NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Children's System of Care (CSOC)

Summer Camp and Alternative Recreational Services for Youth with Developmental Disabilities and One-To-One Support Services Request for Qualifications (RFQ)

Recorded Presentation

October 21, 2026

Agenda & Objectives

- Request for Qualifications (RFQ) Overview for Summer Camp and Alternative Recreational Services for Youth with Developmental Disabilities and One-To-One Support Services
- RFQ Submission and Requirements
- RFQ Timeframes
- Technical Assistance (TA)

RFQ Timeframes

Date	Event
Friday, October 16th	**RFQ Published**
Wednesday, October 28th	**Program Related Questions Due**
Wednesday, November 11th	**Authorized Organization Representative (AOR) Form Due** **Link to form: AOR.pdf**
Wednesday, November 18th at 12:00PM *(SHARP)*	**Response Deadline**

* DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

The RFQ Initiative



…mer Camp and Alternative
…tional Services for Youth with
…velopmental Disabilities and
One-To-One Support Services

Tw… (2) separate RFQ initiatives

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Children's System of Care (CSOC)

- Serves youth under 21 with emotional and behavioral health care challenges, diagnoses, intellectual/developmental disabilities including autism, and/or substance use challenges.
- PerformCare, the Contracted Systems Administrator for CSOC, is the single point of access for children, youth, and young adults up to the age of 21
- CSOC structure and foundational values ensure that services provided are based on the needs of the youth and family; are family-centered, culturally competent, and community-based.
- These services include in-home services, community-based services, out-of-home residential services, and family support services.

Summer Camp Description

- DCF CSOC will provide financial support towards summer camp for eligible youth under twenty-one (21) with intellectual/developmental disabilities (I/DD)

- A qualified summer camp will fall under one of these three (3) separate components:
  - Traditional Day Camp- recreational activities offered in daily episodes
  - Alternative Recreational Sessions (ARS)-recreational activities offered with a shorter daily duration, minimum of two-hour sessions.
  - Overnight Camp- recreational activities offered in daily episodes, must include overnight hours

- Providers may apply for one (1) or all components but must submit separate program forms for each

- Camps must be physically located within the State of New Jersey

- Providers must apply for a NJ Department of Health Youth Camp Permit annually

Alternative Recreational Sessions (ARS)

- The goal of ARS is to provide youth an opportunity to engage in recreational activities within the community and offer more flexibility than traditional day camps
- ARS may benefit youth who would do well with a brief structured period compared to a longer traditional camp day
- ARS provides families with more options to meet their youth's needs during the summer season
- Each session of ARS must be a minimum of two (2) hours
- Camp providers applying to offer Traditional Day Camp or Alternative Recreational Sessions are **strongly encouraged** to apply to become a One-to-One Support Qualified Provider.

One To One Support Services

- DCF/CSOC will provide financial support towards One-to-One (1:1) support services for youth with higher acuity needs that require direct physical assistance from a 1:1 support services staff to successfully participate in summer camp activities.

- If a youth is in need of 1:1 support services, the family and provider will jointly complete a Child Adaptive Behavior Summary (CABS) to request the service.

- CSOC-funded 1:1 support services may only be provided at a CSOC Qualified Traditional Day Camp or ARS provider.

- Providers interested in providing 1:1 support services for youths attending their Qualified Camp/ARS program **MUST** apply to the currently posted One-to-One Support Services RFQ

Camp Application Process

Eligibility for Camp Services:

- Youth must be DD-eligible
  - Information on DD-eligibility: PerformCare DD-Eligibility Application and Resources
- Youth must be under the age of 21
- Youth must reside in their own home with a legal guardian/caregiver
- Youth must be registered for a Qualified Camp and in receipt of a camp acceptance letter

Applying for Camp Services:

- Apply online via the Family Portal or paper application on PerformCare's summer camp webpage: CSOC Summer Camp Funding
- Completed applications must be received or postmarked by June 30, 2027.
- Perform Care reviews submissions and provides authorizations
- Families must apply for camp funding every year

Funding Information

Qualified providers of summer camp services for youth with DD will be reimbursed according to the maximum rates in the below rate table for authorized eligible youth:

Camp Type	Current Rate/Per Unit	Authorized Maximum
Traditional Day Camp (TDC)	$128.57 / per day	Up to 10 days per youth per summer season
Overnight Camp	$213.76 / per night	Up to 6 nights per youth per summer season
Alternative Recreational Sessions (ARS)	$64.28 / per 2-hour session	Up to 20 sessions per youth per summer season
Hybrid-Traditional Day Camp with Alternative Recreational Sessions	$128.57 / per day (TDC) & $64.28 / per session (minimum 2 hrs) for ARS	5 days Traditional Day Camp and 10 ARS session
One-to-One Support Services Aide (only available during Traditional Day Camp, ARS, or Hybrid Traditional Day Camp with ARS)	$215.32 / per day (7 hrs max)	Up to 10 days Day Camp per youth per summer season OR Up to 20 ARS sessions per youth per summer season OR 5 days Traditional Day Camp and 10 ARS sessions

Claims and Billing

- Qualified camp providers will be given access to CSOC's internet-based management system, CYBER
- DCF-CSOC and Perform Care will provide Trainings on the use of Cyber for authorizations and claims
- Providers will submit claims electronically for reimbursement via Cyber
- Qualified camp providers do not need a separate Medicaid provider number

