infant mortality. We also know that the use of the Newborn Behavioral Observation helps families better read and respond to infant cues. When parents are more attuned to their infant cues and in more intentional and responsive relationships, we see a reduction in child maltreatment. Lastly, for families who require mental health intervention, appropriate therapeutic support can also protect against child maltreatment and the potential of infant mortality (Ruowei, et al, 2022).

I.B5) Fortunately, there are an array of programs in Passaic County to support early family relationships, with which the CAECMH will partner to offer the activities of ER including:

Table 2.

EBHV and Healthy Women, Healthy Families at the Partnership for Maternal-Child Health	4C's of Passaic County	Head Start/Early Head Start programs at Center for Family Resources and Greater Bergen Head Start
Family Success Center	Passaic WIC office	St. Joseph's Medical Center

However, none of these entities provide Lamaze Childbirth Education, a preventative postnatal group curriculum for new families like Being with Babies, infant-parent psychotherapy or the

Newborn Behavioral Observation. While adult therapeutic services can be found in community-based organization or through private providers, few provide perinatal mental health services. ER would fill the gap of the lack of access to prenatal childbirth education, postnatal awareness of child development, and access to perinatal and infant-parent psychotherapeutic services.

C. Program Approach

I.C1) Enhancing Relationships in the First 1,000 Days will enhance existing evidence-based prevention services by partnering high quality programming that target the first 1,000 days of life, typically understood as the combined time of the prenatal period and the first 24 months of development, for pregnant and parenting families in Passaic County. ER proposes the expansion of three direct service activities that will support traditionally underserved populations who have not had access to affordable, and linguistically- and culturally attuned services: 1) the evidence-supported Lamaze Childbirth Education, 2) the original group-based postnatal relational and developmental education curriculum, *Being with Babies*, and 3) perinatal and infant-parent psychotherapeutic services. These three activities meet the Strengthening Families protective factor of the knowledge of parenting and child development and aim to increase access to first 1,000 days services, improve knowledge of parenting and child development, and improve skills of co-regulation for caregivers. Research demonstrates that safe, stable, nurturing and responsive relationships with adults during the first 1,000 days of life set children up for a future of good health and success (Baker, Little & Thomason, 2021). We also know that the newborn period is one of great vulnerability and great opportunity (Nugent, 2003). These early months allow for an essential partnership with families to support the parent-infant relationship. The activities of Enhancing Relationships are meant to meet this moment of opportunity in early family formation. Additionally, ER proposes a professional formation initiative of the use of the

Newborn Behavioral Observation (Brazelton & Nugent, 1995) for the early relational health workforce. This workforce may include doulas, perinatal community health workers, evidence-based home visitors, universal home visitors, WIC peer counselors, child care providers and family success center staff, among others. The use of the NBO by the early relational health workforce is being proposed because research indicates increases in parents' ability to read and respond to child's cues, thereby strengthening the relationship between parent and child and supporting the family adjustment (Windarti & Suryawan, 2021; Nugent & Brazleton, 1989, 2000). The four proposed activities in Enhancing Relationships are described below:

Activity #1: Prenatal Lamaze Childbirth Education

Lamaze Childbirth Education is a four-session, group-based learning experience to prepare families for childbirth and the first moments post-birth. Lamaze promotes six research-informed healthy birth practices (Lamaze.org). In the classes, each of these principles are taught along with the physiological and emotional information necessary for families to be prepared for welcoming a child into their family. The expansion of prenatal Lamaze Childbirth Education is proposed because of the evidence that suggests that prenatal childbirth education improves maternal and childbirth outcomes (Gao, Tang, Tong, Du, & Chen, 2019; Levett, et al, 2018), reduces medically unnecessary cesarean births, a factor towards maternal mortality and preterm birth which can impact child developmental outcomes (Sandall, et al, 2018; World Health Organization, 2018), increases perinatal and parent-infant relational health by reducing stress and depression (Shorey, Ang, & Chee, 2019), and increases breastfeeding initiation (Levett, et al, 2018; Soriano-Vidal, et al, 2018) which has health benefits for the infant, including protecting against infant mortality, and infant disease, especially in communities of color (Ruowei, et al, 2022; Sankar, et al, 2015). Outcomes of Lamaze childbirth education will be measured by pre-

post test scores on the Prenatal Parenting Scale which measures understanding of birth practices and early childhood development.

Activity #2: Postnatal Relational and Developmental Education

Our original postnatal relational and development education curriculum, Being with Babies, is a four-session, group-based experience for new families that provides connection with other new families and information about the first 100 days of life with a newborn. Being with Babies teaches newborn development and parenting skills through increasing parents' understanding of their infants' cues. Being with Babies is proposed because of the research findings for postnatal education as a relational protective factor towards positive parent-infant relationship and child developmental outcomes (Carlson & Sroufe, 1995). Outcomes expected are an increase in parental reflective functioning measured on the Parental Reflective Functioning Questionnaire, and increase in positive interactions as measured on the PICCOLO.

Activity #3: Perinatal mental health and infant-parent psychotherapeutic services

Perinatal and infant-parent psychotherapy is the provision of clinical mental health services to postpartum adults or to the infant-parent dyad. Perinatal mental health and infant-parent psychotherapeutic services are proposed because of the preventative benefits demonstrated from intervening in relational disruption as early as possible in order to promote relational, emotional and physical health. In addition, the use of the evidence-based Child-Parent Psychotherapy will be used when the family has experienced trauma. Outcomes from perinatal and infant-parent psychotherapeutic services include increased regulation as evidenced by decreased stress as measured by the Parenting Stress Index – Short Form, increased parental reflective functioning as measured by the Parental Reflective Functioning Questionnaire, and an increase in positive parent-infant interactions as measured by the PICCOLO.

Activity #4: Professional formation for the early relational health workforce

The Newborn Behavioral Observations (NBO) is an infant-focused, family centered, relationship-based tool, designed to sensitize parents to their baby's competencies and individuality, in order to foster positive parent-infant interactions and contribute to the development of a positive parent-infant relationship from the very beginning (Nugent, Keefer, Minear, Johnson, and Blanchard, 2007). The NBO is a set of shared observations that is done collaboratively between a NBO trained facilitator and the parent and used anytime between birth and the 3rd month of life. Expanding the use of the NBO through the statewide promotional and preventative early relational health workforce will provide the workforce with a tool to center a focus on early relationships in all health and developmental programming, and will promote positive infant-parent relationships from the earliest moments of family formation. Outcomes from the use of the NBO include increased parental reflective functioning as measured on the Parental Reflective Functioning Questionnaire.

I.C2) ER will use three evidence-supported models (Lamaze, Child-Parent Psychotherapy, and NBO). The Being with Babies original curriculum has not been evaluated, but facilitators will stay in close contact to ensure equitable delivery. The CAECMH is the only Brazelton Touchpoints Center approved site in the state, and will work with Brazelton faculty to provide the NBO training. Only Brazelton faculty are able to provide NBO training as a way to keep fidelity, and trainees need to submit at least six practice cases before becoming certified to ensure fidelity. Child-Parent Psychotherapy requires providers be engaged in reflective supervision with CPP mentors in order to maintain fidelity. Lamaze Childbirth Education requires continuing education be met so that facilitators keep current with best practices.

I.C3) The population impacted by the direct service aspects of the project will be pregnant and parenting families in Passaic County. We assume that the population served by the three direct services reflect the current population in Passaic County. We are able to offer services in two areas of the county (Haskell and Little Falls), in English and Spanish, and have staff who are bilingual and bicultural to reflect the diversity of the community of Passaic County. Table 3 below describes our anticipated level of service:

Table 3.

Activity	Anticipated participants per session	Sessions per year	Minimum total over 3 years of funding
Direct Service for Families of Passaic County			
Lamaze Childbirth Education	15-40 per session depending on format (i.e. in person or virtual)	9 sessions per year	405 families
Being with Babies postnatal relational and developmental education curriculum	8-10 families per session	9 sessions per year	216 families
Perinatal and infant-parent psychotherapy	8-10 families per week	6-9 months of service for each family	32 families
Professional Formation for the State-wide Early Relational Health Workforce			
Newborn Behavioral Observation	20 professionals per training	2 trainings per year	120 professionals

I.C4) Our outreach strategies for direct services will occur through existing and non-traditional community partners. For example, advertisement for prenatal childbirth education and the postnatal group, Being with Babies will occur at locations such as Child Care Resource and Referral Agencies, WIC offices, Family Success Centers, libraries and local businesses and through social media. Advertisement for the workforce development offering from the NBO will occur through the existing systems relationships currently held by the CAECMH.

I.C5) We acknowledge that there will be barriers to the successful implementation. To help address this, ER will follow the three priorities from the 2022-2025 NJTFCAN Prevention Plan.

Priority 1: ER will promote racial equity and racial justice by working with community partners to build trust and create linkages to access services for all families, regardless of race, ethnicity or preferred language for learning. We know that there are barriers to childbirth education and group-based learning that are due to structural racism and systemic inequity, particularly related to the history of unjust maternity practices for black and brown women. While the CAECMH operates out of Passaic County, that the University affiliation may feel separate from the community, rather than rooted in community, thus causing mistrust. Partnering with community organizations who are working with diverse populations can help increase trust and break down the barriers that may be present because of the harm done in maternity practices by systemic racism. *Priority 2:* We plan to offer Listening Sessions to families and professionals during the first two months post-funding. Listening Sessions increase the opportunity for family and community participation in program planning and implementation. Through the Listening Sessions, we hope to form relationships, learn about the community's needs, adapt the implementation, and plan for emerging barriers to implementation. We will continue to receive feedback from the community through our external partner Advisory Board. We will take care to ensure a diverse representation of pregnant and parenting families in Passaic county participate in Listening Sessions and the external partner Advisory Board. We will also partner with parents who are active in SPAN and in the ACNJ/Pritzker Children's Initiative to provide expert feedback on our program plan. *Priority 3:* We will remain aware of the influence of trauma and promote developmentally based trauma-Informed and healing-centered prevention practices that are consistent with the CAECMH policy on trauma-informed, healing-centered care, included as Appendix #1. All programs of ER are informed by the science of safety and stress, so utilize relationship-based practice strategies and tools. Last, challenges related to Covid-19 are still

apparent and uncertain, and we may need to amend plans and programming to adapt to the machinations of the global pandemic.

II. Organizational Capacity

II.1) This application is supported by our Dean and Provost. The purpose of the project is in line with MSU's Strategic Plan, (<https://www.montclair.edu/strategic-plan>), specifically the value of Community, which includes “connecting to community through strategic partnerships, collaborations, and services”. The University is supported by the Board of Trustees, which can be found here: <https://www.montclair.edu/board-of-trustees> and as Appendix #2. The current Agency-Wide Organizational Chart is included as Appendix #3. As a Hispanic-serving institution, known for welcoming many first-generation college students, the culture of Montclair State University is towards equitable opportunities for development for all, similar to the prevention activities proposed in ER. The Director of the CAECMH has been working on promotion, prevention and intervention programs, practices, and policies for young families in our state for the past 12 years. Dr. Mulcahy's resume is included as Appendix #7.

II.2) The CAECMH currently employs staff that meet the staffing requirements for this initiative. Please see resumes for named staff on the budget at Appendix #7. As the only Brazelton Touchpoints approved center in New Jersey, the CAECMH also has existing relationships with national partners such as the Brazelton Touchpoints Center which will be contracted to provide training in the Newborn Behavioral Observation. Please see Appendix #12 for evidence of the already existing site commitment from Brazelton Touchpoints Center.

II.3) The CAECMH staff includes bilingual and bicultural Spanish-English clinicians and providers, with many of our staff residing within Passaic County. The CAECMH has been rooted

in Passaic County for the past 12 years, with many partnerships in the early relational health workforce throughout the county, including the organizations listed as Table 4:

Table 4.

The Partnership for Maternal-Child Health of Northern NJ	4C's of Passaic County	Center for Family Resources (Ringwood)	Greater Bergen Head Start (Paterson)
Clifton Health Coalition	St. Joe's Medical Center	Family Success Centers	Early Childhood Specialists


We have also cultivated strong relationships with the statewide multidisciplinary early relational health workforce, including the following organizations on Table 5:

Table 5.

NJ DCF	NJ DHS	NJ DOH	NJ DOE
Advocates for Children of NJ	SPAN	Coalition of Infant Toddler Educators	NJ Association for Infant Mental Health
NJ Association for the Education of Young Children	New Jersey Autism Center of Excellence	New Jersey DEC	Parent's Anonymous
Grow NJ Kids Technical Assistance Centers	School-Age Child Care	New Jersey Breastfeeding Coalition	Nurture NJ
Family Success Institute	Spectrum Works	NJ Coalition for Inclusive Education	Youth Consultation Service
Regional Early Intervention Collaboratives	County-based Child Care Resource and Referral agencies	The Maternal-Child Health Consortia	Prevent Child Abuse New Jersey
The Doula Learning Collaborative	Healthy Women, Healthy Families	The NJ Perinatal Quality Initiative	The NJ Hospitals Association

II.4) The CAECMH has the staff necessary to fulfill all proposed service activities. Table 6 includes the involved in this project.

Table 6.

Personnel	MSU classification	Qualifications	Languages spoken	Skills
	FT employee	Ph.D., LPC, IMH-E	English	Infant-parent psychotherapy; reflective supervision/consultation

[REDACTED]	FT employee	LCSW, IMH-E	Spanish, English	Infant-parent psychotherapy; reflective supervision/consultation
[REDACTED]	FT employee	LCSW, IMH-E, PMH-C	English	Perinatal mental health; Postnatal relational and developmental education
[REDACTED]	PT employee	M.Ed, IMH-E	English	Prenatal childbirth education; Postnatal relational and developmental education; TA on the NBO
[REDACTED]	PT employee	MS, IMH-E	English	Prenatal childbirth education
[REDACTED]	Consultant	LCSW, IMH-E	Spanish, English	Prenatal childbirth education, postnatal relational and developmental education

Jill Wodnick is a certified Lamaze Childbirth Education instructor. Emily Lawton and Jessica Cowan are the developer and current facilitators for Being with Babies. Ms. Lawton is also NBO certified. Jessica Cowan is a certified perinatal mental health specialist. Jose Nieves and Kaitlin Mulcahy are trained Child-Parent Psychotherapy providers, infant-parent mental health specialists, and NJ-AIMH vetted providers of Reflective Supervision/Consultation. Emily Lawton will provide post-training reflective coaching and consultation to the NBO trained workforce as needed and requested. An organizational chart for the proposed program operation can be found as Appendix #4. Professional licenses for the clinicians included on the project are found in Appendix #5. Job descriptions can be found as Appendix #6. Resumes of all staff listed on the budget are included as Appendix #7. A narrative on staffing patterns is in Appendix #8.

II.5) This project includes dedicated time from our Assistant Director for Research and Evaluation, Dr. Eileen McKeating. Eileen will be supported by the Data, Evaluation, Assessment and Research (DEAR) team. Dr. McKeating’s resume is included in Appendix #7. Dr. McKeating has expertise in collecting, inputting and analyzing data to inform ongoing monitoring and improvement of programs and practices. Currently, she oversees all data

collection and analysis efforts at the CAECMH, and produces reports for external funding amounting to over \$3M per year.

II.6) Minimal administrative practices must be developed or refined to support this project. The CAECMH data system will be updated to include the data collected as a part of the Enhancing Relationships evaluation plan. The HIPAA compliant Electronic Health Record will be utilized to keep records of all psychotherapeutic work on the project. While the CAECMH has always conducted services outside of campus, but will extend and adapt specific clinical protocols and procedures for the satellite site in upper Passaic County.

II.7) The success of ER will rely on existing and new relationships and partnerships with the community. The existing and well-established process for state-wide professional formation activities, and tools such as online advertising and registration subscriptions will be leveraged.

II.8) Enhancing Relationships will be enhanced because of the relationships currently in place between the CAECMH and community and state leaders, which includes those formed on professional advisory boards. CAECMH has many staff engaged in professional advisory board service that span the multidisciplinary early relational health and developmental fields. For example, Dr. Kaitlin Mulcahy serves on the New Jersey Council for Young Children, the New Jersey Task Force on Child Abuse and Neglect, the Pritzker Leadership Team the Universal Home Visiting Steering Committee, and the Family Success Institute; Jill Wodnick serves on the NJ Perinatal Health Care Quality Initiative, and the NJ Breastfeeding Coalition, and Emily Lawton serves on the Board of the New Jersey Association for Infant Mental Health.

II.9) The CAECMH follows the guidance of the Prevent Child Abuse New Jersey's Safe Child standards. We have a child-safe environment policy posted in our Center for Clinical Services. This policy outlines the commitment to protecting children from child sexual abuse. We have

developed and implemented a risk management strategy that contains biannual schedules for reviewing existing child protection policies and practices to continually ensure the organization is following best practice towards child protection. The CAECMH also has a code of conduct that specifies standards of conduct and care when dealing and interacting with children who are involved in the organization's programs, activities or care. The CAECMH also produces an annual ethics in infant and early childhood webinar with a recording for viewing, and requires staff to complete periodic ethical practice continuing education, continually making employees aware of their responsibilities as mandated reports. Upon hiring, the University conducts background checks on all employees to take all reasonable steps to ensure the hire of appropriate people to work and volunteer with children. The CAECMH Safe Child Standards Procedure is included as Appendix #9.

II.10) We have two locations for services: The Center for Clinical Services in Little Falls on the campus of Montclair State University, and a private clinic location in Haskell. Additionally, telehealth options or onsite locations can be utilized, if requested. Both the Center for Clinical Services and the private office in Haskell have public transportation options at the doorstep either by train or bus. Both buildings are ADA accessible. The floor plan of the Center for Clinical Services is submitted as Appendix #10. Photos of the Center for Clinical Services and the private office in Haskell are included as Appendix #11. The workforce development initiative of training the use of the NBO will occur through virtual platforms. Follow up technical assistance and coaching of the NBO can occur through virtual platforms or onsite, as needed.

II.11) The CAECMH will continue to work with existing community partners to advertise the activities of Enhancing Relationships. Our strategy is to continue to focus on locations where pregnant families may frequent so as to introduce them to our offerings on childbirth education.

This will help increase the attendance at group prenatal childbirth education, and provide us a referral system for the subsequent direct service activities of Being with Babies and perinatal and infant-parent psychotherapeutic services for those in need. We will also advertise prenatal childbirth education at health facilities such as the Federally Qualified Health Centers, WIC offices, and OB-GYN providers, as well as non-traditional sites such as libraries, and other public gathering spaces, and through social media.

II.12) The CAECMH will work collaborative with our community partners on advertisement, marketing, recruitment, provision of service, and evaluation. The notification of the CAECMH as an established Brazelton Touchpoints site to demonstrate commitment to continued training from Brazelton Touchpoints Center, including in the NBO, is included as Appendix #12. Letters of support from five community providers are included as Appendix #13.

II.13) We will ensure that our plans to meet the needs of the community will be met in fidelity to the cultural competency and diversity and Law Against Discrimination through external reviews of data collection and ethical practice from our internal DEAR team, and continual reports to our newly forming external partner Advisory Board. Additionally, all personnel will be in reflective supervision, which will strive to ensure best practice in the delivery of services and the investigation of implicit bias and cultural and contextual influence to the practice.

II.14) The Proposed Program Implementation Schedule and detailed timeline is Appendix #18.

III. Organizational Supports

III.1) The CAECMH is committed to regular supervision and support of all personnel, which will strive to ensure best practice in the delivery of services and the investigation of implicit bias and cultural and contextual influence to the practice. All full-time personnel at the CAECMH receive annual performance evaluations that are initiated by the Montclair State University

Human Resources Department. Part time employees and consultants engage in annual reviews which are reviewed by the CAECMH Director. All personnel are appointed to their positions for one year, and all reappointed based on meeting responsibilities and providing ethical, reflective, culturally-attuned services. The training needs are as follows:

- Train Gloria Andrade and Emily Lawton as Lamaze Childbirth Educators. This training will take place with the international organization, Lamaze International
- Train Gloria Andrade as a Being with Babies facilitator. This training can happen onsite from Emily Lawton and Jessica Cowan
- Train the multidisciplinary early relational health workforce in the Newborn Behavioral Observation

Please see Appendix #14 for a Curricula Table of Contents for current and proposed training.

III.2) The CAECMH will continue to support this initiative along with our community partners.

The CAECMH will leverage our emerging internal and external Advisory Boards to help provide feedback on our progress in this initiative. The CAECMH will also use attendance at local, county and state-wide meetings to share information about the initiative and receive feedback.

IV. Outcomes and Evaluation

IV.1) The CAECMH has an internal data system that can be amended to collect the data required for this project. This system is monitored by the DEAR team, under the direction of our Dr.

Eileen McKeating. A data table with all data sources is included below as Table 7.

Table 7.

Enhancing Relationships Service	Measure
Lamaze Childbirth Education	Prenatal Parenting Scale
Perinatal mental health services	Life Stressors Checklist; Parenting Stress Index 4 – Short Form
Infant-parent mental health services	PICCOLO, Life Stressors Checklist, Parenting Stress Index 4 – Short Form
Being with Babies	Reflective Functioning Questionnaire
All programs	Qualitative interviews and focus groups

IV.2) The summary of evaluation tools that will be used to determine the effectiveness of the program services can be found as Appendix #15. The outcomes of ER are projected to be:

- Families improved knowledge of child development,
- Families expanded social networks,
- Families improved skills of regulation,
- Practitioners improved knowledge of newborn cues,
- Practitioners enhanced confidence in providing relationship-based practice

IV.3) The data collection and performance measurement activities of this initiative will be conducted by the DEAR team which has extensive experience with multisite data collection for grant awards. The team will develop and implement a program assessment to determine achievement of the project's goals, objectives, and outcomes and to inform ongoing program improvement efforts. A list of data sources is provided in Table 6. These data sources will inform assessment of the project's achievement of the measurable objectives listed above and of performance measures required so as to ensure the project is meeting requirements and demonstrating efficacy. Program data will be collected on an ongoing basis by the project team with attention to research ethics and assurance of confidentiality. The evaluation team will not have access to any private health information. All data provided by the partners will be de-identified such that the data are linked across time points but identities are blinded. All data will be stored on a secure server using the CAECMH data software. Data collection tools will be made available in Spanish. All data will be analyzed and synthesized toward addressing project performance measures and objectives. Quantitative data will be analyzed using descriptive statistics (e.g., frequencies, cross-tabulations) and inferential statistics (e.g., t-tests or ANOVAs to assess the statistical significance of change over time), as appropriate. Qualitative data will be content analyzed for themes and key contextual information. The evaluation team will develop and submit outcome data at intervals established by NJDCF reporting requirements. The

evaluation team will also prepare the IRB submission and monitor all IRB activities, and support the project with other state or federal reporting requirements, as needed.