Payment

NJ START

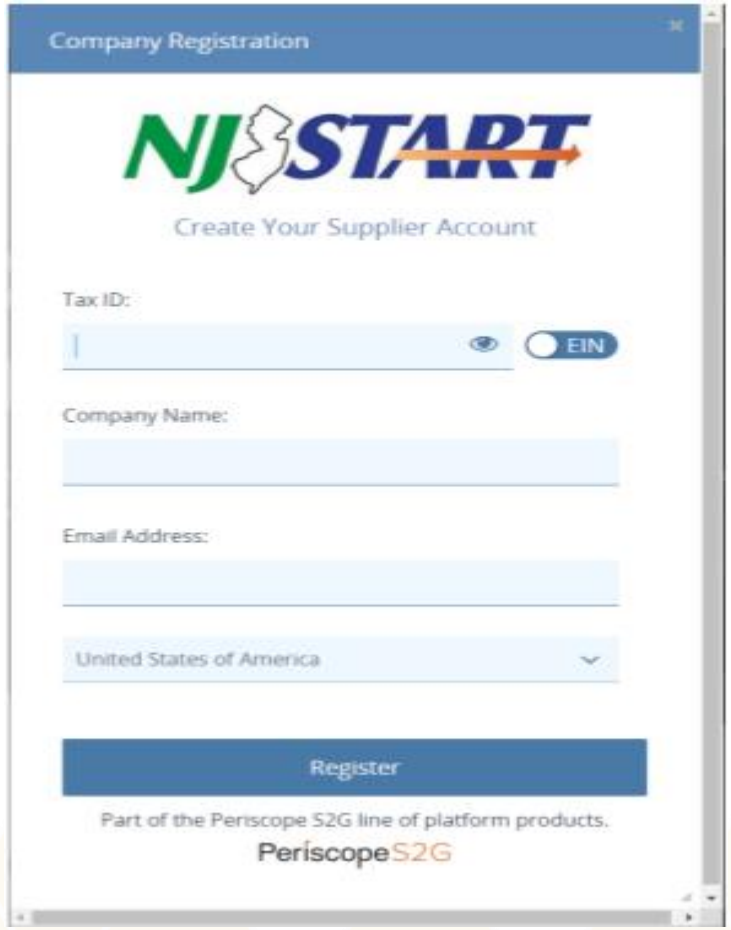
- NJ Start is the procurement system used by the NJ Department of Treasury to pay the state's contracted vendors
- Providers must create an account with NJ Start
- Camp Providers will obtain a Vendor ID Number in the State of New Jersey Accounting System
- Providers will use the vendor number to access the agency's account and view payment

VENDOR ASSISTANCE

NJSTART Vendor Support

email: njstart@treas.nj.gov

phone: 609-341-3500



Request For Qualifications (RFQ)

Summer Camp and Alternative Recreational Services and One-To-One Support Services

RFQ Proposal Submission

Pre-Submission Instructions: AOR



Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ■ **Non-Profit;** ☐ **For-Profit;** ☐ **University;** ☐ **LLC**

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: ENTER RFP/RFQ NAME HERE

County/Region/Location to be served (if applicable): ENTER HERE

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

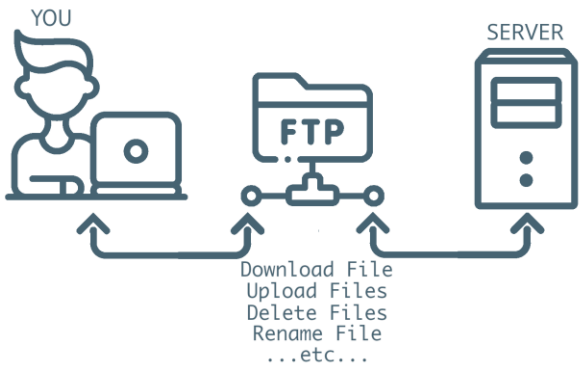
Print Name/Title: John Smith **Date:** 5/5/2025

Signature: SIGN HERE

CEO Email Address: john@exampleinc.org

- Submit a completed Authorized Organization Representative (AOR) form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the form is **filled out completely and signed**.
- Please enter the name of the RFQ on the line RFP/RFQ - **Summer Camp and ARS or One-to-One Support Services**
- Please enter name of **the County** within the line noting County/Region/Location to be served.
- **Note**: The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.
- AOR forms are due **Wednesday, November 11th**.

Uploading Proposals on the FTP Site



- **The identified respondent contact will be provided with instructions on how to access the FTP Site.**
- **Files may be uploaded and/or updated, if needed, up to the RFP proposal deadline.**
  - Start uploading your proposal submission EARLY, to ensure sufficient time and a successful transmission of all required documentation.
- **If you encounter any difficulties or require assistance, please submit questions to DCF.ASKRFP@dcf.nj.gov**

Request For Qualifications (RFQ)

Summer Camp and Alternative Recreational Services and One-To-One Support Services

RFQ Requirements

Organizing & Submitting Your Application

The application must be organized and submitted as two (2) separate PDFs.

PDF 1	**Section II – Required Performance and Staffing Deliverables**	
PDF	Submit a signed *Statements of Acceptance*. Your PDF 1 must include a PDF of the entire Section II content, along with the final, signed and completed page.	**Pages 6-17** for Summer Camp and ARS **Pages 5-16** for One-to-One Support Services
PDF 2	**Section III A – Documents Requested to be Submitted with This Response**	
PDF	Twelve (12) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	**Pages 17-19** for Summer Camp and ARS **Pages 17-18** for One-to-One Support Services

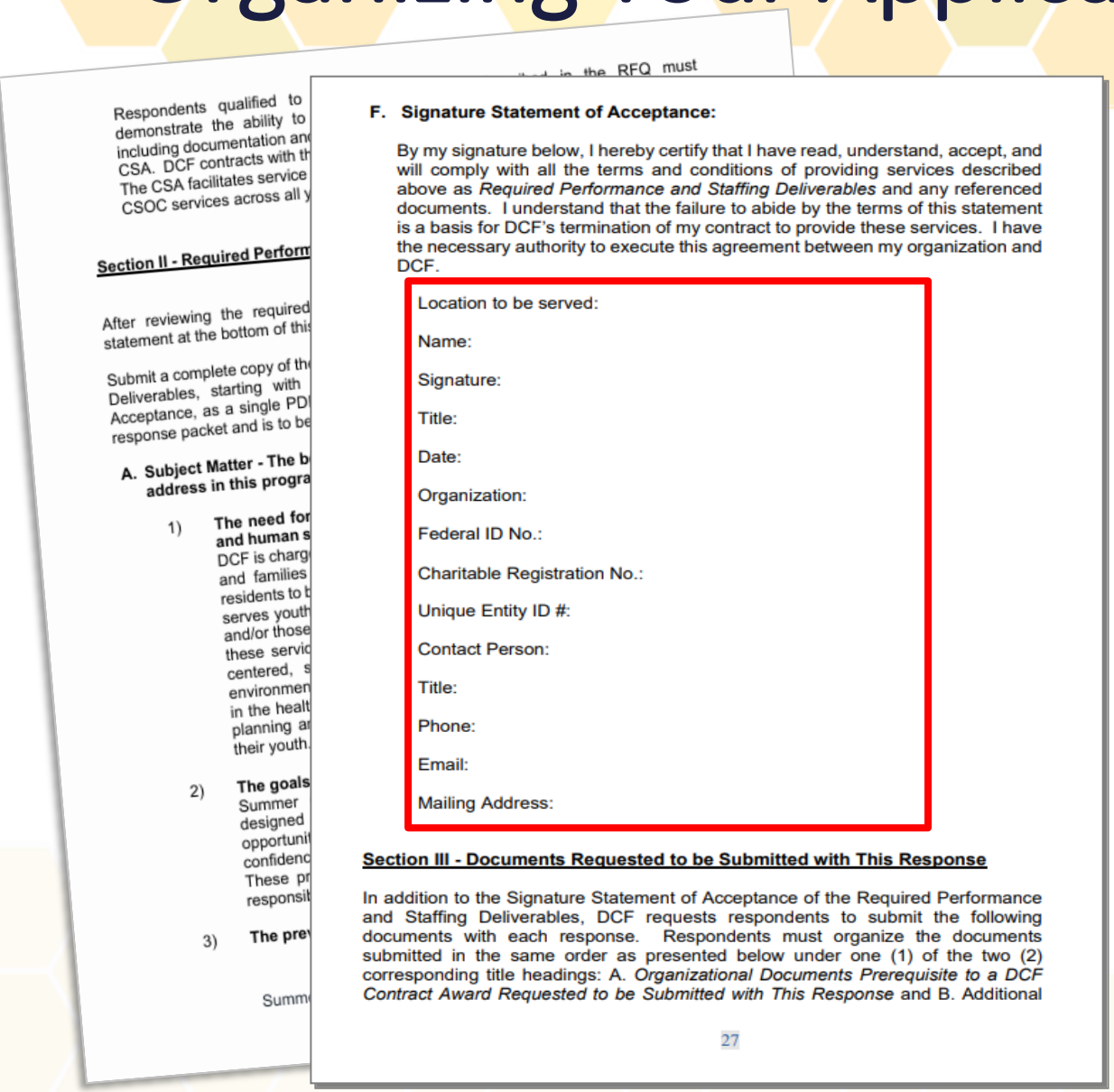
Organizing Your Application

PDF 1:



Section II – Required Performance and Staffing Deliverables

Organizing Your Application - PDF 1



F. **Signature Statement of Acceptance:**

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional

27

PDF 1: Section II – Required Performance and Staffing Deliverables

Complete and sign **Signature Statement of Acceptance** (fill in fields and sign on pages 16-17 for Summer Camp and ARS and page 16 for One-To-One Support Services)

Submit a complete PDF of the entire content of Section II, **pages 6-17 for Summer Camp and ARS and pages 5-16 for the One-to-One Support Services,** ending with your signed statements of acceptance for each section, as a single PDF document for each RFQ.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1 for each RFQ.

Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFQ.

How to fill in and sign PDF 1

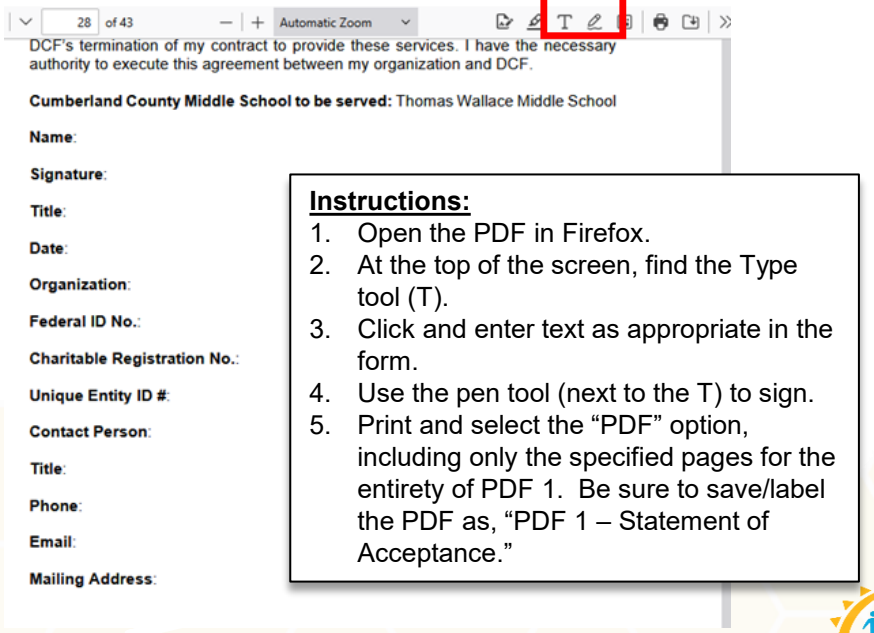
Technical Support Tip

Options for fill in/sign and save PDF #1, include:

A. Print, fill out, and scan pages 6-17 for Summer Camp and ARS or pages 5-16 for One-to-One Support Services into a PDF file
B. Use software such as Adobe Acrobat Reader (free), or
C. Use web browsers such as Edge and Firefox

Note: Copy-pasted text will **not** be accepted.