IV.4) The Notice of Standard Contract Requirements, Processes and Policies as Appendix #16.

IV.5) The signed Attestation form as Appendix #17.

IV.6) Enhancing Relationships will follow all current CAECMH procedures for quality assurance. The MSU grant accounting department and the Office of Sponsored Programs monitor our fiscal and program fidelity. Our DEAR team continues to monitor quality assurance on all projects. Our clinical services are also monitored by the HIPAA Compliance officer at Montclair State University to ensure that our services are delivered within HIPAA compliance.

IV.7) The CAECMH has been working in collaboration with NJ DCF for many years, both programmatically and fiscally. We anticipate continuing this strong relationship during this initiative. We are willing to engage in participatory, collaborative, evaluation planning with DCF to improve outcome indicators, as needed and required. We are always open for feedback on our evaluation process from NJ DCF.

V. Budget

V.1) The Enhancing Relationships 3-year budget is proposed at a total of \$680,000 over 3 years: Year 1 is requested at \$221,026; Year 2 at \$226,626; Year 3 at \$232,348. The 3-year budget forms are attached as Appendix #19. The budget narrative follows:

PERSONNEL: [REDACTED], Associate Director, with a 12-month appointment and an annual salary of \$147,000 and a projected 3% COLA for each subsequent year, will allocate 10% of her time to fiscal, contracting and supervision responsibilities, as well as professional formation activities and the provision of infant-parent psychotherapeutic services, as needed. For a total of \$14,700 in Year 1, \$15,141 in Year 2 and \$15,595 in Year 3; [REDACTED], Infant

and Early Childhood Mental Health Consultation Specialist, with a 12-month appointment and projected salary of \$85,000 and a projected 3% COLA for each subsequent year, will allocate 15% of time to professional formation activities for the promotional and preventative maternal-infant relational health workforce and to providing direct perinatal maternal mental health services. For a total of \$12,750 for Year 1, \$13,133 in Year 2, and \$13,527 in Year 3; [REDACTED] Assistant Director for Research and Evaluation with a 12-month appointment and a projected salary of \$91,800 and a projected 3% COLA for each subsequent year, will allocate 10% of time to evaluation activities. For a total of \$9,180 for Year 1, \$9,455 in Year 2, and \$9,739 in Year 3 [REDACTED], Infant and Early Childhood Mental Health Clinician, with a 12-month appointment and projected salary of \$81,676 and a projected 3% COLA for each subsequent year will allocate 15% of time to professional formation activities for the bilingual promotional and preventative maternal-infant relational health workforce and to providing infant-parent psychotherapeutic services. For a total of \$12,251 in Year 1, \$12,619 in Years 2, and \$12,998 in Year 3; [REDACTED], Assistant Director for Parent-Infant Relational Health Programming, will allocate 10 hours per week at \$59.00 per hour and a projected 3% COLA for each subsequent year for 52 weeks in general supervision of the project, state and county-wide systems connection and relationship building, and the provision of promotional and preventative parent-infant relational health prenatal education. For a total of \$30,680 in Year 1, \$31,600 in Year 2, and \$32,548 in Year 3; [REDACTED], Parent-Infant Relational Health Specialist will allocate up to 20 hours per week at \$48.00 per hour and a projected 3% COLA for each subsequent year for 52 weeks to professional formation activities for the promotional and preventative maternal-infant relational health workforce and to providing direct perinatal maternal mental health services. For a total of \$49,920 in Year 1, \$51,418 in Year 2, and \$52,961

in Year 3 **Fringe:** Full-Time Personnel are charged at 28.1%, and part-time personnel are charged at 9.2% as negotiated with the U.S. Department of Health and Human Services for a total of \$21,151 in Year 1, \$21,786 in Year 2, and \$22,439 in Year 3.

CONSULTANTS A total of \$47,146 is requested in consultants including [REDACTED] will allocate 7 hours per week at \$51.50 per hour and a projected 3% COLA for each subsequent year for 52 weeks to professional formation activities for the bilingual promotional and preventative maternal-infant relational health workforce and to providing bilingual postnatal education services. For a total of \$18,746 in Year 1, \$19,292 in Year 2, and \$19,838 in Year 3; **Brazelton Touchpoints Center/Brazelton Institute** will be contracted to provide NBO training to a projected 20 participants two times per year at \$685 per participant. For a total of \$27,400 for all years of the project; **Lamaze International and TBD:** A total of \$1,000 of is requested for two personnel to attend Lamaze facilitation training at \$500 per person for Year 1 of the project, and a total of \$1,025 is requested in Years 2 and 3 for TBD professional development/conference fees at \$512.50 per personnel.

MATERIALS AND SUPPLIES: \$1,450 is requested to cover supplies including: \$800 towards teaching supplies; \$250 towards office supplies; \$400 towards Web-based subscription services for Constant Contact and Zoom Webinar in Years 1, 2, and 3

OTHER: Travel is estimated at 20 miles per day at the federal reimbursement rate of \$0.58 per hour for an average of 1 day of travel per week for an average of 3 personnel for 49 weeks of service for a total of \$1,705 for Year 1 of the project in Years 1, 2, and 3

GENERAL AND ADMINISTRATIVE COSTS: General and Administrative cost rate of 10% of total direct costs has been applied for a total of \$20,093 in Year 1, \$20,602 in Year 2, and \$21,123 in Year 3 of the project.

APPENDIX #4

Center for Autism and Early Childhood Mental Health

Trauma-informed, Healing-centered Policy Statement

The Center for Autism and Early Childhood Mental Health is committed to a trauma-informed, healing-centered approach to all services, programs, and organizational structure. A trauma informed/healing-centered structure is framework that involves understanding, recognizing, and responding to the effects of all types of stress, emphasizes physical, psychological and emotional safety for both clients and providers, and centers strength and possibility.

The CAECMH trauma informed/healing centered approach shall:

- incorporate trauma informed and resiliency approaches as part of procedures and programs,
- use trauma informed human resources, management, and supervision strategies that are restorative and transformational,
- promote the awareness and understanding of all forms of trauma and its impacts on individuals and communities,
- provide annual training on trauma-informed/healing-centered approaches and resiliency for all personnel

APPENDIX #5

Montclair State University Current Trustees – Voting Members

Correspondence to the Board of Trustees may be sent to:

Board of Trustees
Office of the President
Montclair State University
Montclair, NJ 07043

Questions about the Board may be directed to Keith Barrack, Chief of Staff to the President, by email, by writing to the address above, or by calling [REDACTED].

ROSE L. CALI (appointed 1991)

- BA Anthropology – Montclair State University
- Current: Education Advocate; Founder, Yogi Berra Museum and Learning Center
- Former: Volunteer services coordinator for individuals with intellectual and developmental disabilities; public relations officer for training center

MARY A. COMITO (appointed 2017)

- MA – George Washington University
- MBA – St. Johns University
- BA – SUNY Albany
- Current: Insurance and Financial Advisor, State Farm Insurance

FRANCIS M. CUSS (appointed 2009)

- MB, BChir – Middlesex Hospital Medical School, London, UK
- BA Natural Sciences, MA – King's College, Cambridge University, UK
- FFPM (Fellow Faculty of Pharmaceutical Medicine)
- FRCP (Fellow of Royal College of Physicians)
- Former: Executive Vice President and Chief Scientific Officer, R&D – Bristol-Myers Squibb Company (Retired)
- Former: Senior Vice President, Discovery & Exploratory Clinical Research, Bristol-Myers Squibb Company
- Former: Senior Vice President, Schering-Plough Research Institute; Director of Pulmonary Clinical Research, Glaxo

JEAN MARC DE GRANDPRE (appointed 2017)

- BS and MBA – Southern New Hampshire University
- Current: General Manager of the New York Red Bulls and Red Bull Arena
- TRACY HIGGINS (appointed 2021)
- JD – Harvard Law School
- AB – Princeton University
- Current: Professor of Law, Fordham University School of Law and Co-Director, Leitner Center for International Law and Justice

DOUGLAS L. KENNEDY (appointed 2000)

- MBA Finance – Sacred Heart University
- BS Economics – Sacred Heart University

- Current: Chief Executive Officer, Peapack Gladstone Bank
- Former: President, New Jersey Division, Capital One Bank; Chairman, Fleet New Jersey; President and CEO, Fleet Bank N.A.

SREENI KUTAM (appointed 2021)

- MBA – Purdue University
- BA Computer Science – Andhra University, India
- Current: Chief Human Resources Officer, ADP

RALPH A. LAROSSA (appointed 2004)

- BE Industrial Engineering – Stevens Institute of Technology
- Current: President and Chief Operating Officer, PSE&G Power
- Former: President and Chief Operating Officer, PSE&G and a variety of management positions in PSE&G's gas and electric operations

WILLIAM T. MULLEN (appointed 2004)

- Current: President, New Jersey State Building & Construction Trades Council AFL-CIO and
- Former: President, VP, Business Manager, Iron Workers Local 11; President, Essex County Building Trades

PRESTON D. PINKETT III (appointed 2002)

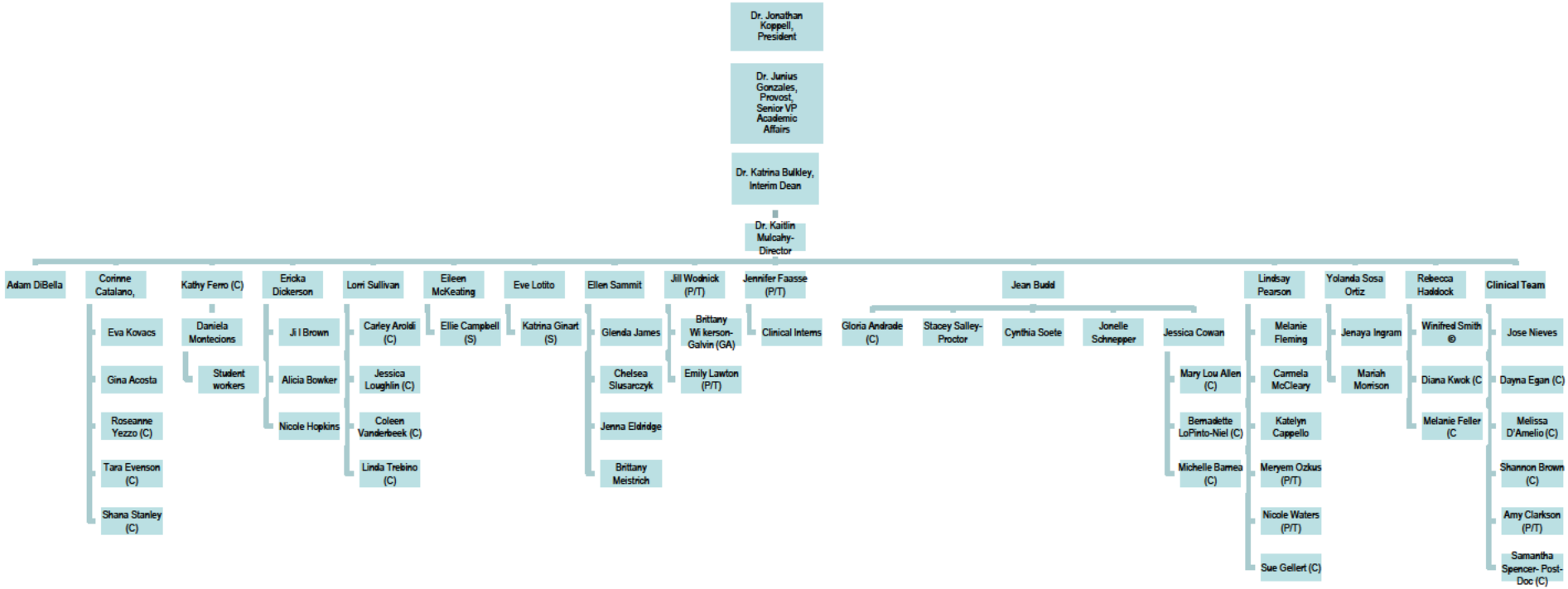
- MBA Management Strategy – Wharton School, University of Pennsylvania
- BS Economics – Cornell University
- Current: Banking Executive
- Former: Vice President, Social Investments, Prudential Financial, Inc., Senior Vice President at New Jersey Economic Development Authority, PNC Bank, Chemical Bank New Jersey; Senior Planner, NJ Council on Affordable Housing; associate, Summit Group

KENT SLUYTER (appointed 2016)

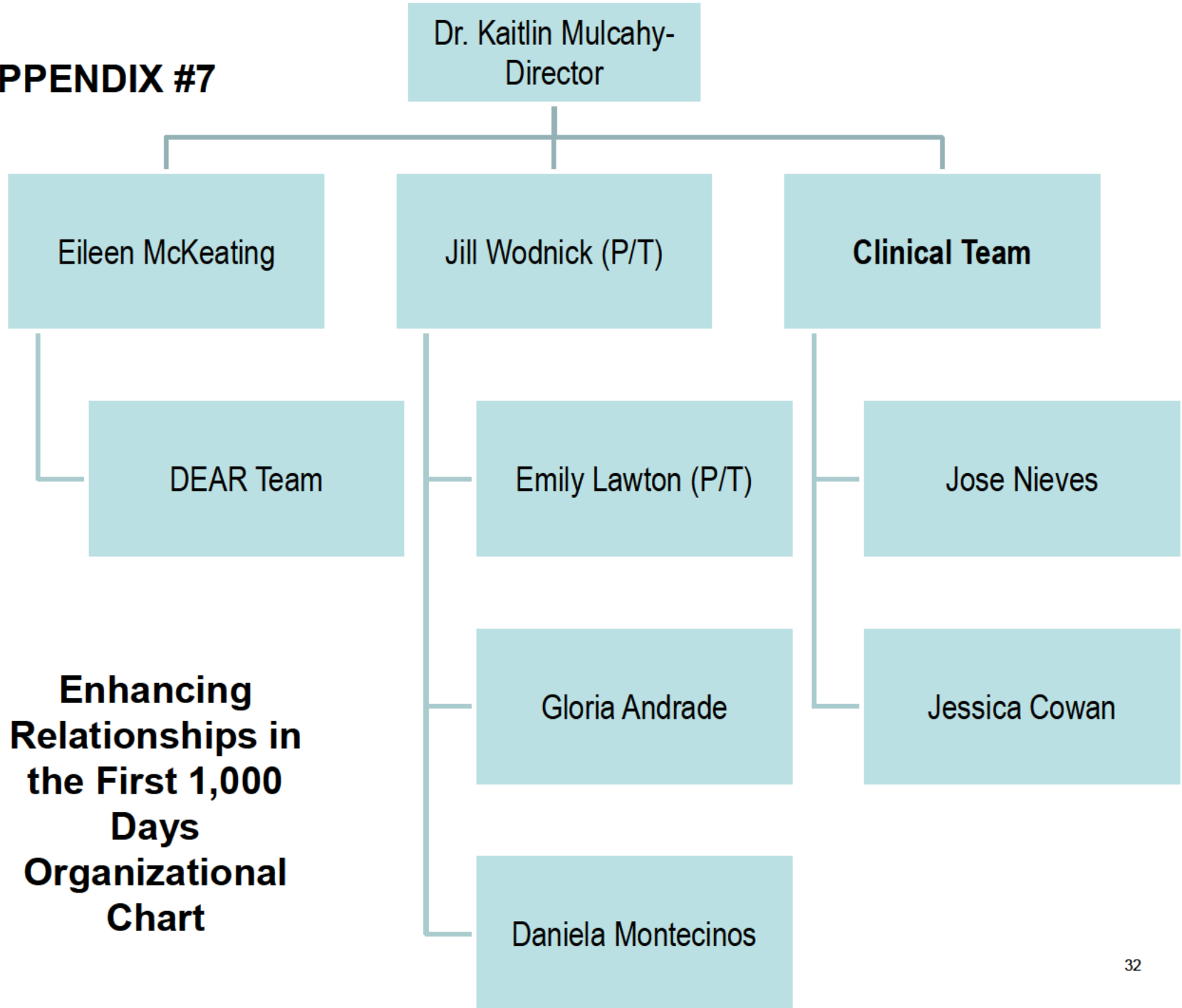
- BS Mathematics – Lafayette College
- Former: President of Prudential Annuities

APPENDIX #6

Center for Autism and Early Childhood Mental Health Organizational Chart



APPENDIX #7



APPENDIX #8

**Montclair State University
Evidence of Professional Licenses for Staff**

Kaitlin Mulcahy – LPC #37PC00440900



NEW JERSEY DIVISION OF
CONSUMER AFFAIRS



Cari Fais
Acting Director
[Read Bio](#)

Search Results

For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

Full Name	License Number	Profession	License Type	License Status	City	State
KAITLIN B. MULCAHY	37PC00440900	Marriage and Family Therapy	Professional Counselor	Active	Mountain Lakes	NJ

1

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[Business Search Again](#)

Jose Nieves – LCSW #44SC05765400



NEW JERSEY DIVISION OF
CONSUMER AFFAIRS



Cari Fais
Acting Director
[Read Bio](#)

Search Results

For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

Full Name	License Number	Profession	License Type	License Status	City	State
JOSE J. NIEVES	44SC05765400	Social Work Examiners	Lic. Clinical Social Worker	Active	Hewitt	NJ

1

[Person Search Again](#)

[Business Search Again](#)

Jessica Cowan (name before marriage: Gregory) – LSW #44SL05936300



NEW JERSEY DIVISION OF
CONSUMER AFFAIRS



Cari Fais
Acting Director
[Read Bio](#)

Search Results

For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

Full Name	License Number	Profession	License Type	License Status	City	State
JESSICA M. GREGORY	44SL05936300	Social Work Examiners	Licensed Social Worker	Active	Belmar	NJ

1

[Person Search Again](#)

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Job Description Form
For Managers, Professional Staff and Librarians

FUNCTIONAL TITLE: Director, Center for Autism and Early Childhood Mental Health/Principal Investigator

DIVISION: College of Education and Human Services **DEPARTMENT:** CEHS Dean's Office

REPORTS TO (TITLE): Dean of CEHS

RANGE: \$120,000-160,000

POSITION OVERVIEW:

Reporting to the Dean of the College of Education and Human Services, the Director of the Center for Autism and Early Childhood Mental Health (CAECMH) is an innovative and visionary leader responsible for the development, oversight, fiscal management, monitoring, and overall operation of the Center for Autism and Early Childhood Mental Health. This includes the management and supervision of a total staff and advanced graduate students of over 70 members. The Director oversees and manages the operations of the Center's clinical services, continuing education, professional development/formation, and education and research around issues of autism, infant, and childhood development and mental health. As a fiscal agent for over \$5 Million in Center revenue and oversight of multi-million dollar grants, the Director is an internal and external touchpoint who procures, coordinates, manages and approves all contracts and awards' funds from all sources. The Director serves as an expert for regional, state, national and international advocacy, policy and practice development. The Director will have administrative, fiduciary, and strategic leadership over the multimillion-dollar revenue generating Center for Autism and Early Childhood Mental Health (CAECMH). The key responsibilities are:

- Provide fiscal and programmatic oversight of all grant funded projects
- Provide direct administrative leadership and management of team members, including Project Director
- Provide training, clinical and reflective supervision and monitor the dissemination of the framework of Professional Formation that guide the CAECMH's operations
- Actively engage with relevant external organizations and serve in elected leadership roles on editorial boards, professional associations, and other board appointments
- Lead fundraising efforts and create joint revenue opportunities with agencies/organizations

QUALIFICATIONS:

Doctoral degree in a mental health or allied field; Licensure in a mental health field; Experience working with educational institutions, government agencies, health-related agencies, community organizations, and/or human services agencies; Content specialty in the areas of infant and early childhood mental health, with knowledge about developmental, relational and multidisciplinary approaches to developmental disabilities, especially regarding autism spectrum disorder; Experience in creating and sustaining a culture committed to service, social justice and self-care; Have a demonstrated commitment and ability to work effectively with culturally diverse populations; Proven record of grant management; Record of success in program development, administrative and fiscal oversight, managing clinical operations, promoting and implementing programs and events, supervising support staff, managing budgets, and excellent written, oral, and interpersonal skills; Demonstrated ability to work collaboratively with a wide variety of public, private and government partners, as well as internal university systems; Strong record of professional activities, including participation and leadership in state, regional, and national/international Infant and Early Childhood and Mental Health (IECMH) initiatives, and a strong record of policy development aimed at integrating principles and practices of IECMH, reflective practice and relationship-based interventions.

FUNCTIONAL TITLE: Lead Infant and Early Childhood Consultation Specialist

GENERIC TITLE: Assistant Director IV

NAME: Jessica Cowan

DIVISION: CEHS

DEPARTMENT: CAECMH

REPORTS TO (TITLE): Director: Kaitlin Mulcahy

STATEMENT OF PURPOSE:

The purpose of the position will be to conduct consultation activities to the infant and early childhood education and human services workforce. Included within the consultation activities could be training, reflective practice, coaching, mentoring, and other professional formation activities, as needed. The Lead Infant and Early Childhood Consultation Specialist will use emerging and best practices, as well as evidence-informed models of consultation, to enhance teaching practices that focus on child development and wellness, expand reflective and regulatory practices, hone inclusive practices, and improve other aspects of practice within the scope of expertise.