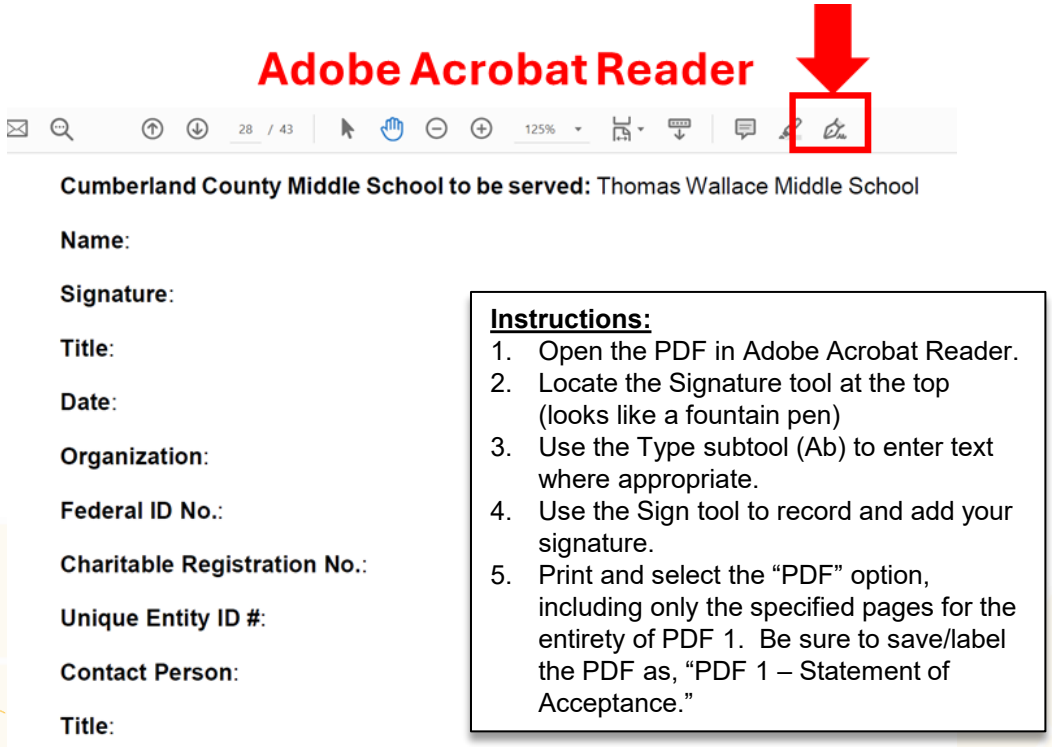
Firefox



Instructions:

1. Open the PDF in Firefox.
2. At the top of the screen, find the Type tool (T).
3. Click and enter text as appropriate in the form.
4. Use the pen tool (next to the T) to sign.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Adobe Acrobat Reader



Instructions:

1. Open the PDF in Adobe Acrobat Reader.
2. Locate the Signature tool at the top (looks like a fountain pen)
3. Use the Type subtool (Ab) to enter text where appropriate.
4. Use the Sign tool to record and add your signature.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Organizing Your Application

PDF 2:



Section III A – Documents Requested to be Submitted with This Response

RFQ Required Documentation – PDF 2

Section III A – Documents Requested to be Submitted with This Response as PDF 2.

Twelve (12) required documentation include:	
1.	Corrective Action Plans, Performance Improvement Plans, or Reviews
2.	Certification Regarding Debarment
3.	Disclosure of Investigations & Other Actions Involving Respondent
4.	System for Award Management (SAM)
5.	Organizational Chart of Respondent
6.	Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards
7.	Trauma Informed Practices
8.	Program Description Form (Camp and ARS ***ONLY***)
9.	Three (3) Letter(s) of Support
10.	Summary of Reduction of Seclusion and Restraint Use
11.	Agency Data Sheet
12.	Program Component Form

Q&A

Question: What if the document does not apply to my organization?

Answer: If a request does not apply, you are required to submit a ***Statement of Non-Applicability*** on your agency letterhead with an explanation of why it is not applicable.

Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS, PERFORMANCE IMPROVEMENT PLANS, OR REVIEWS

CERTIFICATION REGARDING DEBARMENT

DISCLOSURE OF INVESTIGATIONS & OTHER ACTIONS INVOLVING RESPONDENT

1. **Corrective action plans, performance improvement plans, or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

   - **If applicable**, a copy of the corrective action plan or performance improvement plan must be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.

   - **If not applicable**, the respondent must complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan.
     Form: Statement of Non-Applicability Regarding CAP or PIP

   DCF may consider all materials in our records concerning audits, reviews, performance improvement, or corrective action plans as part of the review process. DCF may disqualify and/or decline to forward for the review of the Evaluation Committee responses from those under corrective action plans or performance improvement plans in process with DCF or any other New Jersey state agency or authority.

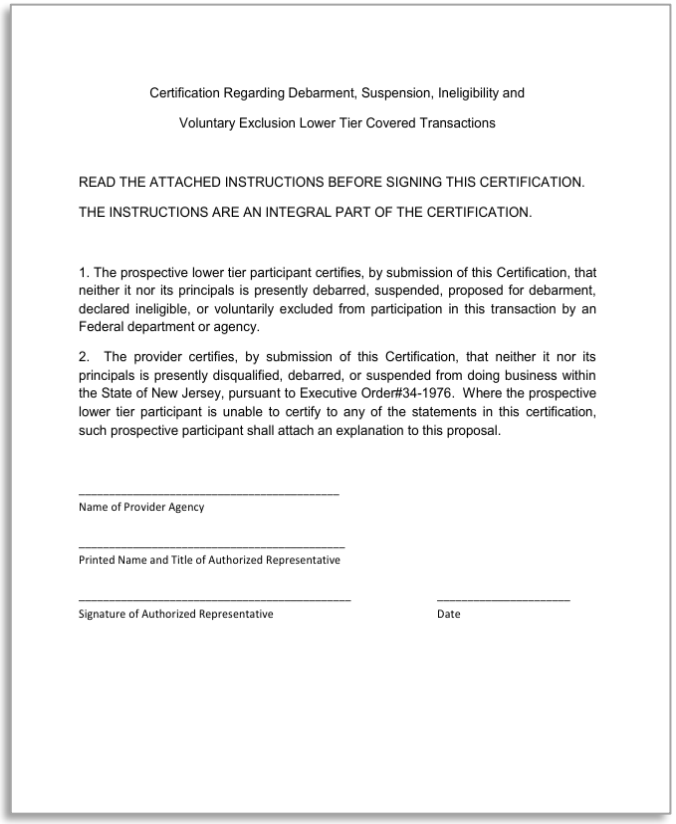
Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS, PERFORMANCE IMPROVEMENT PLANS, OR REVIEWS

CERTIFICATION REGARDING DEBARMENT

DISCLOSURE OF INVESTIGATIONS & OTHER ACTIONS INVOLVING RESPONDENT

2. Complete and submit the **Certification Regarding Debarment Form:** https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf



Certification Regarding Debarment, Suspension, Ineligibility and

Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.

THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

1. The prospective lower tier participant certifies, by submission of this Certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

2. The provider certifies, by submission of this Certification, that neither it nor its principals is presently disqualified, debarred, or suspended from doing business within the State of New Jersey, pursuant to Executive Order#34-1976. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____

Name of Provider Agency

_____

Printed Name and Title of Authorized Representative

_____ _____

Signature of Authorized Representative Date

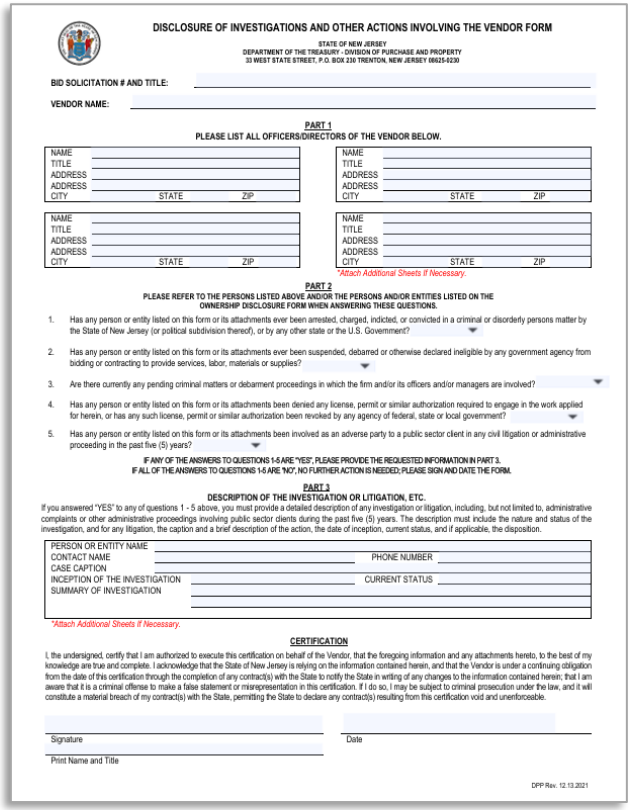
Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS, PERFORMANCE IMPROVEMENT PLANS, OR REVIEWS

CERTIFICATION REGARDING DEBARMENT

DISCLOSURE OF INVESTIGATIONS & OTHER ACTIONS INVOLVING RESPONDENT

3. Complete and submit the **Disclosure of Investigations & Other Actions Involving Respondent**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf



DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING THE VENDOR FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE:

VENDOR NAME:

PART 1
PLEASE LIST ALL OFFICERS/DIRECTORS OF THE VENDOR BELOW.

NAME / TITLE / ADDRESS / ADDRESS / CITY STATE ZIP

*Attach Additional Sheets If Necessary.

PART 2
PLEASE REFER TO THE PERSONS LISTED ABOVE AND/OR THE PERSONS AND/OR ENTITIES LISTED ON THE OWNERSHIP DISCLOSURE FORM WHEN ANSWERING THESE QUESTIONS.

1. Has any person or entity listed on this form or its attachments ever been arrested, charged, indicted, or convicted in a criminal or disorderly persons matter by the State of New Jersey (or political subdivision thereof), or by any other state or the U.S. Government?
2. Has any person or entity listed on this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any government agency from bidding or contracting to provide services, labor, materials or supplies?
3. Are there currently any pending criminal matters or debarment proceedings in which the firm and/or its officers and/or managers are involved?
4. Has any person or entity listed on this form or its attachments been denied any license, permit or similar authorization required to engage in the work applied for herein, or has any such license, permit or similar authorization been revoked by any agency of federal, state or local government?
5. Has any person or entity listed on this form or its attachments been involved as an adverse party to a public sector client in any civil litigation or administrative proceeding in the past five (5) years?

IF ANY OF THE ANSWERS TO QUESTIONS 1-5 ARE "YES", PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 3.
IF ALL OF THE ANSWERS TO QUESTIONS 1-5 ARE "NO", NO FURTHER ACTION IS NEEDED; PLEASE SIGN AND DATE THE FORM.