MAJOR DUTIES AND RESPONSIBILITIES: (continue on next page if necessary)

The Lead Infant and Early Childhood Consultation Specialist will be responsible for the following:

- Providing consultation activities to the infant and early childhood education and human services workforce
- Assist in developing and delivering trainings in relational, emotional/social, cognitive, motor and language development, reflective and regulatory practices, inclusion topics and/or other aspects of practice within the scope of expertise.
- Assist in developing and delivering new training content
- Develop relationships with regional community partners
- Act as the primary liaison to relevant partners
- Serves as a representative of the CAECMH to relevant stakeholders and decision-making bodies across the state
- Collect and report data to advance practice
- Represent the CAECMH, CEHS and MSU when in the community setting
- Organize assigned work and develops appropriate methods for meeting goals and objectives
- Serve on standing and ad hoc committees, as needed
- Attend and participate in CAECMH and other team meetings as requested and required
- Ability to acquire knowledge of relevant policies and procedures
- Prepares correspondence in the course of official duties
- Performs other duties as assigned

MAJOR DUTIES AND RESPONSIBILITIES: (continued)

The above statements reflect the general details considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

QUALIFICATIONS:

Required: Graduation from an accredited college with a Master's degree in a field related to the position. At least five years of work experience in the field of infant and early childhood education and/or family services. Demonstrated experience in consultation activities to the infant and early childhood workforce. Demonstrated experience as a trainer on the topics of relational, emotional/social, cognitive, motor and/or language development, reflective and regulatory practices, and/or developmental disabilities and inclusion. Demonstrated knowledge of the theory, principles, and techniques essential to relevant infant/early childhood fields. Ability to create statewide relationships, analyze problems, and develop effective work methods. Ability to work independently, with flexible schedule and travel within the state.

Preferred: Bilingual English-Spanish. Endorsement at Infant Mental Health Specialist or Infant Mental Health Mentor level by the New Jersey Association for Infant Mental Health.

APPROVALS:

Management retains the right to add or change job duties at any time.

_____	_____
Department Manager	Date
_____	_____
Division Vice President	Date
_____	_____
Vice President for Human Resources	Date

(9/10)

FUNCTIONAL TITLE: Assistant Director for Research and Evaluation

GENERIC TITLE: Assistant Director II

NAME: Dr. Eileen McKeating

DIVISION: CEHS

DEPARTMENT: CAECMH

REPORTS TO (TITLE): Director: Kaitlin Mulcahy

STATEMENT OF PURPOSE:

The Center for Autism and Early Childhood Mental Health within the College of Education and Human Services Assistant Director for Research and Evaluation is responsible for creating all data systems, collecting and analyzing data, and producing program evaluation reports for all of the programs at the Center for Autism and Early Childhood Mental Health. This position is also responsible for conducting and publishing original research in the fields of infant and early childhood mental health and autism and developmental disabilities. This position has oversight of the Data, Assessment, Evaluation and Research team at the CAECMH, and may have direct report supervisory responsibility.

MAJOR DUTIES AND RESPONSIBILITIES:

- Creating data and evaluation plans including protocols for data collection
- Overseeing the Data, Evaluation, Assessment and Research process at the CAECMH
- Providing supervision and oversight to the DEAR team
- Monitoring the publications and peer-reviewed presentations of the CAECMH
- Engaging in all IRB related activities, including initial applications
- Engaging in meetings/events promoting communications and collaborations,
- Working to disseminate findings and efforts of studies sponsored through NJ ACE,
- Attend meetings, conferences, and workshops appropriate to furthering the goals of the CAECMH,
- Performs other duties as assigned

The above statements reflect the general details considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

QUALIFICATIONS:

Required: Graduation from an accredited college with a masters degree in the areas of psychology, education, special education, social work, public health, research and evaluation, or related field required. Specific experience in research projects required. Experience in infant and early childhood mental health and autism and developmental disabilities preferred. Exceptional organizational skills and ability to collaborate effectively with diverse constituents. Evidence of prior successful experience in research design, methodology and protocol. Must have excellent verbal and written communication and interpersonal skills. Proficiency in Microsoft Office (Excel, Word and PowerPoint) and SPSS. Ability to quickly learn new applications required. Web-editing experience preferred.

FUNCTIONAL TITLE: Infant and Early Childhood Mental Health Clinician

GENERIC TITLE: Assistant Director II [AFT]

NAME: Jose Nieves

DIVISION: CEHS

DEPARTMENT: CAECMH

REPORTS TO (TITLE): Director: Kaitlin Mulcahy

STATEMENT OF PURPOSE:

The purpose of the position is to provide infant and early childhood mental health clinical services and clinically-informed consultation to the programs of the Center for Autism and Early Childhood Mental Health. Included within position's responsibilities are any combination of direct services to children and families, consultation and coaching to infant and early childhood serving systems, and the provision of clinical supervision. The infant and early childhood mental health clinician will be expected to use evidence-informed and clinically appropriate techniques to promote wellness in infants, young children and their families, as well as the adults serving these families.

MAJOR DUTIES AND RESPONSIBILITIES: (continue on next page if necessary)

The Infant and Early Childhood Mental Health Clinician will be responsible for the following:

- Providing direct clinical services to children and families
- Providing indirect consultation and coaching to infant and early childhood serving systems
- Providing clinical supervision to staff and trainees
- Assist in developing and delivering trainings in relational, emotional/social, cognitive, motor and language development, reflective and regulatory practices, inclusion topics and/or other aspects of practice within the scope of expertise.
- Assist in developing and delivering new training content
- Develop relationships with regional community partners
- Act as the primary liaison to relevant partners
- Serves as a representative of the CAECMH to relevant stakeholders and decision-making bodies across the state
- Collect and report data to advance practice
- Represent the CAECMH, CEHS and MSU when in the community setting
- Organize assigned work and develops appropriate methods for meeting goals and objectives
- Serve on standing and ad hoc committees, as needed
- Attend and participate in CAECMH and other team meetings as requested and required
- Ability to acquire knowledge of relevant policies and procedures
- Prepares correspondence in the course of official duties
- Performs other duties as assigned

MAJOR DUTIES AND RESPONSIBILITIES: (continued)

The above statements reflect the general details considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

QUALIFICATIONS:

Required: Graduation from an accredited college with a Master's degree in a mental health field. Independent license to provide clinical services. At least five years of work experience in the field of infant and early childhood or family mental health. Demonstrated experience in consultation activities to the infant and early childhood workforce. Demonstrated experience as a trainer on the topics of relational, emotional/social, cognitive, motor and/or language development, reflective and regulatory practices, and/or developmental disabilities and inclusion. Demonstrated knowledge of the theory, principles, and techniques essential to relevant infant/early childhood fields. Ability to create statewide relationships, analyze problems, and develop effective work methods. Ability to work independently, with flexible schedule and travel within the state.

Preferred: Bilingual English-Spanish. Endorsement at Infant Mental Health Specialist or Infant Mental Health Mentor level by the New Jersey Association for Infant Mental Health. Play therapy certification. DIR certification.

APPROVALS:

Management retains the right to add or change job duties at any time.

FUNCTIONAL TITLE: Parent-Infant Relational Health Specialist

GENERIC TITLE: Assistant Director II

NAME: Emily Lawton

DIVISION: CEHS

DEPARTMENT: CAECMH

REPORTS TO (TITLE): Director: Kaitlin Mulcahy

STATEMENT OF PURPOSE:

The Parent-Infant Relational Health Specialist will be responsible for providing Lamaze Childbirth education, outreaching to community partners in the infant and early childhood mental health community to share resources, conducting trainings in relevant topics of maternal-infant health, and providing technical assistance on issues of maternal-child health. The position reports directly to the Assistant Director for Parent-Infant Relational Health Programming

MAJOR DUTIES AND RESPONSIBILITIES: (continue on next page if necessary)

The Infant and Early Childhood Mental Health Clinician will be responsible for the following:

- Providing direct prenatal education to children and families
- Assist in developing and delivering trainings
- Develop relationships with regional community partners
- Act as the primary liaison to relevant partners
- Serves as a representative of the CAECMH to relevant stakeholders and decision-making bodies across the state
- Collect and report data to advance practice
- Represent the CAECMH, CEHS and MSU when in the community setting
- Organize assigned work and develops appropriate methods for meeting goals and objectives
- Serve on standing and ad hoc committees, as needed
- Attend and participate in CAECMH and other team meetings as requested and required
- Ability to acquire knowledge of relevant policies and procedures
- Prepares correspondence in the course of official duties
- Performs other duties as assigned

MAJOR DUTIES AND RESPONSIBILITIES: (continued)

The above statements reflect the general details considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

QUALIFICATIONS:



Required: Graduation from an accredited college with a Master's degree in a mental health field. At least three years of work experience in the field of maternal-infant health, and early relational health. Demonstrated experience in creating relationships and making linkages. Demonstrated experience as an educator for adults on the topics of physiological birth, relational, emotional/social, development. Demonstrated knowledge of the theory, principles, and techniques essential to relevant infant/early childhood fields. Ability to create statewide relationships, analyze problems, and develop effective work methods. Ability to work independently, with flexible schedule and travel within the state.

Preferred: Bilingual English-Spanish. Endorsement by the New Jersey Association for Infant Mental Health.

APPROVALS:

Management retains the right to add or change job duties at any time.

FUNCTIONAL TITLE: Assistant Director of Parental-Infant Relational Health Programming

GENERIC TITLE: Assistant Director II

NAME: Jill Wodnick

DIVISION: CEHS

DEPARTMENT: CAECMH

REPORTS TO (TITLE): Director: Kaitlin Mulcahy

STATEMENT OF PURPOSE:

The Assistant Director of Parental-Infant Relational Health Programming will be responsible for providing Lamaze Childbirth education, outreaching to community partners in the infant and early childhood mental health community to share resources, conducting trainings in relevant topics of maternal-infant health, and providing technical assistance on issues of maternal-child health. Outreach will entail using social media, coordination with the public website, and personal outreach efforts to the provider, policy and public spheres of the early childhood community. The position reports directly to the Director of the Center for Autism and Early Childhood Mental Health.

MAJOR DUTIES AND RESPONSIBILITIES: (continue on next page if necessary)

The Infant and Early Childhood Mental Health Clinician will be responsible for the following:

- Providing direct prenatal education to children and families
- Providing programmatic oversight over parental-infant programming at the CAECMH
- Assist in developing and delivering trainings
- Develop relationships with regional community partners
- Act as the primary liaison to relevant partners
- Serves as a representative of the CAECMH to relevant stakeholders and decision-making bodies across the state
- Collect and report data to advance practice
- Represent the CAECMH, CEHS and MSU when in the community setting
- Organize assigned work and develops appropriate methods for meeting goals and objectives
- Serve on standing and ad hoc committees, as needed
- Attend and participate in CAECMH and other team meetings as requested and required
- Ability to acquire knowledge of relevant policies and procedures
- Prepares correspondence in the course of official duties
- Performs other duties as assigned

MAJOR DUTIES AND RESPONSIBILITIES: (continued)

The above statements reflect the general details considered necessary to describe the principal functions of the job as identified and shall not be considered as a detailed description of all work requirements that may be inherent in the position.

QUALIFICATIONS:

Required: Graduation from an accredited college with a Master's degree in a mental health field. At least five years of work experience in the field of maternal-infant health, and early relational health. Demonstrated experience in creating relationships and making linkages. Demonstrated experience as an educator for adults on the topics of physiological birth, relational, emotional/social, development. Demonstrated knowledge of the theory, principles, and techniques essential to relevant infant/early childhood fields. Ability to create statewide relationships, analyze problems, and develop effective work methods. Ability to work independently, with flexible schedule and travel within the state.

Preferred: Bilingual English-Spanish. Endorsement by the New Jersey Association for Infant Mental Health.

APPROVALS:

Management retains the right to add or change job duties at any time.

APPENDIX #10

Kaitlin Mulcahy, Ph.D., M.A., LPC, IMH-E®

Montclair State University
1 Normal Ave.
Montclair, NJ 070453
[REDACTED]

EDUCATION

Ph.D.	Family Science and Human Development Montclair State University Dissertation: <i>A Post-Intentional Phenomenological Exploration of a Sense of Safety in Three-Generation Low-Income Families</i> Chair: Bradley van Eeden-Moorefield, Ph.D.	August 2014 – May 2019
M.A.	Counseling Psychology Boston College	September 1999 – May 2002
M.A.	Pastoral Ministry Boston College Thesis: <i>How are we liberated from the shame of poverty?</i> Advisor: John McDargh, Ph.D.	September 1999 – May 2002
B.A.	Major: Psychology Minor: Faith, Peace and Justice Boston College Thesis: <i>Factors that contribute to low-income parents decisions on after-school care for their school-age child</i> Advisor: Gilda Morelli, Ph.D.	September 1995 – May 1999

POST-GRADUATE CERTIFICATES

Certificate	Infant-Parent Mental Health University of Massachusetts - Boston	January 2012 – November 2014
Certificate (credit-bearing)	Expressive Therapies Lesley University	September 2007 – May 2011
Certificate	Family Therapy Family Institute of Cambridge	September 2008 – June 2009

LICENSES

Licensed Professional Counselor	New Jersey #37PC00440900	September 2011 - present
Licensed Mental Health Counselor	New York #001514	April 2006 - present
Infant Mental Health Clinical Mentor	New Jersey Association for Infant Mental Health	September 2013 - present
Certified Early Intervention Specialist	Massachusetts Department of Public Health	September 2009
Approved Clinical Supervisor	New Jersey	pending
Registered Play Therapy Supervisor	Association for Play Therapy	pending

CERTIFICATIONS

Brazelton Touchpoints Community Level Facilitator
Circle of Security Parenting Facilitator
Zippy's Friends Trainer
DC: 0-5 Approved Facilitator
NCAST Feeding and Teaching Scales Facilitator

RESEARCH INTERESTS

Family experience of safety; family resilience; Infant Mental Health; efficacy of home visiting models; family play therapy with young children; professional formation of multidisciplinary early childhood professionals; reflective supervision

PUBLICATIONS

- Lee, S., Raza, H., Mulcahy, K. & Swann-Jackson, R. (2015). From abstract to application: A journey of an instructor and three doctoral students in a family theories class. *Family Science Review*, 20, 30-43.
- Subramaniam, A., & Mulcahy, K. (2021). Rhythm, rooting, range, and repetition: The elements of play that promote regulation and engagement. In N. Papaneophytou & U. Das (Eds.), *Emerging programs for Autism Spectrum Disorder: Improving communication, behavior and family dynamics*, 391-404. Netherlands: Elsevier Science

REFEREED PRESENTATIONS

Mulcahy, K. (2019, November). *A post-intentional exploration of a sense of safety in three-*

- generation low-income families*. Oral presentation at the National Council on Family Relations. San Antonio, TX.
- Costa, G. & Mulcahy, K. (2018, May). *Ways of knowing, doing and being in professional formation*. Oral presentation at the 16th Annual World Association for Infant Mental Health World Congress. Rome, Italy.
- Mulcahy, K. (2018, May). *Using distance technology to train providers of Reflective Supervision/ Consultation*. Oral presentation at the 16th Annual World Association for Infant Mental Health World Congress. Rome, Italy.
- Mulcahy, K. (2017, May). *Therapeutic play techniques with very young children*. Workshop presented at the New Jersey Counselors Association Annual Conference, Lincroft, NJ.
- Tenney-Blackwell, K. & Mulcahy, K. (2017, April). *We are all in this together: Developing habits of mind to support the social-emotional well-being of infants and toddlers*. Workshop presented at the National Training Institute on Effective Practices: Addressing Challenging Behaviors, St. Petersburg, FL.
- Mulcahy, K. & Faasse, J. (2017, March). *MindCrafters: Strategies to teach self-regulation to pre-adolescent boys in a therapeutic group format*. Workshop presented at the American Counselors Association Annual Conference, San Francisco, CA.
- Costa, G. & Mulcahy, K. (2016, December). *Head, Heart, Hand: A framework for professional formation in Infant Mental Health*. Poster session presented at the Zero to Three Annual Conference, New Orleans, LA.
- Costa, G., Mulcahy, K., Sullivan, L., & DiBella, A. (2016, June). *The use of disaster funds to support an infant mental health training program: Lessons from the Keeping Babies and Children in Mind Professional Formation Program in New Jersey, USA*. Workshop presented at the World Congress in Infant Mental Health, Prague, Check Republic.
- Mulcahy, K. & Costa, G. (2016, April). *The importance of early experiences: What counselors need to know about early childhood mental health*. Workshop presented at the New Jersey Counselors Association Annual Conference, Lincroft, NJ.
- Mulcahy, K. & Faasse, J. (2016, April). *MindCrafters: Strategies to teach self-regulation to pre-adolescent boys in a therapeutic group format*. Workshop presented at the New Jersey Counselors Association Annual Conference, Lincroft, NJ.
- Costa, G. & Mulcahy, K. (2015, December). *The framework for the formation of the transdisciplinary infant-family workforce*. Workshop presented at the Zero to Three National Training Institute, Seattle, WA.
- Mulcahy, K. (2015, December). *Regulation-informed interactive play*. Poster session presented at the Zero to Three National Training Institute, Seattle, WA.
- Mulcahy, K. (2015, April). *Regulation-informed interactive play*. Workshop presentation at the New

Jersey Counselors Association Annual Conference, Lincroft, NJ.

Cavender-Wood, H. & Mulcahy, K. (2011, December). *Professional HOME: Strategies to promote resilience and retention in home-visiting clinicians*. Poster session presented at the Zero to Three National Training Institute, Washington, DC.

Cavender-Wood, H. & Mulcahy, K. (2011, May). *Program strategies to promote professional development in an early intervention career*. Workshop presentation at the Massachusetts Early Intervention Consortium Annual Conference, Framingham, MA.

Mulcahy, K. (2008, May). *Nurturing social and emotional competency in early intervention families and clinicians*. Poster session presented at the Massachusetts Early Intervention Consortium, Framingham, MA.

Brown, C., Mullan-Rousseau, T., & Mulcahy, K. (2007, April). *Body-mind-spirit in context: Beyond an individualistic, toward a relational paradigm*. Mind, Body, and Spirit: Innovations in Research, Practice and Pedagogy, Cambridge, MA

SELECTED INVITED PRESENTATIONS

Mulcahy, K., & Sullivan, L. (June, 2018). *Reflective practice for early care and education consultants*. Presentation at the New Jersey Symposium for Early Childhood Consultants. Rahway, New Jersey

Mulcahy, K., & DiBella, A. (April, 2018). *Lessons learned from utilizing the Pyramid Model for Social/Emotional Competence in Infants and Young Children eModules*. Presentation at the National Training Institute State Day. St. Petersburg, Florida

Costa, G., Mulcahy, K., & Sullivan, L. (2017, October). *Why professional "formation" must be our first order of business in promoting infant and early childhood mental health*. Presentation at the New Jersey First Steps Statewide Leadership Institute. Monroe Township, New Jersey

Mulcahy, K, Costa, G., DiBella, A. & Sullivan, A. (2016, October). *The Keeping Babies and Children in Mind Infant Mental Health Professional Formation Program: Lessons learned*. Workshop presented at the Alliance for the Advancement of Infant Mental Health Annual Retreat, Phoenix, AZ.

Mulcahy, K. (2016, October). *The roots of wellness: The impact of early experiences*. Workshop presented at the Bergen County Health Commission Annual Conference. Paramus, NJ.

Mulcahy, K. (2014, October). *Navigating the autism spectrum*. Workshop presented at the Child Care Resource and Referral Agencies Conference, New Brunswick, NJ.

Mulcahy, K. & Subramaniam, A. (2013, November). *Moving on the spectrum*. Workshop presented at the Interdisciplinary Council on Development and Learning Annual International Conference, Montclair, NJ.

Mulcahy, K. (2013, May). *Applying the developmental levels of play to understand and address challenging behaviors in the classroom*. Workshop presented at the Seize the Play Conference, Montclair, NJ.

Mulcahy, K. (2011, November). *Co-constructing the shield: Assisting children with neurological differences protect themselves from bullying behaviors*. Workshop presented at the Harassment, Intimidation and Bullying Summit, Montclair, NJ.

UNIVERSITY TEACHING EXPERIENCE

Adjunct Professor

FCST 322: *Play in Child Life Practice*

Montclair State University, College of Education and Human Services, Family and Child Studies Department
Spring 2011

Adjunct Professor

FCST 215: *Infant Development*

Montclair State University, College of Education and Human Services, Family and Child Studies Department
Fall 2011; Spring 2012

Adjunct Professor

FCST 322: *Play Techniques in Working with Children*

Montclair State University, College of Education and Human Services, Family and Child Studies Department
Fall 2013

Adjunct Professor, Initial developer of course

ICMH 603: *Risk and Resiliency in Special Populations in Infant and Early Childhood Mental Health* (graduate)

Montclair State University, College of Education and Human Services, Infant and Early Childhood Mental Health Department

Spring 2013 (hybrid); Winter 2014 (hybrid); Spring 2015 (hybrid); Spring 2016 (hybrid); Spring 2017 (hybrid)

Adjunct Professor

ICMH 501: *Historical and Theoretical Foundations of Infant and Early Childhood Mental Health* (graduate)

Montclair State University, College of Education and Human Services, Infant and Early Childhood Mental Health Department

Winter 2015 (hybrid); Winter 2016 (hybrid); Winter 2017 (hybrid); Winter 2019 (hybrid)

Adjunct Professor

ICMH 604: *Implications and Applications of Infant and Early Childhood Mental Health* (graduate)

Montclair State University, College of Education and Human Services, Infant and Early Childhood Mental Health Department

Fall 2016 (hybrid)

Adjunct Professor

FCST 214: *Child Development I*

Montclair State University, College of Education and Human Services, Family Science and Human Development Department

Fall 2018; Spring 2019

ACADEMIC PROGRAM DEVELOPMENT

Certificate in Developmental Models of Autism Intervention – 15 graduate credits

Montclair State University

The Graduate School

College of Education and Human Services

Department of Early Childhood and Elementary Education

Certificate in Infant and Early Childhood Mental Health – 15 graduate credits

Montclair State University

The Graduate School

College of Education and Human Services

Center for Autism and Early Childhood Mental Health

STUDENT SUPERVISION EXPERIENCE

Graduate Clinical Field Supervisor

Montclair State University

College of Humanities and Social Sciences

Department of Psychology

Academic Years: 2012-2013; 2013-2014; 2014-2015; 2015-2016; 2016-2017; 2017-2018; 2018-2019; 2019-2020; 2021-2022

Montclair State University

College of Education and Human Services

Department of Counseling

Academic Years: 2012-2013; Summer 2013; Summer 2014; Summer 2016; 2017-2018; 2018-2019; 2019-2020; 2021-2022

Montclair State University

College of Humanities and Social Sciences

Department of Social Work

Academic Year: 2018-2019; 2019-2020; 2021-2022

Lesley University

College of Liberal Arts and Sciences

Department of Psychology

Academic Years: 2007-2008; 2008-2009; 2009-2010; 2010-2011

Undergraduate Field Supervisor

Montclair State University

College of Education and Human Services

Department of Family and Child Studies

Spring 2013; Spring 2014; Fall 2015; Spring 2016; Spring 2017; Fall 2017; Spring 2018; Spring 2019

Lesley University

College of Liberal Arts and Sciences

Academic Years: 2007-2008; 2008-2009; 2009-2010; 2010-2011

PROFESSIONAL EXPERIENCE

Associate Director

Montclair State University, Center for Autism and Early Childhood Mental Health

Montclair, NJ

September 2011-present

Responsible for overall operations of revenue-generating, University-based community and professional development center. Provide academic advisement to post-graduate certificate students. Develop credit-bearing curricula focused on infant and early childhood mental health and development. Manage day-to-day clinical operations of community clinical service addressing developmental, emotional and behavioral needs of children aged birth through twelve years and their families. Provide infant-parent, individual, family and group psychotherapy through community clinical services. Provide developmental and mental health consultation to community agencies and school programs. Develop, promote and implement continuing education and professional development programs on topics including autism, early childhood development and infant/child mental health. Responsible for grant development and writing, budgeting, administrative operations, supervision of staff, interns and student workers, and promoting and marketing of programs and services.