PART 3
DESCRIPTION OF THE INVESTIGATION OR LITIGATION, ETC.

If you answered "YES" to any of questions 1 - 5 above, you must provide a detailed description of any investigation or litigation, including, but not limited to, administrative complaints or other administrative proceedings involving public sector clients during the past five (5) years. The description must include the nature and status of the investigation, and for any litigation, the caption and a brief description of the action, the date of inception, current status, and if applicable, the disposition.

PERSON OR ENTITY NAME
CONTACT NAME PHONE NUMBER
CASE CAPTION
INCEPTION OF THE INVESTIGATION CURRENT STATUS
SUMMARY OF INVESTIGATION

*Attach Additional Sheets If Necessary.

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature Date

Print Name and Title

DPP Rev. 12.13.2021

Section III B - Documents Requested to be Submitted with This Response

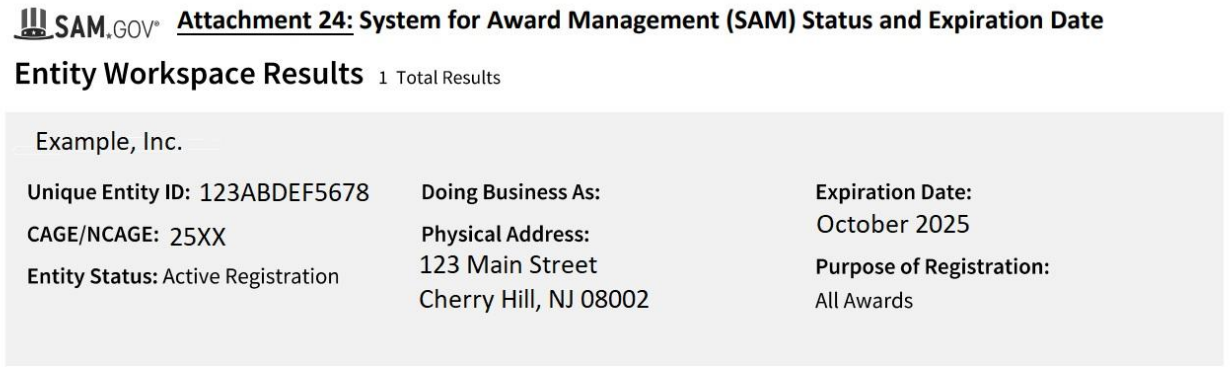
SYSTEM FOR AWARD MANAGEMENT (SAM)

ORGANIZATIONAL CHART OF RESPONDENT

PREVENT CHILD ABUSE NEW JERSEY'S (PCA-NJ) SAFE-CHILD STANDARDS

4. **System for Award Management (SAM)** – Submit a printout showing the following:
   - Unique Entity Identification Number;
   - Active Status; and
   - Expiration Date

Available free of charge.
Website: https://sam.gov/content/home
Helpline: 1-866-606-8220



SAM.GOV **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

Entity Workspace Results 1 Total Results

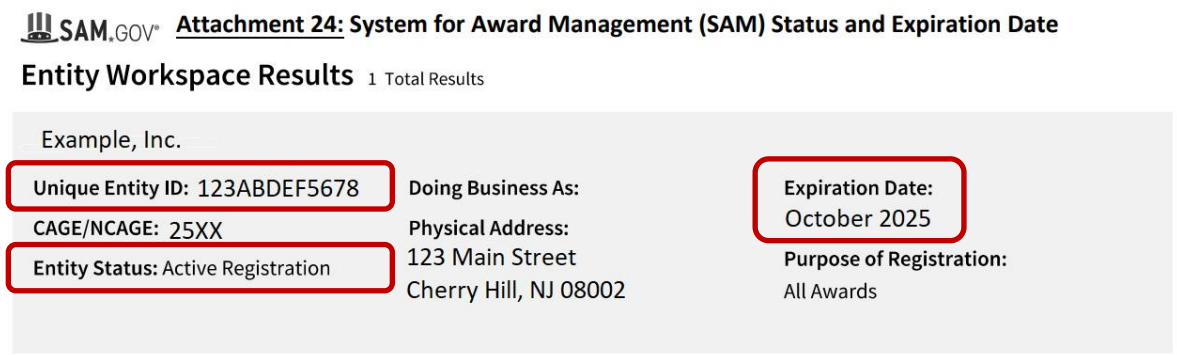
Example, Inc.

Unique Entity ID: 123ABDEF5678
CAGE/NCAGE: 25XX
Entity Status: Active Registration

Doing Business As:
Physical Address:
123 Main Street
Cherry Hill, NJ 08002

Expiration Date:
October 2025
Purpose of Registration:
All Awards

System for Award Management (SAM)



SAM.GOV **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:
123 Main Street
Cherry Hill, NJ 08002

Expiration Date:
October 2025

Purpose of Registration:
All Awards

- **Submit a printout showing your Unique Entity ID Number (UEID), Active Status, and Expiration Date.**
- **This is a two-step process:**

1. **Apply for a UEID number at sam.gov – this is *FREE*. Once you have the UEID number;**
2. **Register your UEID number, also at sam.gov. This process may take about two weeks.**

Section III B - Documents Requested to be Submitted with This Response

SYSTEM FOR AWARD MANAGEMENT (SAM)