Supervisor/Manager & Certified Early Intervention Specialist/Infant Mental Health Specialist

Children's Hospital Boston, Children's Community Early Intervention Program

Boston, MA

September 2006 – July 2011

Supervised clinical staff and graduate student interns on clinical cases, family-centered service and child development for families with children 0-3 years with autism, demonstrated developmental delays, complex medical needs, or at-risk home environments. Managed all aspects of program operations including recruitment, hiring, annual reviews, programmatic organization, staff orientation, overseeing budget and ongoing trainings for professional development. Managed all aspects of clinical operations including case assignment, managing productivity, scheduling, reflective supervision, and transition. Advocated for Early Intervention services through attendance at state-wide meetings and conferences, facilitating presentations, grant writing and networking with community partners. Provided family therapy, play therapy and maternal/infant mental health services to families with children aged 0-3 years. Offered home-based, family-centered, therapeutic interventions, developmental assessments and parenting education. Advocated and organized services for families with children with autism, special needs and developmental delays.

Licensed Fee-for-Service Clinician

Brighton-Allston Mental Health Association

Brighton, MA

December 2006 – September 2009

Provided individual, couples and family counseling in outpatient mental health clinic. Conducted family therapy and child play therapy at programs for survivor families of domestic violence. Assisted Clinic Director in implementing new program offering in home-based intensive family-centered services and provided lead clinical services in this project.

Casework Supervisor

Center for Family Life in Sunset Park

Brooklyn, NY

August 2005 – August 2006

At a neighborhood-based community social service agency, created and developed program for BSW staff to function as family partners. Supervised BSW staff and MSW students on clinical cases and case management.

Clinical Caseworker

Center for Family Life in Sunset Park

Brooklyn, NY

September 2002 – August 2005

At a neighborhood-based community social service agency, provided family, couples, and individual therapy in clinic and in the home. Managed cases and provided comprehensive case management with both micro and macro focus. Created, planned and facilitated clinical groups with focus on using arts-based interventions. Provided direct counseling services to foster care client families, including foster parents, biological family and children. Interacted with all aspects of foster care case, including family court representatives and child protective services.

Graduate Intern

Boston Health Care for the Homeless Program

Boston, MA

September 2001 – May 2002

Conducted shelter-based outpatient family and individual psychotherapy and advocacy. Provided individual outpatient psychotherapy and advocacy in hospital-based Homeless Clinic at Boston Medical Center.

Graduate Assistant: Research Associate

Boston College, Lynch Graduate School of Education

Chestnut Hill, MA

Advisor: Fr. Joseph O'Keefe, Ph.D.

September 2001 – May 2002

Research Associate for Associate Dean on charter and parochial elementary school education.

Assistant Director of International Service/Immersion Programs

Campus Ministry

Chestnut Hill, MA

September 2000 – May 2001

Coordinated all aspects of student service/immersion programs to Belize, Jamaica, Dominican Republic and Mexico including budget, marketing, fundraising and preparation and development of students.

Graduate Assistant: Peer Minister

Boston College, Residence Life and Campus Ministry

Chestnut Hill, MA

September 1999 – May 2000

Advised, counseled and supported students in residence. Facilitated retreat programming and social justice education.

FUNDED GRANT AWARDS

\$1,500,000 annual award: *The Professional Formation Center for the Early Relational Health Workforce*

2021-present

New Jersey Department of Human Services, Division of Family Development

Kaitlin Mulcahy (PI)

Creation and implementation of a professional formation center for the multidisciplinary early Relational health workforce across the state of New Jersey focused on professional education, consultation, coaching, and systems coordination

\$50,000 award: *Exclusionary Practices in Birth to Age 5 Programs and Mapping the IECMH Professionals in NJ*

2021-present

Taub Foundation

Kaitlin Mulcahy (PI)

\$25,000 award: *Exclusionary Practices in Birth to Age 5 Programs and Mapping the IECMH Professionals in NJ*

2021-present

Schumann Fund

Kaitlin Mulcahy (PI)

\$25,000 award: *Exclusionary Practices in Birth to Age 5 Program and Mapping the IECMH Professionals in NJ*

2021-present

Prizker Children's Initiative

Kaitlin Mulcahy (PI)

\$40,000 annual award: *Social-Emotional Competence Promotion in Englewood District*

2021-present

Taub Foundation

Kaitlin Mulcahy (PI)

Provide Pyramid Model coaching and training to the Englewood, NJ early childhood systems

\$65,000 annual award: *Promoting Social-Emotional Competence in Early Childhood Systems in Bogota District*

2021-present; 2020-2021

Taub Foundation

Kaitlin Mulcahy (PI)

Provide Pyramid Model coaching and training to the Bogota, NJ early childhood systems

\$200,000 award: *Rooting Relationships: Evaluating the Infant and Early Childhood Mental Health Consultation Model in New Jersey*

2020-present

Burke Foundation

Kaitlin Mulcahy (PI)

Evaluate the short-term external model of IECMH Consultation developed by the Center for Autism and Early Childhood Mental Health

\$10,000 award: *Stakeholder Analysis and Dissemination Strategy for the Infant and Early Childhood Mental Health Consultation Model at the Center for Autism and Early Childhood Mental Health at Montclair State University*

2020

Burke Foundation

Kaitlin Mulcahy (PI)

Conduct listening sessions and stakeholder analyses to refine IECMH Consultation program before evaluation

\$10,000 award: *Stakeholder Analysis and Dissemination Strategy for the Infant and Early Childhood Mental Health Consultation Model at the Center for Autism and Early Childhood Mental Health at Montclair State University*

2020

Turrell Fund

Kaitlin Mulcahy (PI)

Conduct listening sessions and stakeholder analyses to refine IECMH Consultation program before Evaluation

\$8,000,000 award: *New Jersey Inclusive Education Technical Assistance Project*

2020-2025

New Jersey Department of Education

Gerard Costa, Ph.D. (PI)

Provide technical assistance and coaching in inclusive practices in preschool and K-12 public education programs in New Jersey; facilitate Leadership Task Force in Inclusive Practices

\$1,100,000 annual award: *Socio-Emotional Formation Initiative*

2018-present

Division of Family Development

New Jersey Department of Human Services

Gerard Costa, Ph.D. (PI)

Provide specialized social-emotional technical assistance and training to community child care centers throughout New Jersey; pilot infant and early childhood mental health consultation to select child care programs; chair the Pyramid Model State Leadership Team

\$200,000 annual subaward: *Grow New Jersey Kids Technical Assistance Center*

2015-2018

Division of Family Development
New Jersey Department of Human Services
Colleen Hicks (PI)

Conduct on-site assessment and technical assistance to New Jersey child care centers.

\$2,800,000: *New Jersey Autism Center of Excellence Coordinating Center at Montclair State University*
2012-2017

Governor's Council for Medical Research and Treatment of Autism.

New Jersey Department of Health

Gerard Costa, Ph.D. (PI)

Provide internal management and operations of all grant projects, manage budget, hire and manage staff, and responsible for supervision of student workers on the project.

\$243,000 annually: *Project LAUNCH at Montclair State University*
2014-2018

New Jersey Department of Children and Families

Gerard Costa, Ph.D. (PI)

Administer grant-funded programs and therapeutic interventions, provide reflective supervision for staff, manage budget, provide internal management and operations of project.

\$25,000: *Enhancing the First Relationship: Breastfeeding as a Protective Factor against Toxic Stress – extension*
July 2014 – December 2014

Nicholson Foundation

Gerard Costa, Ph.D. (PI)

Provided reflective supervision for staff, managed budget, provided internal management and operations of project.

\$25,000: *Enhancing the First Relationship: Breastfeeding as a Protective Factor against Toxic Stress.*
January 2014 – June 2014

Nicholson Foundation

Gerard Costa, Ph.D. (PI)

Provided reflective supervision for staff, managed budget, provided internal management and operations of project.

\$5,000: *Nurturing Social and Emotional Competency in Early Intervention Clinicians*
May 2007

Shishmanian Grant, Massachusetts Department of Public Health

Melanie Griffin (PI)

Delivered reflective supervision and social/emotional professional development to early intervention clinicians.

UNFUNDED GRANT AWARDS

\$2,000,000: Research on Parent-Teacher Influence on Child Outcomes in Early Head Start
Administration for Children and Families

\$2,500,000: New Jersey Early Learning Training Academy
New Jersey Department of Education

SELECTED CONTRACTS

\$1,700,000: *The Socio-Emotional Formation Initiative*
New Jersey Department of Human Services
July 2016 – June 2018

\$720,000: *Curriculum Development and Training – Keeping Babies and Children in Mind: Trauma-informed Infant and Early Childhood Mental Health Professional Formation Program*
New Jersey Department of Children and Families
October 2013 – August 2015

\$6,000: *Curriculum Development - Toddler Care:*
New Jersey Child Welfare Training Partnership
October 2014

\$6,000: *Curriculum Development - Infant Care for Non-Parent Workers*
New Jersey Child Welfare Training Partnership
October 2013

\$6,000: *Curriculum Development - Working with Parents with Cognitive Limitations*
New Jersey Child Welfare Training Partnership
October 2013

STATE SERVICE

Governor Appointed Task Force Member: The New Jersey Task Force on Child Abuse and Neglect	September 2017-present
President: New Jersey Association for Infant Mental Health	January 2013 – December 2015
Vice President: New Jersey Association for Infant Mental Health	January 2012 – December 2012
Chair: New Jersey Pyramid Model Partnership: The Pyramid Model State Leadership Team of New Jersey	September 2014 - present
Council Member: New Jersey Council for Young Children	October 2015 – present
Committee Member: Infant and Child Health Committee New Jersey Council of Young Children	September 2013 – present
Board Member: Professional Impact New Jersey Policy Advisory Board	September 2016 – December 2017

NATIONAL SERVICE

Early Relational Health Policy Advisory Board: Center for the Study of Social Policy	April 2021-present
Technical Assistance Consultant: Alliance for the Advancement for Infant Mental Health	September 2015 – September 2018

Member: Alliance for the Advancement for Infant Mental Health April 2013 - present

UNIVERSITY SERVICE

Student Ambassador: Ph.D. Program in Family Studies, Montclair State University January 2017 - present

Operations Team Member: Center for Clinical Services, Montclair State University January 2016 - present

Member: Social Justice Research Committee – College of Education and Human Services, Montclair State University March 2016 - present

Council Member: College of Education and Human Services Dean’s Staff Advisory Council, Montclair State University November 2015 - present

Executive Team Member: Montclair State University Community Clinic May 2015 – January 2016

Search Committee Chair: Lead Trainer and Technical Assistance Specialist – Center for Autism and Early Childhood Mental Health, Montclair State University November 2016

Search Committee Chair: Program Assistant – Center for Autism and Early Childhood Mental Health, Montclair State University August 2014

Search Committee Chair: Grants Coordinator - College of Education and Human Services, Montclair State University

Search Committee Chair: Program Assistant for Grant Projects – Center for Autism and Early Childhood Mental Health, Montclair State University March 2014

Search Committee Member: Research Assistant – Center for Research and Evaluation in Education and Human Services, Montclair State University November 2013

Search Committee Chair: Program Coordinator – New Jersey Autism Center of Excellence Coordinating Center, Montclair State University May 2013

Search Committee Chair: Research Associate – New Jersey Autism Center of Excellence Coordinating Center, Montclair State University May 2013

Program Advisor: Arts Festival Academic Relevance Committee - College of Arts and Sciences, Boston College March 2007 – May 2011

PROFESSIONAL MEMBERSHIPS

National Council on Family Relations
New Jersey Association for Infant Mental Health
American Counselors Association
Zero to Three

*Professional
Summary*

Licensed Social Worker with state level programming and case management experience seeking the opportunity to implement innovative strategies to meet the social, emotional, educational, and developmental needs of youth and families.

*Licensure &
Certifications*

Licensed Social Worker License Number 44SL05936300
Certified School Social Worker Certificate Number 1011369
Perinatal Mental Health Certificate
Infant and Early Childhood Mental Health Endorsed
Certificate of Completion: Intensive Fellowship in Infant and Early Childhood Mental Health

Skills

Communication

Highly effective written and oral communication skills developed through the completion of grant writing, case notes, court reports, and active participation in team meetings

Interpersonal

Engaging and adaptable to enhance teamwork and collaboration
Ability to develop trust and rapport with others

Leadership

Effective supervisor skilled in recruiting the support of all team members to identify and achieve common goals
Strong planning and facilitation skills used to effectively prioritize and accomplish tasks

Project and Case Management

Extensive project management skills as the liaison for state and federal funding
Successful case management skills for caseloads up to 35

Experience

Child Care Resources of Monmouth County | March 2017- May 2019
Manager of Child Care Development

- Supervise the implementation of all quality improvement initiatives
- Supervise the management of the county-wide network of Family Child Care providers and participate in statewide meetings
- Develop and provide comprehensive and interactive workshops for adult learners
- Coordinate all professional development opportunities to offer an all-inclusive, annual calendar for early childhood professionals and caregivers
- Provide families and providers with referrals to appropriate community resources as needed
- Complete monthly and quarterly reports regarding program outcomes

NJ Department of Children and Families (DCF) | January 2015- March 2017
Implementation and Quality Improvement Coordinator

- Designated liaison for New Jersey's Children's Trust Fund (CTF) and Community Based Child Abuse Prevention (CBCAP) Federal Grant
- Represented the State of NJ during national annual meetings
- Contributed to various interagency meetings and provide linkages to additional initiatives and state programming
- Coordinated and facilitated administrative oversight and adherence to grant requirements for up to 15 initiatives

Child Care Resources of Monmouth County | August 2013-January 2015
Quality Programs Manager

- Supervised and assisted with the implementation of the NJ Quality Rating and Improvement System and Strengthening Families initiatives
- Performed evaluations for child care centers and delivered resources and technical assistance for improving quality
- Developed and implemented professional development workshops for child care professionals
- Submitted monthly and quarterly reports regarding the implementation of the aforementioned programs and initiatives

Tabor Children's Services | May 2010- December 2010
Foster Care Social Worker

- Assessed interactions between children and caregivers and provided testimony in court for reunification purposes
- Acquired effective communication and leadership skills while facilitating meetings with parents, caregivers and professionals
- Compiled case notes, court reports, and individual and family service plans

Board Member | New Jersey Association for Infant Mental Health

American Foundation for Suicide Prevention

Certified Trainer for the More than Sad and Talk Save Lives Educational Programs
Jersey Shore Out of the Darkness Community Walk – Walk Chairperson

Master of Social Work Clinic Practice with Children and Families
Monmouth University | May 2012

Graduate Social Work Department of Monmouth University Social Justice Award 2012
Monmouth University Civic Engagement Award 2012

Internship

Point Pleasant Borough Middle and High School Social Work intern

Developed and implemented social skills activities and interventions with students with behavioral, learning or emotional needs
Offered individual counseling to students as needed
Completed social history assessments with parents and caregivers
Participated in Child Study Team meetings

Bachelor of Social Work

West Chester University of PA | May 2010

President 2009-2010 Active Minds Organization
Member of Phi Alpha Social Work Honors Society 2008-2010

Internships

YouthBuild Charter School Social Work intern

Provided case management and career planning conferences for students ages 18-21 years old
Offered individual counseling to students as needed

Friends Association Foster Care case management intern

Provided case management to children and families involved in the state foster care system
Supervised parent/child visitation and facilitated appropriate parent/child activities

*Professional
Associations*

*Volunteer
Experience*

*Education &
Internships*

EILEEN McKEATING, Ph.D

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EDUCATION

Doctor of Philosophy, Early Intervention, School of Education, April 2013

University of Pittsburgh, Pittsburgh, PA

Dissertation: Including Children with Autism Spectrum Disorder in General Kindergarten and First Grade Classrooms: Teacher attitudes, child progress and classroom quality.

Master of Science in Applied Developmental Psychology,

August 2007 University of Pittsburgh, Pittsburgh, PA

Thesis: Comparing performance-based assessment with clinical judgment for Early Intervention Eligibility

Bachelor of Fine Arts in Communications Design, February 1982 Pratt Institute,

Brooklyn NY

UNIVERSITY TEACHING EXPERIENCE

- | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2016- | ECSE 580: Conceptual Foundations of Autism Spectrum Disorders: Biological, Psychological, Social Perspectives
Montclair State University, Montclair, NJ
hybrid course (multiple semesters) |
| 2020 | Dissertation Committee External Reader, (Corinne Catalano, PhD, Chair). Feilding Graduate University, Santa Barbara, CA |
| 2019 | Dissertation Committee External Reader, (Gerard Costa, PhD, Chair). Feilding Graduate University, Santa Barbara, CA |
| 2015 | EDFD 200-05: Psychological Foundations of Education Montclair State University (Fall, 2015) |
| 2008-2011 | IL 2906: Community Resources for Young Children and Families
University of Pittsburgh, Pittsburgh, PA (Spring 2009, Spring 2010, Spring 2011) |
| 2009 | IL 2562: Assessment of Young Children with Disabilities University of Pittsburgh, Pittsburgh, PA (Fall, 2009) |

- 2008 IL 3598: Supervised Research in Special Education University of Pittsburgh, Pittsburgh, PA
Supervisor: Provided supervision of Masters students in autism specialization placements (e.g. LEAP Preschool of the Watson Institute, Theiss Early Autism Preschool Program)
- 2007 PSYED 2510: Measurement of Children and Development of Interventions University of Pittsburgh, Pittsburgh, PA
Teaching Assistant
Assisted with research articles, material preparation, course web

RESEARCH and EVALUATION EXPERIENCE

- 2018-PRESENT Center for Autism and Early Childhood Mental Health, Montclair State University, Montclair NJ
Research Associate
Principal Investigator: Gerard Costa, PhD
- Develop all data collection forms and procedures.
 - Designs and oversees center-wide implementation of all aspects of program evaluation and applied research systems
 - Provides all research, data analysis, data management and reporting
- 2014 – 2018 New Jersey Autism Center of Excellence Coordinating Center of the Center for Autism and Early Childhood Mental Health, Montclair State University, Montclair NJ (New Jersey Department of Health grant)
Research Associate
Principal Investigator: Gerard Costa, PhD
Liaison between the Governor’s Council for the Medical Research and Treatment of Autism and the New Jersey Department of Health and 32 NJ Autism Center of Excellence sites.
- Provides monitoring, support and technical assistance to NJ Autism Center of Excellence grantees based on funding requirements and study needs; developed infrastructure and procedures for supporting and monitoring research studies through a variety of quality assurance measures
 - Designs effective outreach, communication and dissemination plans to connect with the community.
 - Mentors and supervises Graduate Assistants
 - Authors all reports, proceedings and publications
 - Conducts statewide summits; wrote scripts and research summaries translating technical information from scientists for lay audiences.

- 2010-2014 Early Childhood Partnerships of the Office of Child Development, University of Pittsburgh, Pittsburgh, PA (Allegheny County Department of Human Services grant) Evaluation, Pennsylvania Department of Education and the Weinberg Foundation)
- Evaluation Manager
Principal Investigator: Stephen J. Bagnato, EdD.
Program evaluation of family support center networks related to the early school success of children whose families are enrolled in the centers.
- Responsibilities: Mine extant data from two large databases, match on relevant variables to examine family characteristics and child outcomes on various assessments.
 - Develop an observation measure and surveys: facilitate prospective data collection of early academic measures, train and supervise staff on procedures.
- Evaluation of a statewide inclusion program for young children with severe disabilities in their neighborhood schools.
- Responsibilities: All project duties (proposal preparation, evaluation design, instrument development, data collection and analyses, report writing, training and supervision of students and staff.
 - Data collection included conducting assessments based on classroom observations for Kindergarten through Grade 12 classrooms.
- 2008-2010 Early Childhood Partnerships, University of Pittsburgh, Pittsburgh, PA (Association for Children and Families, Head Start Association federal grant) Center on Mentoring for Effective Teaching (COMET)
- Research Assistant
Principal Investigator: Stephen J. Bagnato, EdD
Evaluation of a pilot, mentoring program for teachers of Pre-K children at risk in the areas of self-regulation and early literacy.
Responsibilities: technical assistance, training, data collection and analyses
- 2006-2008 Early Childhood Partnerships, University of Pittsburgh, Pittsburgh, PA (Department of Education grant) Pre-K Counts
- Research Assistant
Principal Investigator: Stephen J. Bagnato, EdD
Evaluation of a program intended to support high quality pre-kindergarten programming
Responsibilities: technical assistance, training on assessments, data collection in pre-kindergarten sites across the state.
- 2005-2008 Early Childhood Partnerships, University of Pittsburgh, Pittsburgh, PA Tracking, Referral, Assessment Center for Excellence (TRACE) Center (U.S. Department of Education, Office of Special Education Programs (2003-2008); Pennsylvania satellite grant)

Principal Investigator: Stephen J. Bagnato, EdD
Researched and co-wrote research syntheses on various topics related to early identification of children with developmental delays and disabilities.

2005-2007 Early Childhood Partnerships, University of Pittsburgh, Pittsburgh, PA
Pennsylvania Early Intervention Outcomes Study
Research Assistant
Principal Investigator: Stephen J. Bagnato, EdD Evaluation of Part B and Part C services across the state
Responsibilities: study design, organizations, data collection (chart review), data analysis and report writing
Funded by the Pennsylvania Office of Special Education Programs

CLINICAL EXPERIENCE

2019-PRESENT Pyramid Model Coach, Social-Emotional Formation Initiative
Center for Autism and Early Childhood Mental Health
Health Montclair State University, Montclair NJ
Provided Pyramid Model coaching, training and reflective sessions to teachers in private child care centers.

2013 Clinical Consultant
HealthyCHILD, Early Childhood Partnerships, Pittsburgh, PA
Provided behavioral and mental health consultation to 49 Pittsburgh Public School innercity Head Start Classrooms.
Responsibilities: Completed functional behavioral analyses, rating scales and authentic assessments, developed behavior and classroom plans, modeled appropriate practices, facilitated team meetings, provided resources and information, supervised students

2009-2011 Mental Health Consultant
HealthyCHILD, Early Childhood Partnerships, Pittsburgh, PA
Support and mental health consultation to the Early Head Start program in Beaver County, PA
Responsibilities: Facilitated roundtable discussions, presented and provided resources on infant mental health, parenting, early intervention

2008 Intern
NICU Outpatient Follow-up Clinic, Magee Women's Hospital, Pittsburgh, PA
Performed developmental/neurological assessments of premature infants and toddlers; interviewed caregivers and wrote evaluation reports

2006-2008 Early Childhood Consultant
COMET, Center on Mentoring for Effective Teaching, Pittsburgh, PA

- social-emotional development to Head Start teachers in underserved communities.
- 2005-2008 Behavioral Health Consultant
HealthyCHILD, Early Childhood Partnerships, Pittsburgh, PA
Provided classroom consultation to Pittsburgh Public Schools Head Start and Pre-Kindergarten teachers
- 2003-2005 Discrete Trial Therapist
Western Psychiatric Institute and Clinic, Pittsburgh, PA
Provided home and school-based ABA therapy for children on the Autism Spectrum
- 2001-2003 Therapeutic Support staff
Watson Institute, Pittsburgh, PA
Provided therapeutic support for children with autism spectrum disorder
- 2000-2001 Program Administrator
St. Mary's Lawrenceville Arts Program, Pittsburgh, PA
Directed and managed after-school and summer program for children at-risk.
- 1982-2000 Illustrator
Freelance, New York, NY
Designed and illustrated book covers and interiors for such publishers as Macmillan, Inc., Scholastic, Inc., Harper & Row, Atheneum, Chelsea House and Farrar, Strauss & Giroux Publishing.

PUBLICATIONS

- Giordano, K., Chung, D., McKeating, E. & Garcia, V. (in press). Expulsion from Community Childcare Centers during the COVID-19 Pandemic: A Review of One State's Practices. *Early Childhood Education Journal*.
- Catalano, C. G., Fives, H., McKeating, E. & Barnes, N. (2020). Preservice Early Childhood Teachers' Sense of Efficacy for Teaching Children with Autism Spectrum Disorder. *Journal of Early Childhood Teacher Education*. <http://dx.doi.org/10.1080/10901027.2020.1806152>
- Catalano, C. & McKeating, E. (2020, April 22). Reducing Anxiety Among Those with Autism Spectrum Disorder. *Psychology Today* [web blog post]. Retrieved from <https://www.psychologytoday.com/us/blog/psyched/202004/reducing-anxiety-among-those-autism-spectrum-disorder>
- Hubell, S & McKeating, E. (2010). Professional standards and the Link social validity study. In S.J. Bagnato, K. Pretti-Frontzak & J. T. Neisworth, *Linking authentic assessment and early childhood intervention: Best measures for best practices, Second Edition* (pp. 63-254). Baltimore, MD: Paul H. Brookes Publishing Co.
- Bagnato, S. J., McKeating-Esterle, E., Fevola, A., Bortolamasi, P. & Neisworth, J. T. (2008). Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility: Evidence Base and Practice Characteristics. *Infants and Young Children*, 21:4, 334-349.

agnato, S. J., Smith-Jones, J., Matesa, M. & McKeating-Esterle, E. (2006). Research Foundations for Using Clinical Judgment (Informed Opinion) for Early Intervention Eligibility Determination. *Cornerstones*, 2:3, 1-14.

Bagnato, S. J., & McKeating-Esterle, E. (2007). Can clinical judgments guide parent-professional team decision-making for early intervention? In S. J. Bagnato (Ed.) *Authentic Assessment for Early Childhood Intervention* (pp 142-177). New York: Guilford Press

CONFERENCE PRESENTATIONS

McKeating, E. & Catalano, C. (July, 2021). Support for the Early Childhood Workforce during COVID-19. Self Reg Summer Symposium, Toronto, CA

Frazer, A. & McKeating, E. (2021, April 7–9). Covid-19 Survey for Pre-K To 12 Teachers and School Staff [Symposium]. In J. Osofsky, (Chair), *The Importance of Relationships to Support Children and Families During COVID 19*. Society for Research in Child Development Conference, Virtual. <https://www.srcd.org/event/srcd-2021-biennial-meeting>

McKeating, E. (February, 2020). Time Out for Adults. New Jersey Child Care Association Conference, online.

McKeating, E. (March 2018). Struggling with Stress: What Teachers Can Do to Help Young Children in Their Classrooms. Symposium session, New Jersey Council for Exceptional Children, Spring Conference, Mahwah, NJ

Bagnato, S. J. & McKeating, E., Czesckewitz, R. C. & Matz, A. (November, 2012). Included from The Start. Poster session presented at the Pennsylvania Department of Education Conference, Harrisburg, PA

Bagnato, S. J. & McKeating, E. (November 2011). Use of Informed Opinion for Early Intervention Eligibility. Symposium conducted at the Division for Early childhood Annual Conference, National Harbor MD. (National Refereed).

McKeating, E. & Cheskiewitz, R. (November, 2011). Program Evaluation: Include Me from the Start. Symposium conducted at the Pennsylvania Education for All Coalition Conference, Philadelphia, PA

McKeating, E., Bagnato, S. J. (October 2010). Center on Mentoring for Effective Teaching. Poster session presented at the Division for Early Childhood Annual Conference, Kansas City, MO (National Refereed)

Bagnato, S. J. & McKeating, E. (2010). NECTAC Webinar Series on Early Identification and Part C Eligibility Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility: A Primer for Parent-Professional Decision-making. Uploaded to: <http://www.nectac.org/~calls/2010/earlypartc/earlypartc.asp>

Bagnato, S. J. & McKeating, E. (May 2010). Valid Use of Clinical Judgment (Informed Opinion) for Early Intervention Eligibility: A primer for parent-professional decision-making.

Symposium conducted at the Division for Early Childhood Research Conference, Kansas City, MO (National Refereed)

McKeating-Esterle, E. & Bagnato, S.J. (2008). Research Foundations for Using Clinical Judgment (Informed Opinion) for Early Intervention Eligibility Determination. Poster session presented at the DEC 24th Annual International Conference on Young Children with Special Needs and Their Families, Minneapolis, MN. (International Refereed)

McKeating-Esterle, E., Bagnato, S.J., Hawthorne, C., & Fevola, A. (2007). A comparison of clinical judgment with performance-based assessment to document early intervention status. Poster session presented at the Ninth Annual Head Start Research Conference, Washington, DC. (National Refereed)

INVITED PRESENTATIONS

McKeating, E. (April, 2018). Autism: Broadening your lens and understanding the diagnosis. Programs for Parents. Presbyterian School, Caldwell, NJ

McKeating, E. (April, 2018). Understanding Autism. Sponsored by the Family Support Organization of Essex County, East Orange, NJ

McKeating, E. (March, 2013). The development of self-regulation: Implications for infants and toddlers. Presentation for Early Head Start administrators and staff, Rochester, PA

Hawthorne, C., Larson, T., & McKeating, E. (January, 2013). Difficult conversations with families and caregivers of Head Start children. Pittsburgh Public Schools, Pittsburgh, PA.

McKeating, E. (December, 2008). Social and emotional health in the preschool classroom. Countywide training presented at Rochester Head Start, Rochester, PA.

McKeating, E. (September, 2008). Dealing with Challenging Behaviors. Countywide training presented to the Rochester Head Start programs, Rochester, PA

AWARDS and Certificates

2018 Self Reg™ Champion certification by the Mehrit Center in Ontario, CA (4 course completion)

2009-2010 Special education/school liaison for children with disabilities
Leadership Education in Neurodevelopmental and Related Disabilities (LEND) formerly UCLID Center (of the Maternal Child Health Bureau)

2008 Council for Exceptional Children, Division for Early Childhood Conference Award

2008 Department of Instruction & Learning Teaching Fellowship

2007 Pi Lambda Theta International Honor Society and Professional Education Association (invited throughout graduate program)

VOLUNTEER ACTIVITIES

- 2019- PRESENT New Jersey Division of Early Childhood of the Council for Exceptional Children,
Board of Directors
- 2019 HomeLost project, assisting in the organization and collection of materials
- 2013 Local Interagency Coordinating Council for professionals working in intervention
and parents of children receiving early intervention services
- 2013 Various activities for Jeremiah's Place Crisis Nursery
- 2012 Student representative at Faculty meetings for the Special Education
department, University of Pittsburgh.
- 2011 Escorted student with visual impairment and assisted him in his early
intervention practicum placements, interpreting observations, explaining
activities and reviewing his capstone project
- 2010 Autism Speaks at the Children Museum of Pittsburgh, Pittsburgh, PA

PROFESSIONAL AFFILIATIONS

Infant and Early Childhood Mental Health Association of New
Jersey International Society of Autism Research
Division of Early Childhood, Council for Exceptional Children
NJ Division of Early Childhood, Council for Exceptional Children (Secretary- June 2021- present)
Association for the Education of Young Children
Pennsylvania Association for the Education of Young Children Advisory Board on Autism and
Related disorders
International Society of Early Intervention

José Javier Nieves, LCSW

Licensed Clinical Social Worker: NJ LCSW License #44SC05765400

Center for Autism and Early Childhood Mental Health

July 2021-present

1 Normal Ave, Montclair NJ 07043

Infant and Early Childhood Mental Health Clinician

Provide infant and early childhood mental health clinical services and IECMH Consultation to the programs of the Center for Autism and Early Childhood Mental Health. Provide clinical and reflective supervision.

Youth Consultation Services, Inc.

60 Evergreen Pl. East Orange, NJ 07018

Associate Director

August 2020-July 2021

In collaboration with the Institute Director, oversee the East Orange Institute and the Union City Outpatient Clinic. Coordinate organize and assign referrals made to the clinics. Provided individual and group supervision in the field of Early Childhood Mental Health. Revise and approve clinical notes, treatment plans and termination documentation in accordance to the Institute Policies. Provided Reflective Supervision to 3 staff members. Presented didactics for Externs and Interns, specific to topics, of Immigration and Infant Mental Health, Child Protective Services and Infant Mental Health and Fatherhood: Their Struggles with transition into a new role and their impact on the developing child. Provided consultation and presentations to surrounding agencies as requested, related to the services available for Infant Mental Health, and the importance of Infant Mental Health within families exposed to trauma. Reviewed attendance and approved time sheets in electronic system. Provided supervision to Supervisors of Home visitations Programs: Nurse Family Partnership and Parents As Teachers. Provided support to staff in both clinics and coordinated the physical plant needs of the clinics.

Parent-Child Clinician

April 2018-August 2020

Complete initial assessment and provide ongoing clinical services to assigned consumers. The population serviced is comprised of: mother and their children of diverse multi-cultural backgrounds. Many of the consumers are women residing at "Mommy and Me" inpatient substance abuse treatment facility, and many of them referred by the Division of Child Protection and Permanency. Serve clients both in office and at treatment facility. Work closely with first time mothers as referred by other programs specializing on first time mothers. Complete initial comprehensive assessments, treatment goals, as well as treatment plans. Responsible also to provide reports, updates and progress of goal work every three months (on all consumers) to treatment facility. Serve as a liaison between YCS and the treatment or programs were referral was sent from. Responsible for documentation of notes, updates, goals and treatment plans and updates to electronic system (ECR). Work with community providers and reach out to community agencies to secure and advocate for other services needed by consumers. Supervise one Master Level clinician, lead group sessions. Participate as needed in program promotional events. Meet for individual and group supervision weekly; prepare and participate in case presentations as needed and requested by supervisory team. Log on all consumer information into the electronic system (ECR) as required by YCS regulations. Some of the therapy modalities used are dyadic, individual, family, CBT, Psycho-education, TF CBT, and Parenting specific modalities, such as KIPS and Circle of Security. Supervise 1 clinician and revise all Medicaid information on cases. Work as family therapist for families with multiple needs.

Parent-Infant Clinician (Clinician I)

April 2018- August 2020

Complete initial assessment and provide ongoing clinical services to assigned consumers. The population serviced is comprised of: mother and their children of diverse multi-cultural backgrounds. Many of the consumers are women residing at "Mommy and Me" inpatient substance abuse treatment facility, and many of them referred by the Division of Child Protection and Permanency. Serve clients both in office and at treatment facility. Work closely with first time mothers as referred by other programs specializing on first time mothers. Complete initial comprehensive assessments, treatment goals, as well as treatment plans. Responsible also to provide reports, updates and progress of goal work every three months (on all consumers) to treatment facility. Serve as a liaison between YCS and the treatment or programs were referral was sent from. Responsible for documentation of notes,

updates, goals and treatment plans and updates to electronic system (ECR). Work with community providers and reach out to community agencies to secure and advocate for other services needed by consumers. Supervise one Master Level clinician, lead group sessions. Participate as needed in program promotional events. Meet for individual and group supervision weekly; prepare and participate in case presentations as needed and requested by supervisory team. Log on all consumer information into the electronic system (ECR) as required by YCS regulations. Some of the therapy modalities used are dyadic, individual, family, CBT, Psycho-education, TF CBT, and Parenting specific modalities, such as KIPS and Circle of Security. Supervise 1 clinician and revise all Medicaid information on cases. Work as family therapist for families with multiple needs.

Family Intervention Services, Inc.

July 2015 - March 2018

655 Broadway Paterson, NJ 07514

FSP, PPACS, IIC and Early Steps Clinician

- Provide ongoing clinical services to assigned consumers. The population served: individuals and families as referred by the Division of Child Protection and Permanency. Serve clients both in office and in-home. Complete initial comprehensive assessments, treatment goals, as well as treatment plans. Responsible also to provide reports, updates and progress of goal work every three months (on all consumers) to DCP&P. Provide court report letters on requested individuals or families. Responsible for documentation of notes, updates, goals and treatment plans and updates to electronic system. Work with community provided and reach out to community agencies to secure and advocate for other services needed by consumers.
- Meet for individual and group supervision weekly and prepared for case presentations as needed and requested by supervisory team. Log on all consumer information into the electronic system as required by FIS regulations. Therapy modalities used: individual, family, CBT, Psycho-education, TF CBT.

State of New Jersey: Division of Child Protection and Permanency

July 2003 – October 2013

Supervisor (08/ 2006 to 10/2013):

- Coordinate services for families served by the Division. Analyze data to evaluate service needs and referrals for community services. Reviewed and approved all documentation, services, and plans made for the families. Work with community resources to provide services to families in a multi-disciplinary and comprehensive modality. Complete the Family Team Meeting training as Facilitator, Coach and Master Coach.
- Supervise 5 to 9 workers: Met with workers to ensure a proper plan for interventions on investigations and assessments on families was followed. Reviewed and submitted court complaints, reports, and ensured the compliance of court orders. Supervised, coached, and trained workers in emerging policy and procedures. Evaluated workers' performance safeguarding policy compliance; verify all times sheets and followed up with workers' required training.

Education

Rutgers, The State University of New Jersey: Newark, NJ

2012 - 2015

Master of Social Work - Graduated May 2015

- ***1 year Internship in Canterbury in Cedar Grove***
- GPA: 3.97. Member of the Phi Alpha Honor Society.
- Nominated for Outstanding Student Award for 2015

St. Mary's Seminary & University: Baltimore, MD

1989-1995

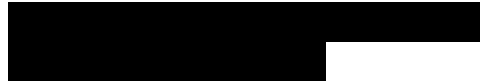
Graduation 1995 GPA: 3.05 - MA in Theology; STB Bachelor of Sacred Theology (STB)

Graduation 1992 GPA: 3.25 - Bachelor of Arts in Theology

Skills

- **Bilingual:** Spanish and English
- Computer skills in Word, Excel, Power point.

Emily C. Lawton, MEd, CCLS, IMH®



EDUCATION

Bank Street College of Education, New York, NY

MSEd in Infant and Parent Development and Early Intervention Program, May '05

Completed Thesis, *The Benefits of Developmentally-Supportive Care for Premature Infants*

Cumulative Grade Point Average: 3.9/4.0

Beloit College, Beloit, Wisconsin

BA in Psychology and Education Studies, May, 2000

PROFESSIONAL CONFERENCES, TRAININGS AND LICENSES

- *Reflective Supervision Consultation training*, Montclair State University, October 2021
- *Newborn Behavioral Observation (NBO) training*, The Brazelton Institute, virtual, November 2021
- *Child Life Re-Certification*, NYC, November 2018
- *Infant Mental Health Endorsement, Level III*, NJ Association for Infant Mental Health, November 2017
- *Circle of Security Parenting Training*, Montclair State University, April 2017
- *NIDCAP: Developmental Care of the NICU Infant and Family from Admission to Discharge*, Weill-Cornell Medical College, NYC, April 2017
- *Mental Health in the Early Years*, Alison Steier, Nova Scotia Child Care Association, Mount Saint Vincent's University, Fall 2014
- *Bayley Scales of Infant and Toddler Development* workshop with Karen Penner, IWK Health Centre, Halifax, Nova Scotia, May 2010
- *Disorganized Attachment* conference, Halifax, Nova Scotia, Diane Benoit, May 2008
- *Developmental Interventions in Neonatal Care*, Contemporary Forms, Boston, MA, Oct. 2003
- *Clinical Neonatal Behavioral Assessment Scale*, received certification, The Brazelton Institute, Boston, MA, Sept 2002

PROFESSIONAL EXPERIENCE

Infant and Early Childhood Mental Health Consultation Specialist, Center for Autism and Early Childhood Mental Health, Montclair State University, Montclair, NJ, February 2021-present

- Support Maternal and Infant Relational Health team and provide resources and supports to new and expectant families and birth educators: *Being With Babies* individual supports and virtual *Newborn Behavioral Observation* and *The Fourth Trimester Early Relational Health workshop*.
- Support early relational health through outside referrals and supports through Social-Emotional Formation Initiative (SEFI) program.

NJ-AIMH Endorsement Coordinator, New Jersey Association of Infant Mental Health, Montclair, NJ, February 2021-present

Child Development Specialist and Head Teacher, Prospect Co-op Preschool, Maplewood, NJ, Aug-2018-present

- Provide support to teaching staff, families, and young children through parenting workshops, teaching and developmental assessments.
- Build relationships through warm care, gentle guidance, support, and play for a class of two-year-olds and their caregivers/families.

Infant Mental Health Specialist, Newark Renaissance House, Newark, NJ Feb 2017-Feb 2018

- Provided infant mental health relational supports for mothers and their infants and toddlers in unique in-patient program for mothers with addiction.
- Provided individual counseling; parenting groups; play groups; and infant/child developmental assessments.

Infant Development Consultant, Child Life of Greater New York, NY, NY, Feb-March 2016

- Lectured at 8 hospital in service presentations on the importance of relational health through reading to preterm infants to promote healthy attachment, positive brain development and stress relief for parent/infant.

High-Risk Infant Development Specialist, Neonatal Follow-Up Program, Halifax, NS, IWK Health Centre, 2009-July 2015

- Provided nurturing and developmentally appropriate support for families of high-risk infants specifically related to relational health: behavioral/sleep/parenting challenges as well as infant and early child development education and support.
- Performed standardized developmental assessments using the Bayley Scales of Infant and Toddler Development with 18 and 36 month olds.
- Referred young children to outside services, resources, and additional assessments.
- Collaborated closely with multidisciplinary team including presenting at weekly rounds.
- Offered monthly workshops to promote attachment in Neonatal Intensive Care Unit for NICU families, "Learning to Read Your Baby's Signs and Cues" for NICU Family Centered-Care Research Study.
- Travelled across Nova Scotia to provide follow-up clinics in local community hospitals for families who live in rural and isolated areas of Nova Scotia.

Research Project Coordinator, Centre for Research in Family Health with Dr. Pat McGrath, Halifax, NS, IWK Health Centre, 2008-2010

- Coordinated pilot research project, "Neonatal Educational Caregiving Support" that aimed to provide long-distance support for families who have given birth to a preterm infant and live in rural areas.
- Supervised research assistants and organized focus groups.

- Created infant development curriculum to be utilized by program participants.
- Collaborated with team of investigators and led team meetings; collaborated with NICU staff.

Adjunct instructor, Bank Street College of Education, NY, NY, Summer of 2007 and Summer of 2008

- Developed and co-taught brand-new graduate level course, 'The Neonatal Intensive Care Unit, An Introduction to Supporting Infants and their Families and working with the Healthcare Team.'

Special Education Itinerant Teacher (SEIT), private, NY, NY, Sept 2005-2006

- Supported three-year-old's emerging development in classroom setting.
- Provided weekly written assessment of his learning and development.
- Led team meetings with Occupational therapist, Speech therapist, and Family.

Co-Founder, Bellevue Hospital Holding Program, Bellevue NICU, NY, NY, Spring, 2003

- Initiated the creation of a program that enables volunteers to provide developmentally-supportive and appropriate holding and touch to premature infants.
- Supervised and trained with Infant Development Specialist.

Infant Development Intern, Pink Clinic, Bellevue Hospital, NY, NY, Sept 2002-May2003

- Observed and engaged with young children (birth to age 3) in NICU follow-up program, assessing and screening for development.
- Attended weekly rounds.
- Engaged with families about infant/child development and parenting.
- Modeled appropriate stimulation, play, and intervention for parents.