ORGANIZATIONAL CHART OF RESPONDENT

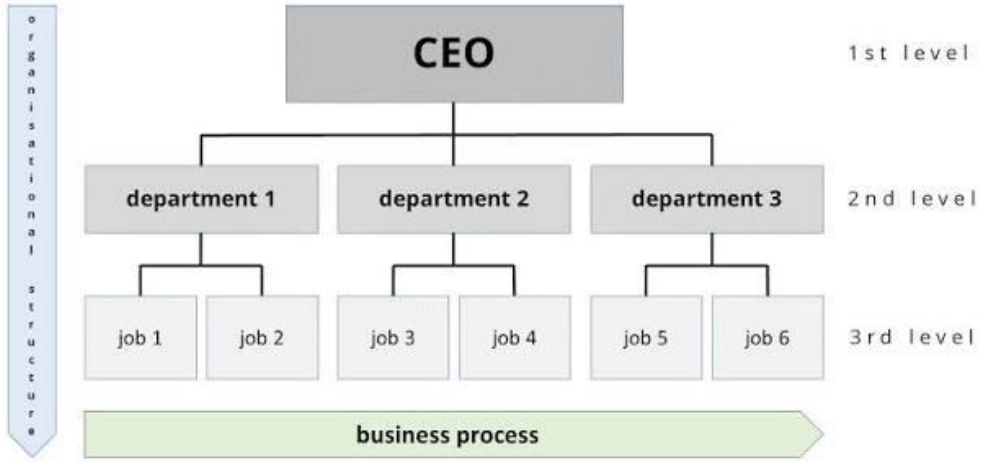
PREVENT CHILD ABUSE NEW JERSEY'S (PCA-NJ) SAFE-CHILD STANDARDS

5. **Organizational Chart of Respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

Agency Name

Current Date

Allocation of Personnel – Position Titles and Names



Section III B - Documents Requested to be Submitted with This Response

SYSTEM FOR AWARD MANAGEMENT (SAM)

ORGANIZATIONAL CHART OF RESPONDENT

PREVENT CHILD ABUSE NEW JERSEY'S (PCA-NJ) SAFE-CHILD STANDARDS

6. **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two pages double-spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name and current date. The Standards are available at: PCANJ DCF Safe Child Standards

Section III B - Documents Requested to be Submitted with This Response

TRAUMA INFORMED PRACTICES

PROGRAM DESCRIPTION FORM

THREE LETTERS OF SUPPORT

7. **Trauma Informed Practices** - Submit written policies describing the incorporation of these practices into your provision of services. For information, tools and reference see DCF | Trauma Informed Practices.

Section III B - Documents Requested to be Submitted with This Response

TRAUMA INFORMED PRACTICES

PROGRAM DESCRIPTION FORM

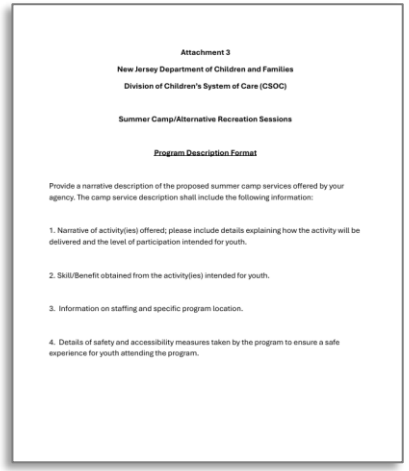
THREE LETTERS OF SUPPORT

8. Program Description Form (Link to Form) (CAMP and ARS ONLY)

Specify purpose of program and describe the overall approach to service delivery and family involvement. Provide a separate Program Description Form for each type of service: Traditional Day Camp, Overnight Camp and/or Alternative Recreational Sessions.

Respondents shall complete a separate Program Description Service Form for each type of service provided with the following information:

a. Narrative of activity(ies) offered, including details of how the activity will be delivered and the level of participation intended for youth,
b. Intended skill/benefit youth will obtain from the activity(ies),
c. Staffing plan,
d. Specific program location, and
e. Details of safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program.



Attachment 3

New Jersey Department of Children and Families

Division of Children's System of Care (CSOC)

Summer Camp/Alternative Recreation Sessions

Program Description Format

Provide a narrative description of the proposed summer camp services offered by your agency. The camp service description shall include the following information:

1. Narrative of activity(ies) offered; please include details explaining how the activity will be delivered and the level of participation intended for youth.

2. Skill/Benefit obtained from the activity(ies) intended for youth.

3. Information on staffing and specific program location.

4. Details of safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program.

Section III B - Documents Requested to be Submitted with This Response

TRAUMA INFORMED PRACTICES

PROGRAM DESCRIPTION FORM

THREE LETTERS OF SUPPORT

9. **Three Letters of Support** from community organizations with which you already partner specific to the provisions of services under this RFQ. Letters from family members of individuals receiving services and New Jersey State employees are prohibited. Please include telephone numbers and e-mail for all references so they may be contacted directly.

Section III B - Documents Requested to be Submitted with This Response

SUMMARY OF REDUCTION OF SECLUSION AND RESTRAINT USE

AGENCY DATA SHEET

PROGRAM COMPONENT FORM

10. Summary of Reduction of Seclusion and Restraint Use (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

Section III B - Documents Requested to be Submitted with This Response

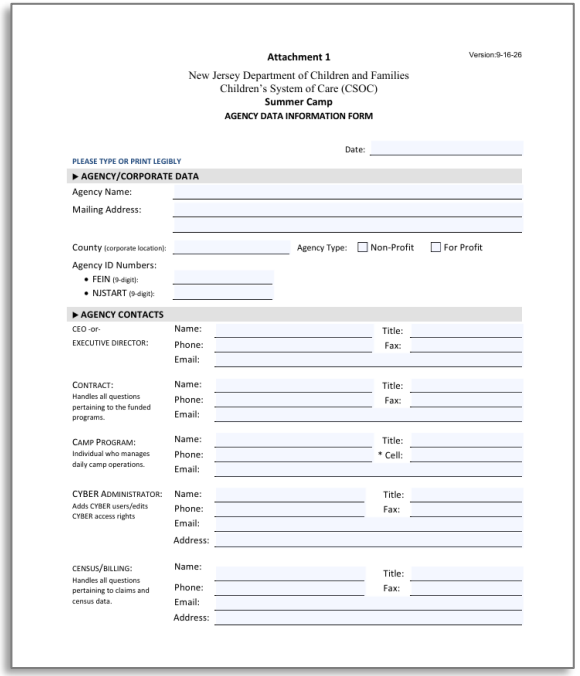
SUMMARY OF REDUCTION OF SECLUSION AND RESTRAINT USE

AGENCY DATA SHEET

PROGRAM COMPONENT FORM

11. Agency Data Sheet (Link to Form)

Ensure all fields are completed with accurate information. Sheets with incomplete/inaccurate info will be returned. This includes all agency identifying numbers, i.e., FEIN, UEI and NJSTART, as well as staff contact information.