JILL WODNICK

Maternal Health Policy Expert & Childbirth Educator



SUMMARY

Jill Wodnick is a maternal health policy expert who works at Montclair State University focusing on respectful, equitable maternity care including early childhood policy, breastfeeding equity and early relational health.

On the state level, she works with the NJ Department of Health as a consultant to Title V projects, the Office of the First Lady's NurtureNJ Project, and is a member of the New Jersey Perinatal Quality Collaborative community workgroup.

She promotes high value maternity care at the intersection of systems that support families through active participation with NJ state departments and various maternal infant workgroups and projects.

In addition, Jill was chair of the Advocacy & Collaboration committee for Lamaze International, and partnered for federal policy change with clinical and community partners for federal investments in paid parental leave, breastfeeding and perinatal health equity topics.

Her experience as a longtime birth doula and as the director of successful community doula programs mean she sincerely and intentionally centers the voices of women and families from diverse backgrounds in developing policy proposals.

Jill was the Expert Doula for *Pregnancy Magazine*, is an active Lamaze childbirth educator, and is an experienced public speaker. Jill articulates environmental justice and intersectional approaches in maternal infant services with humility and hope.

EXPERIENCE

Giving Birth & Being Born Initiative; Assistant Director Early Relational Health (Jan. 2013 - present)

Montclair State University: Montclair, NJ

Content expert and academic partner contributor on high value, respectful, equitable maternity care at Montclair State University to local, state and federal stakeholders.

SELECT SUMMARY OF INVITED CONTENT EXPERT CONSULTING OR WORKGROUP PARTICIPATION:

- **NJ Health Care Quality Collaborative:** Provided macro-level insight and expertise about the landscape of maternal health practices in New Jersey to the NJHQC maternity mapping project, midwifery scan workgroup, and shared decision-making team.
- **Every Mother Counts:** Choices in Childbirth content and curriculum workgroup member. Collaborated to design content and curriculum on respectful maternity care for consumers identified by the White House “Call to Action on Maternal Health” external project. “Choices in Childbirth” is a series of on-demand videos and supporting resources that assist expecting parents through their maternity care journey, with the ultimate goal of improving maternal health and birth equity in the United States.
- **New Jersey Department of Children & Families:** Universal Home Visitation implementation workgroup member.
- **U.S. Surgeon General s Maternal Health Listening Tour:** Served on the NJ panel to provide expert insight as a doula and childbirth educator about improving maternal morbidity and mortality.
- **Harvard University s Ariadne Labs:** Served as a workgroup member of the project “COVID-19 and the Momentum for Better Maternal Health Care.”
- **Pritzker/ Advocates of Children of NJ:** Maternal infant health task force member.
- **Perinatal Health Equity Initiative:** NJ lactation policy and legislation consultation for Dr. Davis research on the state of Black breastfeeding in NJ.
- **New Jersey Perinatal Quality Collaborative:** Contributing Community Workgroup member focused on reducing low risk NTSV cesarean through birth education, perinatal health literacy tools and resource navigation.
- **Essex County BIMR Advisory Board Member:** The Maternal Experience Survey.
- **Newark AIM/CCI Healthy Start** committee member.
- Community partnerships with CBOs:
 - Coordinated with clinical and community partners to improve maternal health and the infant-parent relationship with early learning/early childhood partners including the Essex Pregnancy & Parenting and Health Clifton Maternal Infant Workgroup.
- Consultant to:
 - Paterson Neighborhood Community Doula project from Children s Home Society of NJ & The Partnership for Maternal Child Health of Northern NJ, Birth Sisters of Charlottesville (VA), Rutgers WIC, East Orange WIC and Zufall federally-qualified health centers’ community baby showers.

SELECT MATERNAL INFANT HEALTH KEYNOTES, WEBINARS & PRESENTATIONS:

- **Academy of Breastfeeding Medicine:** *Enhancing the First Relationship: breastfeeding as a protective factor in infant mental health*
- **United States Breastfeeding Coalition:** *Enhancing the First Relationship: breastfeeding as a protective factor in infant mental health*
- **Lamaze International:** *The Alphabet Soup of Title V; Reducing NTSV Cesarean Births*
- **MomsCongress:** *Respectful Maternity Care: Quality Indicators*

- **2020Moms Maternal Mental Health:** *Title V Programs for Advocates*
- **Health Care Transformation Task Force Maternal Hub:** *Childbirth Education as an Underutilized Tool in Transforming Maternity Care*
- **NJ League of Women Voters:** *A Snapshot of NJ Maternal Infant Health*
- **NJEA:** *Safe and Healthy Maternity Care in NJ*
- **Rutgers WIC:** *Breastfeeding in the First 1000 Days*
- **New Jersey Hospital Association:** *Doulas Make a Difference: the role of doulas in the NJ BabyFriendly hospital initiative*
- **New Jersey Psychological Association:** *The Landscape of NJ Maternal Infant Health: a call for equity and transformation*
- **Junior League of NJ:** *Giving Birth and Being Born in NJ*
- **New Jersey Coalition for Infant Toddler Educators:** *Breastfeeding in Childcare in NJ*
- **New Jersey Association for Infant Mental Health:** *Breastfeeding Barriers and Obstacles and Pathways for Equity*
- **Grand Rounds:** University Hospital, Newark NJ and Mountainside HUMC Medical Center
- **Nursing Education:** J.F.K Medical Center and St Joseph s Medical Center

LEGISLATION AND MATERNAL HEALTH POLICY CONSULTATION & OUTREACH:

- Invited for technical assistance to Senator Booker’s maternal health advisors regarding the S.H.I.N.E. for Autumn Act; the M.O.M.M.I.E.S Act; The BABIES Act.
- Content support for The PUMP Act to Rep. Sherrill’s office.
- Invited speaker and technical assistance to the State of CT Assembly’s Women and Children committee under the Council Medical Assistance Program Oversight: Doula & Medicaid policy and program design.
- Support to Michigan State Senator Erika Geiss: doula care and capacity building.
- Recent testimony before NJ Assembly Women & Children Committee regarding proposed NJ maternity care and breastfeeding bills.
- Office of the First Lady of NJ/NurtureNJ: resource mobilization about birth center financing, Medicaid coverage of birth centers and regulatory information.
- Lead testimony for NJ Assembly Joint hearings on maternal health; invited testimony and expert speaker for NJ Senate Health Committee hearings on NJ maternal infant health.
- Invited testimony to NJ Women & Children Assembly May 2022 hearings on the infant formula shortage

ADVOCACY

Testified to the New Jersey Division of Consumer Affairs Board of Medical Examiners about modernizing midwifery regulations.

Documented gaps about prenatal childbirth education benefit to NJDMAHS.

Advocated for Essex County Freeholders to pass resolution for documentation of August as World Breastfeeding Month.

Advocacy for various maternal health events, projects and legislative lifts including the Pregnant Worker s Fairness Act, The Build Back Better Act with a focus on paid leave.

Former chair of Lamaze International Advocacy and Collaboration committee which developed advocacy summits and engagement with childbirth educators for support of policy and systems change.

Wrote op/eds and media pieces regarding NJ maternal health priorities for NJ Spotlight, The Bergen Record, NJ Star Ledger and Asbury Park Press.

Wrote blog posts for Lamaze International on advocacy and maternal health public affairs.

Coordinated with NJ based doula and led content for free online meetings to review NJ maternity report card.

MATERNAL INFANT HEALTH SYSTEMS AND POLICY WORK TECHNICAL ASSISTANCE

Academic partner & technical assistance to NJ Department of Health's Healthy Women Healthy Families projects for clinical and community partners including provider education on reducing the first cesarean birth and other national performance measures.

- Provided detailed assessment of best practices around the country to plan and implement NJ community doula expansion through NJDHS Medicaid waiver with participation on the NJDMAHS/DOH Doula workgroup.
- Served on the steering committee of the NJ State Breastfeeding Plan with a focus on reducing barriers to breastfeeding in childcare.
- Made policy recommendations to the Department of Health for NJ Medicaid expansion in the postpartum period and State Plan Amendment for Doula Care coverage.

GRANTS & PROJECT MANAGEMENT RESPONSIBILITIES

Grant writing technical assistance:

- Department of Health application for the federal GAINS grant with a focus on perinatal community health workers.
- Grant writing academic support and for project assistance to the New Jersey Department of Health Doula Learning Collaborative RFA.

Grant recipient:

- Cultivates ongoing private philanthropic family donations to Hudson Perinatal and Montclair State University for prenatal childbirth education and maternal health advocacy.
- The Nicholson Foundation, 2013 & 2014: Generated funding and designed statewide project, "Enhancing the First Relationship: Breastfeeding as a Protective Factor in NJ" with supplemental grant funding. Coordinated and crafted social media messaging of consumer pregnancy health messages in television segments and community outreach including a social media campaign "FirstRelationshipNJ."

Project Management:

- Initiated and completed NJ Doula Dialogues, a series of oral archives for NJDOH of doulas' lived experiences providing labor support during Covid-19. Responsibilities included budget, timeline, staffing, digital toolkit and stakeholder engagement.
- Supervision and mentoring of graduate students and undergraduate students in multi-disciplinary majors and areas of study who receive experiential education in maternal health policy and direct services at MSU.

Community Doula Coordinator (April 2010 - December 2012)

Hudson Perinatal Consortia :: Jersey City, NJ

Initiated and coordinated **doula training curriculum and doula services** for low-income women to improve birth outcomes through funding from the NJ Department of Health, Senior Services Access to Care and the Merck NJ Neighbor of Choice Foundation.

Generated a **reduction in preterm birth rates and perinatal racial disparities** in birth, breastfeeding initiation and retention, reduction in PPD through linkages to health and social services. Collaborated with federally qualified health centers, hospitals and community agencies for coordinated perinatal services.

Generated nearly \$60,000 in grants and in-kind donations; created media alerts, social media and technology platforms to support grant writing and fundraising, doula education and program design.

Created a doula training curriculum inspired by research in the LifeCourse Perspective to create a unique and innovative program that reduced health disparities among low income, racially diverse expectant mothers in Hudson County, NJ.

ADDITIONAL INSTRUCTIONAL EXPERIENCE

- Adjunct Speech Communication Professor, Department of Communication Studies, **Montclair State University**, Montclair, NJ. (Aug. 2009-Jan. 2011) Ongoing webinars for community partners on infant-parent relationship and maternal health.
- Adjunct Speech Communication Professor, Department of Communication Studies, **Seton Hall University** (1999-2002)
- **Speech Coach:** Brownson Forensics Team. Individual events coach supporting students in competitive public speaking. Traveled to regional and national tournaments advising students, judging rounds and offering compassionate critiques in tournaments.
- Faculty Member, **N.J. Governor s School for Public Issues**, Monmouth University, Long Branch, NJ (2001)
- Teacher of Public Speaking, Debate & Drama & Director of Forensics, **Seton Hall Prep**, West Orange, NJ

EDUCATION

Seton Hall University, Masters of Arts — Public Communication

West Chester University, BSEd — Social Studies magna cum laude

PERINATAL TRAININGS

- Anti racist programming with PQI and Undoing Racism, POFP
- MotherWoman facilitator for community based postpartum depression support and education Prenatal Yoga Instructor
- CalmBirth trained prenatal mindfulness educator
- Lactation Counselor (Academy of Lactation Policy & Practice—previously certified until 2016)
- Certified Childbirth Educator (Lamaze International)
- Birth Doula and Birth Doula Mentor since 2001
- Ethnobotany and medicinal herbs for the childbearing year apprenticeships
- Infant Mental Health Endorsement® (II) Infant Family Specialist
- Certified Our Whole Lives human sexuality educator for middle school and high school
- FaithActionNJ Reproductive Justice Task Force member
- Brazelton Institute Introductory Neonatal Behavioral Assessment Scale trained November 2021 (NBAS)

Gloria A. Andrade, Ph.D.

Education

- Ph.D. 2018** **Family Science and Human Development, Montclair State University**
 Dissertation topic: The Experience of Latin@ College Students in a Bilingual Latin@ Family Class
Areas of Specialization: Latino Families
- M.S.W. 1994** **School of Social Work, Rutgers State University**
Concentration: Mental Health, Substance Abuse
- BA 1986** **Department of Psychology, University Santo Tomas de Aquino**
Concentration: Clinical

Teaching Experience

- Fall 2014 – Spring 2016 **Instructor**, Family Development over the Life Course, Montclair State University. Responsible for all aspects of the course.
- Fall 2015 – Spring 2016 **Teacher Assistant**, Family in Society
- Summer 2016 **Teacher Assistant**, Action Research

Research Experience

Latino Research in a Translingual Family Studies Class

PIs: Drs. David Schwarzer and Katia Paz Goldfarb

This research study examines methodology, development, implementation, and assessment of empowerment curriculum, and students' framing and reframing of Latino's experiences while taking a Latino Families course taught in Spanish. Data collected through participant observations and anecdotal records; semi-structured phenomenological interviews; focus groups; and collection and examination of all written materials submitted by students and teachers.

Responsibilities: Developing and implementing the curriculum; reviewing literature; analyzing data; reporting on the results; preparing a manuscript for publication.

Certifications

- Brazelton Facilitator (2021)
- Pyramid Model trainer (2020)
- DIRFloortime, Expert Training Leader (2020)
- Applied Fellowship in Infant and Early Childhood Mental Health, Montclair State University (2020)
- Advance Intensive Fellowship in Infant and Early Childhood Mental Health, Montclair State University (2019)
- Intensive Fellowship in Infant and Early Childhood Mental Health, Montclair State University (2018)
- Brain Story Certification, Alberta Family Wellness Initiative (2018)
- The 12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families, The National Child Traumatic Stress Disorder (2018)
- Self-Reg Foundations Program Core Competencies, MEHRIT Centre Ltd, Canada (2017)

Professional Experience

11/18- Present Lead Early Childhood Consultation Specialist, SEFI (Socio-Emotional Formation

	Initiative) Center for Autism and Early Childhood Mental Health, Montclair State University.
01/06 – 11/18	Social Work Specialist - Teaneck N.J.
12/03 – 05/17	Private Practice Psychotherapist (P/T) IIC Provider for Department of Children and Families (In-home counseling)
10/95 - 10/05	Vantage Health System (Clinician (P/T))
08/05 - 12/05	Coordinator of Social Services/Consultant (P/T) - Teaneck, N.J.
09/97 - 01/06	The Paterson Public Schools School Social Worker -Case Manager/Counselor. High School Case Manager Out of District Placements. All ages School Social Worker – Counselor. Grammar school
10/95 - 08/97	Whittier School Teaneck N.J. (Outreach Coordinator)
07/92 - 07/00	Children Helping Children (Social Work Consultant (P/T))
04/91 - 10/95	Clinic for Mental Health Services- Passaic County Clinical Case Manager Liaison
10/88 -04/91	Passaic County Community College ESL Audio Lab Assistant Admissions Office
01/85 - 01/87	Young Christian Association Bogotá-Colombia (Psychotherapist)

Professional Memberships

- National Association of Social Workers (1997 - Present)
- National Council on Family Relations (2013-Present)
- Zero to Three (2018 – Present)
- National Association of Infant Mental Health (2016 – Present)
- NJ-AIMH (2018-Present)

University and Professional Service

Latino Focus Group, NCFR committee co-chair (2016-Present)

International Conferences

ICDL Annual Conference 2021. Andrade, G & Costa, G. Infant and early childhood mental health consultation using a Dirfloortime lens.

ICDL Annual Conference 2020. Andrade, G. The Importance of My Affect

Congreso de Psicología, Bogotá, Colombia August 2019. Andrade, G. Brain Formation

Community Service

- Member of the Teaneck Municipal Alliance Against Substance Abuse (TMAASA)
- Member of the Bergen County Prevention Coalition (BCPC)
- Member of the Bergen County Mental health and Substance Abuse out of the CHIP (Community Health Improvement Partnership)
- Member of the Bergen County Children’s Interagency Coordinating Council (CIACC)
- Member of the sub-educational Committee out of the CIACC
- Board secretary for Bright Side Manor (Senior facility)
- Member of the Teaneck Rotary

APPENDIX #11

Narrative on Staffing Patterns at the Center for Autism and Early Childhood Mental Health

The Center for Autism and Early Childhood Mental Health is a part of Montclair State University, and therefore follows the Human Resource guidelines for hiring, performance review and termination of employees (<https://www.montclair.edu/human-resources/>). Consultants are monitored by our Procurement office within the Finance and Treasurer division (<https://www.montclair.edu/procurement/>).

Over our 12 years of operations, we have only ended employment with one employee who was supported on a grant which ended. Instead, we have steadily grown over the past 12 years from a staff of two at opening to a personnel portfolio of over 70 employees, consultants, and student workers/trainees.



APPENDIX #12

Policy: Safe Child Standards

The Center for Autism and Early Childhood Mental Health is committed to protecting children from child sexual abuse and maltreatment. The actions towards operationalizing this policy are below:

- Provide annual training to all personnel on mandated reporting requirements
- Provide background checks upon hiring
- Provide annual training on ethical practice in health care focusing on developing skills, knowledge and capabilities relating to preventing child sexual abuse and recognizing and responding to suspected abuse and neglect
- Review existing child protection policies and practices to continually ensure the organization is following best practice towards child protection
- Provide annual on trauma, trauma-informed practices, and healing centered approaches
- Rate personnel performance on compliance to standards of conduct and care as stipulated in the CAECMH Code of Conduct
- Conduct an annual assessment of the risk related to child sexual abuse for each program.
- Follow the below protocol for reporting all incidents or allegations of child abuse or neglect
 - Alert the on-site supervisor, your direct supervision and the Director
 - If appropriate, alert the family and invite them to be with you in the report
 - Call the Child Abuse and Neglect State Central Registry at 1-877-652-2873
 - Document your actions in the electronic health record



APPENDIX #15

Letter of Commitment – Brazelton Touchpoints Center

The Center for Autism and Early Childhood Mental Health is a certified Brazelton Touchpoints Center site and a part of the Brazelton Touchpoints Site Network. As a member of this network, we are eligible for training from the Brazelton Touchpoints Center and Brazelton Institute of Boston Children’s Hospital, including in the Newborn Behavioral Observation. Please see the website below for more information about the Brazelton Touchpoints Site Network (formally Brazelton Touchpoints Learning Network)

<https://www.brazeltontouchpoints.org/provider-resources/become-a-touchpoints-site/learningnetwork/>

APPENDIX #16 - Letters of Support

- Head Start
- Early Head Start
- Child Care



- Parent Education
- Prevention Services
- Highland's Family Success Center

Elaine V. Ruhl
Executive Director

June 14, 2022

Dear Reviewers of applications for CBCAP 93.590,

We are pleased to submit a letter of support for the applicant, the Center for Autism and Early Childhood Mental Health at Montclair State University, in response to the request for proposals from the New Jersey Department of Children and Families for the American Rescue Plan Supplemental Funding for early childhood prevention programs, Community-based Child Abuse and Prevention funding. To this request for proposals, the Center for Autism and Early Childhood Mental Health at Montclair State University proposes the project, **Enhancing Relationships in the First 1,000 Days**. Our organization is pleased to submit a letter of support for this proposal.

Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University will enhance evidence-based prevention services by partnering with community programs to provide high quality programming for pregnant and parenting families in Passaic County. Enhancing Relationships will support traditionally underserved populations who have not previously had accessible, affordable and linguistically and culturally attuned prenatal childbirth education, postnatal infant-parent relational and developmental education, or perinatal and infant-parent psychotherapeutic services. To fill this gap, Enhancing Relationships proposes three direct service activities that target the first 1,000 days of life for families in Passaic County. These direct service activities include: 1) the expansion of *Lamaze Childbirth Education* for pregnant families, 2) the expansion of an original postnatal relational and developmental education curriculum, *Being with Babies*, and 3) expanded access to perinatal and infant-parent psychotherapeutic services. These three activities aim to increase access to services to families in Passaic County, improve knowledge of child development, expand social networks for families, and improve skills of regulation, co-regulation and coping for caregivers. In addition, Enhancing Relationships in the First 1,000 Days proposes the workforce development initiative of the use of the Newborn Behavioral Observation by the state-wide early relational health workforce. Research indicates that the Newborn Behavioral Observation has been found to increase the parents' ability to read and respond to child's cues, improve parent-infant relationships, and acts as an early screener for developmental outcomes. Expanding the use of the NBO through the statewide promotional and preventative early relational health workforce will provide the workforce with a tool to center a focus on early relationships in all health and developmental programming, and will promote positive infant-parent relationships from the earliest moments of family formation.

- Head Start
- Early Head Start
- Child Care



- Parent Education
- Prevention Services
- Highland's Family Success Center

Elaine V. Ruhl
Executive Director

Our organization, Center for Family Resources, Inc. (CFR) is pleased to partner with the Center for Autism and Early Childhood Mental Health on this proposed initiative, both by being a referral partner to the direct service activities proposed above, as well as suggesting members of our workforce for training in the NBO. CFR is a non-profit, 501(c)(3), community-based agency serving children, birth to five and their families in the upper Passaic County area since 1980. Grant funding from the Administration of Children and Families, Office of Head Start, allows us to bring high-quality Head Start (ages 3-5) and Early Head Start (prenatal through age 3) programs to low-income families the overall goal of promoting school readiness. Currently, we provide an array of services to over 500 eligible, low-income families from fourteen towns in Passaic County. We have had an ongoing, working relationship with the MSU Center for Autism and Early Childhood Mental Health since it's inception and the **Enhancing Relationships in the First 1,000 Days** project aligns with our mission to develop collaborations between parents and professionals; to promote the general well-being of young children and their families; meet the child development needs to promote the school readiness of young children, families and communities through early care and education; and to obtain community support for all eligible children and families. CFR will agree to make referrals to the project, as well as refer families in need of therapeutic services, as well as participate in professional development training when offered. This project will only further support and strengthen our mission to reach low-income babies and their families to ensure optimal child development and influence and strengthen parenting skills and practices during this so vitally important time period of the 1st 1000 days of development.

If you have any additional questions regarding support of Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University, please do not hesitate to contact us. Again, we are pleased to demonstrate our support for this proposal, we look forward to partnering with the CAECMH on the activities of the proposal, and are encouraged about the opportunity to enhance access to preventive services to pregnant and parenting families in Passaic County.

Most sincerely,

A handwritten signature in black ink that reads 'Elaine V. Ruhl'. The signature is written in a cursive style with a large, prominent 'E' at the beginning.

Elaine V. Ruhl

Executive Director



John E. Biegel, III, MA
HEALTH OFFICER
Director Human Services

City of Clifton

DEPARTMENT OF HEALTH
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013



Public Health
Prevent. Promote. Protect.

PHONE: 973-470-5760
FAX: 973-470-5768
e-mail: jbiegel@cliftonnj.org

June 14, 2022

Dear Reviewers of applications for CBCAP 93.590,

We are pleased to submit a letter of support for the applicant, the Center for Autism and Early Childhood Mental Health at Montclair State University, in response to the request for proposals from the New Jersey Department of Children and Families for the American Rescue Plan Supplemental Funding for early childhood prevention programs, Community-based Child Abuse and Prevention funding. To this request for proposals, the Center for Autism and Early Childhood Mental Health at Montclair State University proposes the project, **Enhancing Relationships in the First 1,000 Days**. Our organization is pleased to submit a letter of support for this proposal.

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Most sincerely,

A handwritten signature in black ink, appearing to read "John E. Biegel, III". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke extending to the right.

John E. Biegel, III
Health Officer



**LIVES
CHANGED
HERE.**

**Head Start/Early Head Start of Paterson
Greater Bergen Community Action**

500 East 35th Street
Paterson, NJ 07504

973-546-2634

www.GreaterBergen.org

June 14, 2022

Dear Reviewers of applications for CBCAP 93.590,

We are pleased to submit a letter of support for the applicant, the Center for Autism and Early Childhood Mental Health at Montclair State University, in response to the request for proposals from the New Jersey Department of Children and Families for the American Rescue Plan Supplemental Funding for early childhood prevention programs, Community-based Child Abuse and Prevention funding. To this request for proposals, the Center for Autism and Early Childhood Mental Health at Montclair State University proposes the project, **Enhancing Relationships in the First 1,000 Days**. Our organization is pleased to submit a letter of support for this proposal.

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**LIVES
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HERE.**

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Greater Bergen Community Action**

500 East 35th Street
Paterson, NJ 07504

973-546-2634

www.GreaterBergen.org

Our organization is pleased to partner with the Center for Autism and Early Childhood Mental Health on this proposed initiative, both by being a referral partner to the direct service activities proposed above, as well as suggesting members of our workforce for training in the NBO. Greater Bergen Community Action is a progressive not-for-profit company working throughout New Jersey to build more sustainable families, community institutions and neighborhoods. It does this through strategic investments in community and household finance, education, health care, housing, workforce development, energy and neighborhood revitalization. Our Paterson Head Start/Early Head Start program serves 645 children and families. We have an expectant mothers' program and center-based programming for children 0-5 years old.

If you have any additional questions regarding support of Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University, please do not hesitate to contact us. Again, we are pleased to demonstrate our support for this proposal, we look forward to partnering with the CAECMH on the activities of the proposal, and are encouraged about the opportunity to enhance access to preventive services to pregnant and parenting families in Passaic County.

Most sincerely,

Mary Cudina, LCSW
Executive Director, HS/EHS Programs
201-968-0200 x 7709
mary.cudina@greaterbergen.org

June 14, 2022

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

Re: American Rescue Plan Supplemental Funding for Prevention Programs

Dear Reviewers of applications for CBCAP 93.590:

We are pleased to submit a letter of support for the applicant, the Center for Autism and Early Childhood Mental Health at Montclair State University, in response to the request for proposals from the New Jersey Department of Children and Families for the American Rescue Plan Supplemental Funding for early childhood prevention programs, Community-based Child Abuse and Prevention funding. To this request for proposals, the Center for Autism and Early Childhood Mental Health at Montclair State University proposes the project, **Enhancing Relationships in the First 1,000 Days**. Our organization is pleased to submit a letter of support for this proposal.

Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University will enhance evidence-based prevention services by partnering with community programs to provide high quality programming for pregnant and parenting families in Passaic County. Enhancing Relationships will support traditionally underserved populations who have not previously had accessible, affordable and linguistically and culturally attuned prenatal childbirth education, postnatal infant-parent relational and developmental education, or perinatal and infant-parent psychotherapeutic services. To fill this gap, Enhancing Relationships proposes three direct service activities that target the first 1,000 days of life for families in Passaic County. These direct service activities include: 1) the expansion of *Lamaze Childbirth Education* for pregnant families, 2) the expansion of an original postnatal relational and developmental education curriculum, *Being with Babies*, and 3) expanded access to perinatal and infant-parent psychotherapeutic services. These three activities aim to increase access to services to families in Passaic County, improve knowledge of child development, expand social networks for families, and improve skills of regulation, co-regulation and coping for caregivers. In addition, Enhancing Relationships in the First 1,000 Days proposes the workforce development initiative of the use of the Newborn Behavioral Observation by the state-wide early relational health workforce. Research indicates that the Newborn Behavioral Observation has been found to increase the parents' ability to read and respond to child's cues, improve parent-infant relationships, and acts as an early screener for developmental outcomes. Expanding the use of the NBO through the statewide promotional and preventative early relational health workforce will provide the workforce with a tool to center a focus on early relationships in all health and developmental programming, and will promote positive infant-parent relationships from the earliest moments of family formation.

Central Jersey Family Health Consortium is pleased to partner with the Center for Autism and Early Childhood Mental Health on this proposed initiative in Central NJ, by suggesting members of our workforce

for training in the NBO. We recognize the need for workforce development for staff in traditional home visiting programs and the new universal home visiting pilot model in Mercer County. We are confident in their ability and their deep knowledge in early relational health to successfully execute these initiatives in New Jersey, and we plan to work in collaboration with Montclair State University to ensure this project is a success.

If you have any additional questions regarding support of Enhancing Relationships in the First 1,000 Days proposed by the Center for Autism and Early Childhood Mental Health at Montclair State University, please do not hesitate to contact us. Again, we are pleased to demonstrate our support for this proposal, we look forward to partnering with the CAECMH on the activities of the proposal, and are encouraged about the opportunity to enhance access to preventive services to pregnant and parenting families and workforce development in the state.

Sincerely,

A handwritten signature in cursive script that reads "Robyn D'Oria".

Robyn D'Oria, MA, RNC, APN
Chief Executive Officer



APPENDIX #17

Curricula Table of Contents

Curriculum	Provider	Cost	Website
Lamaze Childbirth Education	Lamaze International	\$500 per participant	https://www.lamaze.org/childbirth-educator-certification
Newborn Behavioral Observation	Brazelton Touchpoints Center/Braze lton Institute at Children's Hospital Boston	\$685 per participant	https://www.childrenshospital.org/research/centers/brazelton-institute-research/nbo



APPENDIX #18

Life Stressor Checklist: <https://www.ptsd.va.gov/professional/assessment/te-measures/lsc-r.asp>
The Life Stressor Checklist-Revised (LSC-R) is a self-report measure that assesses traumatic or stressful life events. The measure has a focus on events relevant to women such as abortion, and can also be used with men. The questionnaire includes 30 life events, including experiences with natural disasters, physical or sexual assault, death of a relative, and other events, following a yes/no response format. For endorsed events, respondents are asked to provide: age when event began, age when event ended, belief that they were in harm ("yes" or "no"), and feelings of helplessness ("yes" or "no"). In addition, effect on life and how upsetting event was at the time are rated on a five-point intensity scale (1 = "not at all or never" to 5 = "extremely"). Respondents are asked to identify the three events that currently have the greatest impact on them. The LSC-R can be used for clinical or research purposes.

Parenting Interactions with Children Checklist of Observations Linked to Outcomes:

<https://brookespublishing.com/product/piccolo/>

The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™) is a checklist of 29 observable developmentally supportive parenting behaviors in four domains (affection, responsiveness, encouragement, and teaching). It is a positive, practical, versatile, culturally sensitive, valid, and reliable tool for practitioners that shows what parents can do to support their children's development. PICCOLO helps practitioners observe a wide range of parenting behaviors that help children develop over time—an approach known as developmental parenting. Parenting strengths—what the parent already believes is important to do and is comfortable doing with his or her child—are a valuable resource for increasing the developmental support available to young children.

Parenting Stress Index – version 4 – Short Form: <https://www.parinc.com/Products/Pkey/335>

The PSI-4-SF is an abbreviated version of the full-length PSI-4.

Thirty-six items are divided into three domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), which combine to form a Total Stress scale. One simple form contains everything you need for administering the measure and for scoring and profiling results. The PSI-4-SF's brevity allows primary health care providers to identify those families most in need of follow-up services. It is also ideal for use in schools, mental health clinics, and research. Empirical validity has been established in studies that focused on parenting of Head Start children, medication adherence, and cognitive development of infants.

The Parental Reflective Functioning Questionnaire (PRFQ):

<https://www.ucl.ac.uk/psychoanalysis/research/parental-reflective-functioning-questionnaire-prfq>

The Parental Reflective Functioning Questionnaire (PRFQ) has been developed to provide a brief, multidimensional assessment of parental reflective functioning that is easy to administer to parents with a wide range of socioeconomic and educational backgrounds [10] [11]. Because of the current interest in the role of PRF in the intergenerational transmission of attachment in early childhood, the PRFQ was primarily designed for parents of children 0-5 years of age. Currently, we advise against the use of the PRFQ in parents of children older than 5 years. We are piloting a version for older children and adolescents, and this measure will be made available in the future as we obtain more information on its reliability and validity.

The PRFQ does not aim to replace other measures of parental reflective functioning, which often yield more detailed and idiosyncratic information. The PRFQ was developed as a brief screening tool that can be used in studies with large sample sizes. We therefore recommend that studies use a combination of the PRFQ as an initial screening tool, and more detailed interview- and/or observer-based measures to characterize a sample in greater detail.

APPENDIX #19A

TO: Christine Norbut Beyer, MSW, Commissioner, NJDCF

FROM: Frederic Russo, Director, Montclair State University, Office of Sponsored Program

RE: Letter of Exception: **American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS CFDA 93.590**

Date: 06/16/2022

Dear Commissioner,

As an applicant to CFDA 93.590, Montclair State University (MSU) respectfully requests an exception to the above-referenced RFP. Our specific exception requests are outlined below per MSU's general legal counsel.

Montclair State University has attached the following forms with our counsel's suggested revisions. We hope we will be able to further negotiate these terms upon award consideration.

1. Standard Language Document - Modified for indemnification and insurance clauses, as DCF and Montclair are both public entities entitled to defense by the State and NJAG.

2. Attestation Form – This will require the signature of AFT and CWA labor leaders. A copy of the faculty and staff labor contracts can be found here: <http://www.cnjscl.org/AFT%20FT%202019-2023%20FT-PT%20-%20Pending%20Reindexing%20-%20Not%20for%20Final%20Publication.pdf> and https://www.montclair.edu/human-resources/wp-content/uploads/sites/181/2020/03/FINAL_CWA-NJSTATE-2019-2023.pdf.

3. Exhibit C - Modified terms to say that if Montclair State University will be paid by Medicaid funds, we are not obligated to accept and can terminate for convenience. We do not have the ability to comply with all the Medicaid provider requirements at this time.

Many thanks for your kind consideration. If you have any questions, please feel free to contact me at 973-655-3219, or russot@montclair.edu.

Sincerely,

Frederic Russo

Frederic Joseph Russo, C.R.A.
Director, Office of Sponsored Programs
Authorized Organizational Representative



APPENDIX #20

Year	Dates	Key Activities for Implementation in 60 days	Responsible Staff
2022	Week of July 4th	Contact existing community partners to announce project Conduct community scan to identify new partners Contact Lamaze International and Brazelton Touchpoints to determine next available dates for training in both models	[REDACTED]
	Week of July 11th	Develop dates for Listening Sessions and advertise to community partners Develop schedule of groups for Lamaze and Being with Babies for August start Begin training Gloria Andrade in Being with Babies curriculum Establish contract with NJDCF and grant account at MSU	[REDACTED]
	Week of July 18th	Advertise Lamaze and Being with Babies dates with community partners and through Constant Contact Continue to outreach to community partners to develop referrals and linkages Meet with Data, Assessment, Evaluation and Research team at CAECMH to establish data collection and evaluation plan	[REDACTED]
	Week of July 25th	Meet with evidence-based home visiting staff in Passaic County to introduce perinatal and infant-parent psychotherapy services in order to increase referrals	[REDACTED]
	Week of August 1st	Hold Listening Sessions Establish MOU with private office in Haskell	[REDACTED]
	Week of August 8th	Hold Listening Sessions	[REDACTED]
	Week of	Hold Listening Sessions	[REDACTED]

	August 15th		[REDACTED]
	Week of August 22nd	Hold Listening Sessions Begin Lamaze and Being with Babies series	[REDACTED]
	Week of August 29th	Hold Listening Sessions Hold Lamaze and Being with Babies series	[REDACTED]

APPENDIX #21 – BUDGET FORMS

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)	129,481	129,481		
Fringe (28.1% FT; 9.2% PT rate)	21,151	21,151		
B. Consultants & Professional Fees	47,146	47,146		
C. Materials & Supplies	1,450	1,450		
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other (travel)	1,705	1,705		
G. Gen. & Adm. (G&A) Cost Allocation at 10% of direct costs	20,093	20,093		
H. Total Operating Costs	200,933	200,933		
I. Equipment				
J. Total Cost	221,026	221,026		
K. Revenue (deduct)*		n/a	n/a	
L. Funding Request	221,026	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)				
Other Funding Amounts:	0	0	0	

APPENDIX #21 – BUDGET FORMS

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)	133,366	133,366		
Fringe (28.1% FT; 9.2% PT rate)	21,786	21,786		
B. Consultants & Professional Fees	47,717	47,717		
C. Materials & Supplies	1,450	1,450		
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other (Travel)	1,705	1,705		
G. Gen. & Adm. (G&A) Cost Allocation	20,602	20,602		
H. Total Operating Costs	206,024	206,024		
I. Equipment				
J. Total Cost	226,626	226,626		
K. Revenue (deduct)*		n/a	n/a	
L. Funding Request	226,626	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)				
Other Funding Amounts:	0	0	0	

APPENDIX #21 – BUDGET FORMS

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)	137,368	137,368		
Fringe (28.1% rate FT; 9.2% PT)	22,439	22,439		
B. Consultants & Professional Fees	48,263	48,263		
C. Materials & Supplies	1,450	1,450		
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other (Travel)	1,705	1,705		
G. Gen. & Adm. (G&A) Cost Allocation (10% of direct costs)	21,123	21,123		
H. Total Operating Costs	211,225	211,225		
I. Equipment				
J. Total Cost	232,348	232,348		
K. Revenue (deduct)*		n/a	n/a	
L. Funding Request	232,348	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)				
Other Funding Amounts:	0	0	0	

APPENDIX #22

Policy and Procedures on Financial Conflict of Interest in Research		
<i>Office of Research and Sponsored Programs</i>		Original Date: August 2, 2012
<i>Research Integrity and Compliance</i>		
Reviewed and Approved by: Office of Research and Sponsored Program Director Research Compliance Officer	Date: May 15, 2017	Revision Date: July 9, 2013 Revision Date: July 13, 2015 Revision Date: May 15, 2017

I. Policy Statement

Montclair State University is committed to preserving the public trust, and upholding the integrity of its faculty, staff, students and affiliates in the design, conduct and reporting of *research*. This policy promotes objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct, and reporting of research performed under a federally sponsored grant or cooperative agreement will be free from bias resulting from investigator *Financial Conflict of Interest*.

Montclair State University faculty and other research personnel, or “*investigators*” may have relationships with entities outside of the University that reasonably appear to be related to their *institutional responsibilities*. In accordance with the Public Health Service (PHS) Policy 42 CFR Part 50 Subpart E, and b) National Science Foundation (NSF) policy “Notice No. 117,” an investigator’s actual and potential *Significant Financial Interests* (SFI) must be disclosed to the University. If the nature of the significant financial interest is such that it affects (or is perceived to affect) the design, reporting and conduct of federally sponsored research, the University is required to identify, manage, reduce or eliminate the real or perceived financial conflict of interest in a timely manner.

Effective December 26, 2014, the Federal Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200.112 requires that “all federal agencies must establish conflict of interest policies for Federal awards.” In consideration of these requirements, this revised FCOI policy is expanded and specific to the conduct of any “*Federally Sponsored Project*,” including research supported by federal flow through funds, and is required since federal requirements are not identical to the financial disclosure obligations required under the State of New Jersey’s Conflict of Interest laws and ethics regulation and guidelines.

This policy in no way abrogates the obligation to independently comply with the New Jersey Conflicts of Interest Laws and ethics requirements and submission of all filings required by such New Jersey laws.

II. Definitions

Entity means any domestic or foreign, public or private, organization (excluding a federal agency) from which an investigator (and investigator's spouse, partner or immediate family) or organization which employs or will employ the investigator (and investigator's spouse, partner or immediate family) receives remuneration or in which any such person(s) has an ownership or equity interest.

Equity interest means any stock, stock option, or otherwise ownership interest as determined through reference to public prices, or other reasonable measures of fair market value.

Federally Sponsored Project means research or any other project funded by an agency or other organizational entity of the government of the United States of America, either directly, or via pass-through from an external organization. (E.g., another university, or other entity.)

Financial Conflict of Interest (FCOI) means a significant financial interest or tangible personal benefit that could directly and significantly impact the design, conduct and reporting of the research or the award of a contract/subcontract.

Financial Interest means anything of monetary value or tangible personal benefit, whether or not the value is readily ascertainable.

Institution means any domestic or foreign, public or private, entity or organization (excluding a Federal agency) that is applying for or that receives PHS and/or NSF research funding.

Institutional Responsibilities means an investigator's professional responsibilities on behalf of the institution, which may include activities such as research, research consultation, teaching, professional practice, institutional committee memberships, procurement of a contract to a third party using the federal funds, and service on panels such as Institutional Review Boards.

Intellectual Property Rights and Interests means receipt of income related to such rights and interests by the investigator and/or the investigator's spouse, partner or immediate family. (e.g., patents, copyrights, trademarks, trade secrets).

Investigator means the project director, principal investigator, or any other person regardless of title or position who is responsible for the design, conduct or reporting of research funded by PHS and/or NSF, or proposed for such funding, which may include collaborators or consultants.

National Science Foundation means the National Science Foundation and its associated Directorates, Divisions and Programs.

Public Health Service means the Public Health Service of the U.S. Department of Health and Human Services, and any components of the PHS to which the authority involved may be delegated, including the NIH.

Remuneration includes salary, and any payment for services not otherwise identified as salary greater than nominal value (e.g., consulting fees, honoraria, paid authorship).

Research means scholarly or scientific investigation or discovery.

Senior/Key Personnel means the Project Director/Principal Investigator (PD/PI) and any other person *identified* as senior/key personnel by the Institution in the grant application, progress report, or any other report submitted to the PHS and/or NSF by the Institution under the regulation.

The term *significant financial interest (SFI)* means *remuneration; equity interests; intellectual property rights and interests* (e.g., patents, copyrights and royalties from such rights) reasonably related to the individual's institutional responsibilities, e.g., research and/or scholarly activities, teaching and advising.

- *Publicly Traded Entities*-A SFI exists if the value of remuneration received by the investigator (and/or his/her spouse, partner or immediate family) by the entity, in the previous 12 months preceding the disclosure, and the value of any equity interest in the entity as of the date of the disclosure, when aggregated, exceeds \$5,000.
- *Non-Publicly Traded Entities*-A SFI exists if the value of any remuneration received by the investigator (and/or his/her spouse, partner or immediate family) in the preceding 12 months, exceeds \$5,000, or when the investigator (and/or the investigator's spouse, partner or immediate family) holds *any* equity interest in the entity.
- *Intellectual Property Rights and Interests (e.g., patents, copyrights)*-A SFI exists upon receipt of income related to such rights and interests by the investigator and/or the investigator's spouse, partner or immediate family.

Investigators also must disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the investigator so that the exact monetary value may not be readily available), related to their institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency, or an institution of higher education.

The term SFI does not include:

- salary, royalties or other remuneration from the University;
- nominal income from service on advisory committees or review panels for public or nonprofit entities;
- royalties or other payments from publicly traded entities, when aggregated for the investigator, and the investigator's spouse, partner and immediate family, are not expected to exceed \$5,000 during the previous twelve-month period;
- income from self-authored textbooks, software, etc. that are used for the investigator's teaching purposes;
- travel related or sponsored travel related to institutional responsibilities that is reimbursed by a federal, state, or local government agency, or an institution of higher education as defined at 20 U.S.C. 1001(a);
- income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator does not directly control decisions made on the investment vehicles;
- income from seminars, lectures or teaching engagements sponsored by and service on an advisory or review panel for federal, state, or local government agency, or other institution of higher education
- unsolicited gifts or items that are of nominal value

A significant financial interest becomes a financial conflict of interest if it could result in personal gain, advantage to others to the detriment of MSU, or influence the design, conduct and reporting of the investigator's research.

Financial Conflict of Interest exists when the University, through its designated official(s), reasonably determines that an investigator's significant financial interest is related to any federally-funded research project and could directly and significantly affect the design, conduct or reporting of the research, or arises in connection with a firm considered for a contract to be paid by federal funds.

III. Procedures

A. Investigator Disclosure

- i. **Annual Significant Financial Interest Disclosure:** In accordance with this policy, all University investigators who are currently supported by federal funding must complete an Annual Significant Financial Interest Disclosure Form. This form must be completed and returned to the Compliance Office on or before October 1st, annually, or within 60 days of appointment. The investigator shall, to the best of his/her knowledge, disclose his/her significant financial interests as well as the significant financial interests of his/her spouse, partner and immediately family that reasonably appear to be related to the investigator's institutional responsibilities. This form is available on the Compliance Office's website (see Appendix A). Upon receipt of each annual or updated disclosure form, the Compliance Administrator will review the disclosure, requesting additional information, as necessary. If no significant financial interests are disclosed, no further review is required and no additional action will be required of the investigator unless a significant change in status occurs prior to the next annual due date. The disclosure form will be retained by the Compliance Office, the central repository for all Annual Significant Financial Interest Disclosure Forms. If a significant financial interest is disclosed, the Director of ORSP will reasonably determine if a real or perceived financial conflict of interest exists that is related to a federally-funded research project and could directly and significantly affect the design, conduct or reporting of the research. If an FCOI is identified, the Director of ORSP will follow the procedure for disclosure of a FCOI. Annual Significant Financial Interest Disclosure Forms will remain on file with the Compliance Office for a period of 3 years, beyond the date of disclosure.

- ii. **Significant Financial Interest Disclosure for Proposal Submissions:** [The university's proposal submission policy](#) requires the Principal Investigator/Project Director to complete and submit to the Research and Sponsored Programs Office (ORSP) an Internal Proposal Routing Form with each proposal submission. Proposal Routing Forms are reviewed and endorsed by each investigator and their Department Chair, Dean and the Director of the ORSP. As is required under this policy, all investigators involved in the design, conduct and reporting of the research must disclose at the time of submission any significant financial interests that reasonably appear to be related to their institutional responsibilities. SFIs will be disclosed using the Significant Financial Interests Disclosure Form (see Appendix B). The Director of ORSP will review each Proposal Routing Form for SFI disclosures. If no significant financial interest are disclosed, no further review is required and no additional action will be required of any investigator unless the proposal is awarded, and a significant change occurs prior to the next annual due date. If an SFI is disclosed by any investigator at the time of proposal submission, the Director of ORSP will reasonably determine if a real or perceived financial conflict of interest exists that is related to the federally-funded research project and could directly and significantly affect the design, conduct or reporting of the research, or to a firm that will or may be award a contract paid from the federal funds. If a financial conflict of interest is identified, the Director of ORSP will follow the procedure for disclosure of a FCOI.

- iii. **Human and/or Animal Subjects:** Investigators submitting a human and/or animal subjects protocol to the Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC) review must file or have on file an Annual Significant Financial Interest Disclosure Form (Appendix A), as well as have completed the Significant Financial Interest Disclosure section of the individual Proposal Routing Form, prior to IRB and/or IACUC review on a federally funded project. Further, any disclosure of Significant Financial Interest on federally funded projects under review for financial conflict of interest will be reported to the Compliance Officer.

- iv. **Change in Significant Financial Interest Status:** Should a new, reportable significant financial interest arise for any investigator during the period of grant funding, an updated Annual Significant Financial Interest Disclosure Form must be submitted to the Compliance Office.

IV. Review and Management of SFI

A. Management of Financial Conflict of Interest

Should an SFI disclosure related to federally sponsored research indicate a real or perceived financial conflict of interest, the Director of ORSP will advise the Provost, and/or his designee. The Director of ORSP will gather further information and supporting documentation from the investigator and refer the FCOI disclosure to the *Financial Conflict of Interest Management Committee* for review and management. *All such documentation and subsequent discussions will be confidential.*

The Conflict of Interest Management Committee will be composed of no less than 3 faculty members, approved by the Provost and/or his designee. The investigator will have the opportunity to meet with the Financial Conflict of Interest Management Committee to explain the financial documentation and FCOI. Should the findings indicate a financial conflict of interest, the Financial Conflict of Interest Management Committee will recommend actions to the Provost and/or his designee, to effectively manage, reduce, or eliminate the conflicts.

Examples of conditions or restrictions that might be imposed to manage an investigator's financial conflict of interest (if any) include, but are not limited to:

- Public disclosure of financial conflicts of interests (e.g., when presenting or publishing the research; to staff members working on the project; to University's Institutional Review Board(s);
- For research projects involving human subjects research, disclosure of financial conflicts of interest directly to participants;
- Appointment of an independent monitor capable of taking measures to protect the design, conduct, and reporting of the research against bias resulting from the financial conflict of interest;
- Modification of the research plan;
- Change of personnel or personnel responsibilities, or disqualifications of personnel from participation in all or a portion of the research;
- Reduction or elimination of the financial interest (e.g., sale of an equity interest); or
- Severance of relationships that create financial conflicts of interest; and/or
- Disciplinary action by the Vice President for Human Resources in consultation with the Provost.

All records of investigator disclosure will remain on file with the Compliance Office for a period of 3 years from the date of the submission of the final expenditures report.

B. Appeal Process

Should the faculty member or other investigator not agree with the Financial Conflict of Interest Management Committee's conditions or restrictions, he/she can appeal in writing to the Provost within ten (10) days after receipt of notification from the Director of ORSP, spelling out why such conditions and restrictions are inappropriate. The Provost and/or his designee will then consult with the Financial Conflict of Interest Management Committee; it is possible that a modification of the conditions and restrictions will be agreeable to all parties. However, the decision of the Provost and/or the Provost's designee is final.

C. Non-Compliance

Whenever an investigator does not disclose in a timely manner, a previously existing significant financial interest or the University fails to review a previously existing significant financial interest during an ongoing federally funded project, the Director ORSP shall, within sixty (60) days: review the significant financial interest and reasonably determine if a real or perceived financial conflict of interest exists that is related to the research project and could directly and significantly affect the design, conduct or reporting of the research, or the award of a contract. If an FCOI is identified, the University must implement, on at least an interim basis, a management plan that shall specify the actions that have been, or will be, taken to manage such financial conflict of interest going forward and submit an FCOI report to the federal awarding agency.

In addition to the FCOI report, the University must, within 120 days of its determination of noncompliance, complete a retrospective review of the investigator's research activities and the federally-funded research project to determine whether any funded research, or portion thereof, conducted during the time period of the noncompliance, was biased in the design, conduct or reporting of such research.

Based on the results of the retrospective review, if appropriate, update the previously submitted FCOI report, specifying the actions that will be taken to manage the financial conflict of interest going forward.

If bias is found, notify the appropriate federal entity promptly and submit a mitigation report that includes the key elements documented in the retrospective review and a description of the impact of the bias on the research project and the University's plan of action or actions taken to eliminate or mitigate the effects of the bias. Thereafter the University will submit FCOI reports annually.

V. Institutional Compliance and Reporting Responsibilities

A. Prior to Award

Prior to spending any funds under an award, the Institution must report to the federal awarding agency the existence of any significant financial conflict of interest and assure that the interest has been managed, reduced, or eliminated in accordance with the regulations. The Institution must also provide an FCOI report whenever an investigator does not timely disclose a Significant Financial Interest or whenever the Institution, for whatever reason, does not review a disclosed Significant Financial Interest and the Institution then determines that a Financial Conflict of Interest exists.

B. Ongoing Projects

The Institution must submit an FCOI report to the federal awarding agency within sixty (60) days after its determination that an FCOI exists for an investigator who is newly participating in the project or for an existing investigator who discloses a new Significant Financial Interest to the Institution during the period of award.

C. Annual FCOI Report

For any Financial Conflict of Interest previously reported by the Institution, the Institution shall provide an annual FCOI report that addresses the status of the financial interest and any changes to the management plan. Annual FCOI reports shall specify whether the Financial Conflict of Interest is still being managed or explain why the Financial Conflict of Interest no longer exists. Annual FCOI reports must be submitted to the NIH (for the duration of the project period (including extensions with or without funds) at the same time as when the Institution is required to submit the annual progress report (i.e., two months prior to the start date or 45 days prior to the start date of the noncompeting continuation award), including a multi-year funded progress report, or at the time of the extension (e.g., submission of an extension notification in the eRA Commons or

submission of a federal prior approval request, whichever is applicable.) When a conflicting financial interest ceases to exist during the ongoing project period, the Institution should update the status of the Financial Conflict of Interest at the time of the next annual FCOI report submission deadline.

D. Subrecipients

Responsibilities for Research Subrecipients

If required under the terms and conditions of a sponsored Research project, the University will require any written subaward agreement with any organization to include terms establishing the applicable FCOI policy governing the subrecipient's work, whether it is the Montclair State University policy or the policy of the subrecipient institution. The subrecipient will be required to provide certification that its policy is established in accord with sponsor requirements or, if unable to provide such certification, the University policy will be applicable to all subrecipient Investigators. (As a rule, the University will require subrecipient institutions to maintain and administer their own FCOI policies and will only in exceptional circumstances assume primary responsibility for directly soliciting and reviewing subrecipient personnel disclosures that enable the University to directly identify and manage identified FCOIs from the SFI disclosures of subrecipient personnel.) In addition, the written subaward agreement will establish timelines and information requirements that will allow sufficient time for the University to evaluate, as applicable, subrecipient disclosures or subrecipient FCOI reports in order for the University to meet any applicable sponsor reporting requirements.

VI. Training Requirements

A. Investigator Requirements: The PHS revised regulation on FCOI requires that each investigator must complete training prior to engaging in research related to any PHS funded grant, and at least every four years, and immediately under the designated circumstances:

1. University FCOI Policies change in a manner that affects investigator requirement
2. An investigator is new to the University with PHS funding
3. The University finds an investigator noncompliant with the MSU's FCOI policy or management plan

Montclair State University will provide FCOI training for personnel identified on PHS funded research. NSF and other federally sponsored personnel are not required to complete training, but are strongly encouraged to do so.

VII. Public Accessibility to FCOI information

A. Written Response to Requests

In the event of a public request for information on an FCOI, in compliance with PHS Policy, prior to the expenditure of any funds under a PHS-funded research project, MSU will make reasonable efforts to provide accessibility by written response within five business days of a request, of information concerning any significant financial interest disclosed to the University that meets PHS FCOI.

VIII. Federal References

- A. [OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards \(2 CFR Part 200\)](#)
 - [2 CFR 200.112](#)
 - [2 CFR 200.317](#)
 - [Office of Executive Councils, Chief Financial Officers Counsel: Counsel on Financial Assistance Report \(COFAR\)](#)

- B. **U.S. Department of Health and Human Services (Including Public Health Service and National Institutes of Health)**
 - [42 CFR Part 50, Subpart F, Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought](#)
 - [National Institutes of Health Financial Conflict of Interest Page](#)
 - [NIH Tutorial on Financial Conflict of Interest](#)

- B. **National Science Foundation**
 - [NSF "Investigator Financial Disclosure Policy"](#)
 - [NSF "Frequently Asked Questions Concerning the DHHS Objectivity in Research Regulations and the NSF Investigator Financial Disclosure Policy"](#)
 - [NSF Proposal and Award Policies and Procedures Guide, January 2011, Part II - Award & Administration Guide, Chapter IV, A. Conflict of Interest Policies](#)
 - [NSF Proposal and Award Policies and Procedures Guide, January 2011, Part I - Grant Proposal Guide, Chapter II, C.1.e. Proposal Certifications](#)

APPENDIX #23

Montclair State University had no audits from NJ DCF in the last two years

ATTACHMENT A
Memorandum of Understanding
Between
Montclair State University
Center for Autism and Early Childhood Mental Health and

Gloria Andrade

The following document outlines the requirements and expectations for participating as a Consultant for Montclair State University, Center for Autism and Early Childhood Mental Health (MSU-CAECMH). This agreement between Gloria Andrade, Consultant, and MSU-CAECMH is necessary to ensure that all related project tasks and documentation are completed in accordance with the requirements of the operating procedures of Montclair State University. Failure to meet these requirements may be grounds for the rejection of training invoices submitted for payment and/or termination of contract.

BRANCH OF SERVICE

The Clinical and Family Support Services at the Center for Autism and Early Childhood Mental Health (CAECMH) at Montclair State University aim to foster the developmental and psychological well-being of children and families, and to support and enhance the relationship between infants/children and their caregivers. The CAECMH has the shared hope of serving local and regional communities with high-quality developmental and mental health services, and advancing the fields of parental-infant health, and infant and early childhood development through excellence in clinical practice, infant and early childhood mental health consultation, research and professional training.

TERM OF THE PROGRAM

During the 2022-2023 New Jersey Fiscal Year (FY23), the period from July 01, 2022 through June 30, 2023, MSU-CAECMH is responsible for providing professional formation, family education, and clinical and consultation services as part of our outpatient and outreach clinical services. MSU-CAECMH is also responsible for providing infant and early childhood mental health consulting to relevant community partners. Consultant is being contracted to provide one or more of these activities as a part of the consultant's work with the Center for Autism and Early Childhood Mental Health.

Consultant General Contractual Requirements

Under this agreement, the Consultant will complete the following tasks within the following time frames:

1. For all consultants, the following documents must be submitted and/or completed within 30 days of the beginning of the fiscal year and/or within 30 days of hire including:
 - a. Signed copy of the Memorandum of Understanding(s);

- b. Signed copy of W-9
- c. A copy of the business' or individual New Jersey Business Registration Certificate (BRC), if one has not yet been provided.
- d. As needed, a signed copy of other fiscal paperwork in accordance with the MSU procurement policies
- e. Updated Resume/CV
- f. Current Copy of license and/or related certifications;
- g. Copy of current professional liability insurance policy;
- h. Copy of vehicle liability insurance policy, if required;

Send all documents to:

Montclair State University
Center for Autism and Early Childhood Mental Health
1 Normal Avenue
Montclair, NJ 07043
caecmh@montclair.edu
Office: (973) 655 – 6685

Consultant General Contractual Expectations

Under this agreement, the Consultant will adhere to the following general expectations throughout the contract period:

1. Return all necessary onboarding documents in a timely fashion. No payment can be made without the required documentation.
2. Fulfill responsibilities of the clinical and/or consultation role, as specified in the CAECMH Clinical Services Procedures Manual
3. Represent Montclair State University in a professional and positive manner. The content of the work should in no way be a promotion for another entity/organization. Any activity during the event that can be construed as advertising or marketing for another organization/entity is not permissible. It is permissible for Consultants to make clients aware of their contact information and other places of employment.
4. Complete all progress notes and data documents on a weekly basis, at minimum
5. Submit invoices on a monthly basis, at minimum. It is recommended that each invoice be submitted to MSU-CAECMH by the 15th of the following month. Invoices should be itemized by week, as per the categories and conditions outlined in the attachment(s) included with this MOU.
6. Attend paid supervision, as scheduled.

Montclair State University Responsibilities

Under this agreement, Montclair State University will:

1. Provide links to all relevant contract and procurement policies and procedures.
2. Provide compensation to the Consultant in a manner which takes into account prior experience, frequency of service, geography, role, and other relevant factors.
3. Process payment in accordance with the specific rates and terms that are outlined in the attachment(s) included with this MOU within three to five weeks after review and approval.
4. Provide the Consultant with all materials and equipment required in the delivery of training, technical assistance, coaching, consultation, or other related project tasks as outlined in the agreement with the Consultant.
5. Reserve the right to terminate the contract if the Consultant receives consistently poor evaluations, fails to adhere to the Consultant responsibilities as outlined in the MOU, or there are persistent or egregious behaviors or complaints about the Consultant.

Additional Information for Montclair State University Contract Instruction

1. All personnel, including Consultants must sign all relevant Memorandum of Understanding (MOU). MOUs must be filed with MSU-CAECMH and a minimum of three weeks is needed before any charges can be made against them.
2. Montclair State University reserves the right to suspend indefinitely or to terminate this agreement and the services to be rendered by the Consultant without cause at any time. In the event of such suspension or termination prior to completion of the work as set forth in this agreement, Consultant shall be paid for the work properly performed to that date. Any such termination or suspension shall not affect Montclair State University's or Consultant's other obligations under the terms of this agreement.
3. Consultant hereby represents and warrants that (i) Consultant has the legal capacity to execute and perform this Agreement; (ii) that this Agreement is a valid and binding agreement enforceable against Consultant according to its terms; (iii) that the execution and performance of this Agreement by Consultant does not, and will not, violate or conflict with the terms of any existing agreement or understanding to which the Consultant is a party; (iv) that the execution and performance of this Agreement by any court or other adjudicative entity binding on Consultant; and (v) that Consultant knows of no reason why he/she is in any way (physically, legally or otherwise) precluded from performing the obligations under this Agreement in accordance with its terms.

Compensation and Reimbursement

Compensation is determined based on the experience, frequency of service, and qualifications of the Consultant named herein. Gloria Andrade will receive a base compensation rate of \$ 51.50 per hour. When the consultant travels to meet deliverables of the project, travel will be reimbursed at a maximum of 40 miles of travel per workday at the 2022 federal mileage reimbursement rate of \$0.625 per mile, which translates to \$3.20 per hour worked, which would be added to the hourly base rate. Travel will be restricted to an average of no more than 20 miles one way per day per week from the consultant’s home address except in rare circumstances. The Consultant, Gloria Andrade will contract for no more than 7 hours per week for no more than 52 weeks per fiscal year (July 1, 2022 through June 30, 2023).

Invoices must be sent to the Fiscal Office no more than 30 days post activity. Please send to Daniela Montecinos at montecinosd@montclair.edu.

The term of this agreement shall be from July 01, 2022 through June 30, 2023.

Accepted and Agreed:

Kaitlin Mulcahy,
Director,
Montclair State University – Center for Autism and Early Childhood Mental Health

06/20/22

Date

Gloria Andrade

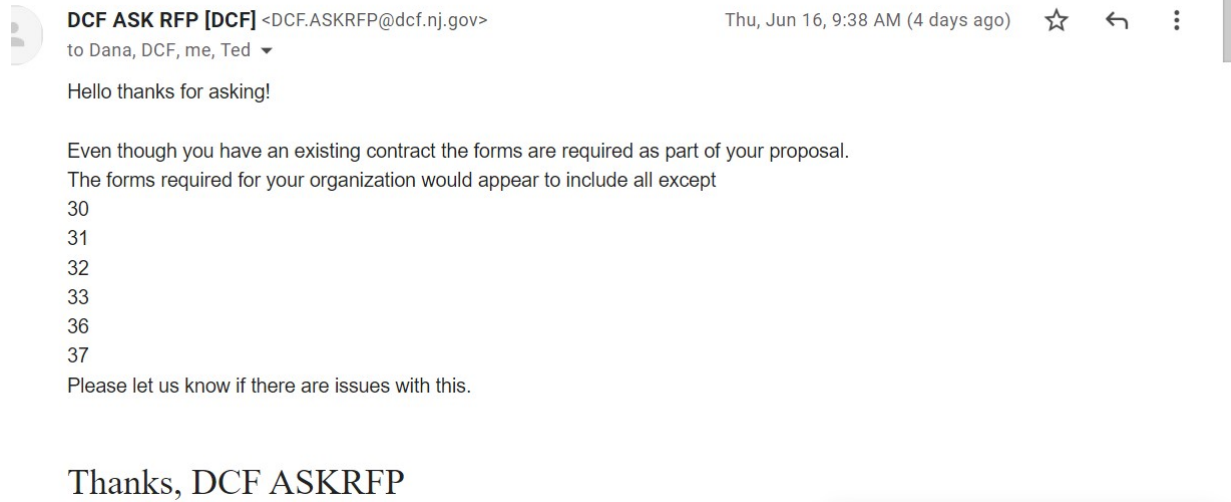
Date

APPENDIX #29

According to the language in the RFP, the AA302 is only applicable to new startup agencies, which Montclair State University is not.

APPENDICES #27, 28, 29, 30

Montclair State University has been exempt from these appendices:



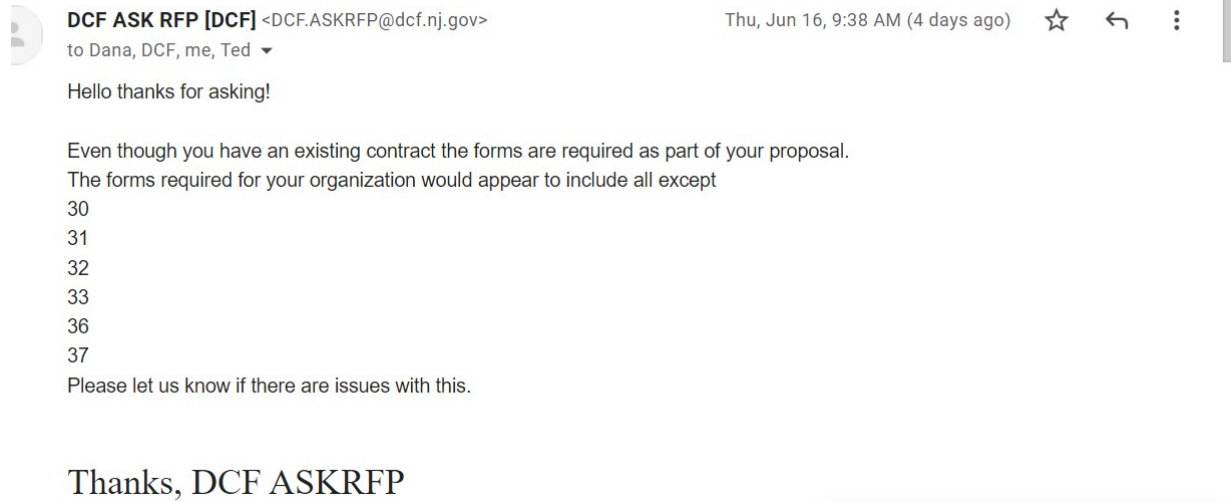
The screenshot shows an email interface. At the top left is a circular profile icon. To its right is the sender information: "DCF ASK RFP [DCF] <DCF.ASKRFP@dcf.nj.gov>". Further right is the timestamp "Thu, Jun 16, 9:38 AM (4 days ago)" and three icons: a star, a left-pointing arrow, and a vertical ellipsis. Below this is the recipient list "to Dana, DCF, me, Ted" with a dropdown arrow. The main body of the email contains the following text:
Hello thanks for asking!

Even though you have an existing contract the forms are required as part of your proposal.
The forms required for your organization would appear to include all except
30
31
32
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Please let us know if there are issues with this.

Thanks, DCF ASKRFP

APPENDICES #36 and 37

Montclair State University has been exempted from these appendices:



The screenshot shows an email interface. At the top left is a profile icon. The sender is identified as "DCF ASK RFP [DCF]" with the email address "<DCF.ASKRFP@dcf.nj.gov>". The recipient list includes "Dana, DCF, me, Ted" with a dropdown arrow. The date and time are "Thu, Jun 16, 9:38 AM (4 days ago)". To the right of the date are icons for a star, a reply arrow, and a three-dot menu. The email body text reads: "Hello thanks for asking! Even though you have an existing contract the forms are required as part of your proposal. The forms required for your organization would appear to include all except 30 31 32 33 36 37 Please let us know if there are issues with this." At the bottom of the email body is the signature "Thanks, DCF ASKRFP".

**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.

Montclair State University

Name of Applicant Organization

Signature Frederic J. Russo Digitally signed by Frederic J. Russo
Date: 2022.06.16 10:08:03 -04'00' Date 6/15/2022

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.