Attachment 1 Version:9-16-26

New Jersey Department of Children and Families
Children's System of Care (CSOC)
Summer Camp
AGENCY DATA INFORMATION FORM

Date: _____

PLEASE TYPE OR PRINT LEGIBLY

▸ AGENCY/CORPORATE DATA

Agency Name:
Mailing Address:

County (corporate location): _____ Agency Type: ☐ Non-Profit ☐ For Profit

Agency ID Numbers:
- FEIN (9-digit):
- NJSTART (9-digit):

▸ AGENCY CONTACTS

CEO -or- EXECUTIVE DIRECTOR: Name: Title: Phone: Fax: Email:

CONTRACT: Handles all questions pertaining to the funded programs. Name: Title: Phone: Fax: Email:

CAMP PROGRAM: Individual who manages daily camp operations. Name: Title: Phone: * Cell: Email:

CYBER ADMINISTRATOR: Adds CYBER users/edits CYBER access rights Name: Title: Phone: Fax: Email: Address:

CENSUS/BILLING: Handles all questions pertaining to claims and census data. Name: Title: Phone: Fax: Email: Address:

Section III B - Documents Requested to be Submitted with This Response

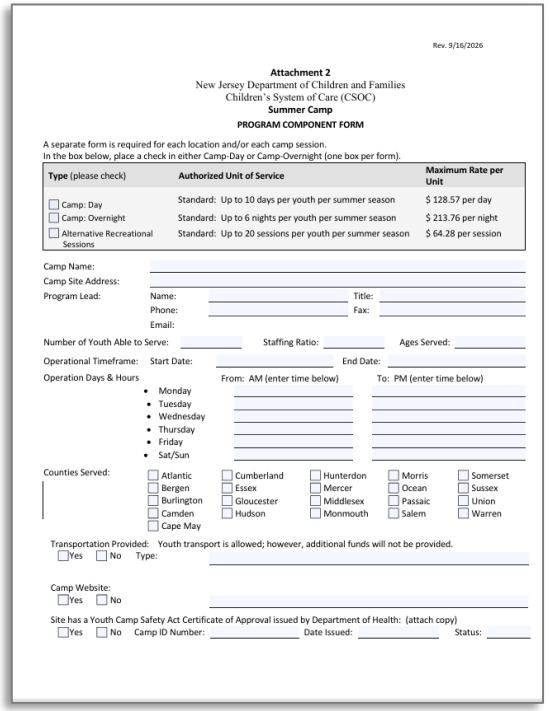
SUMMARY OF REDUCTION OF SECLUSION AND RESTRAINT USE

AGENCY DATA SHEET

PROGRAM COMPONENT FORM

12. Program Component Form (Link to Form)

Ensure all fields are completed with accurate information. Forms with incomplete/inaccurate information will be returned. This includes, but is not limited to, staffing levels, level of service, ages, hours/days, counties, and languages.



Rev. 9/16/2026

Attachment 2
New Jersey Department of Children and Families
Children's System of Care (CSOC)
Summer Camp
PROGRAM COMPONENT FORM

A separate form is required for each location and/or each camp session.
In the box below, place a check in either Camp-Day or Camp-Overnight (one box per form).

Type (please check)	Authorized Unit of Service	Maximum Rate per Unit
☐ Camp: Day	Standard: Up to 10 days per youth per summer season	$ 128.57 per day
☐ Camp: Overnight	Standard: Up to 6 nights per youth per summer season	$ 213.76 per night
☐ Alternative Recreational Sessions	Standard: Up to 20 sessions per youth per summer season	$ 64.28 per session

Camp Name: _____
Camp Site Address: _____
Program Lead: Name: _____ Title: _____
Phone: _____ Fax: _____
Email:
Number of Youth Able to Serve: _____ Staffing Ratio: _____ Ages Served: _____
Operational Timeframe: Start Date: _____ End Date: _____
Operation Days & Hours — From: AM (enter time below) — To: PM (enter time below)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Sat/Sun

Counties Served:
☐ Atlantic ☐ Bergen ☐ Burlington ☐ Camden ☐ Cape May ☐ Cumberland ☐ Essex ☐ Gloucester ☐ Hudson ☐ Hunterdon ☐ Mercer ☐ Middlesex ☐ Monmouth ☐ Morris ☐ Ocean ☐ Passaic ☐ Salem ☐ Somerset ☐ Sussex ☐ Union ☐ Warren

Transportation Provided: Youth transport is allowed; however, additional funds will not be provided.
☐ Yes ☐ No Type: _____

Camp Website:
☐ Yes ☐ No _____

Site has a Youth Camp Safety Act Certificate of Approval issued by Department of Health: (attach copy)
☐ Yes ☐ No Camp ID Number: _____ Date Issued: _____ Status: _____

Helpful Links/Resources

Prevent Child Abuse (PCA) NJ DCF Safe Child Standards

DCF | Trauma Informed Practices

Request For Qualifications (RFQ)

Summer Camp and Alternative Recreational Services and One-To-One Support Services

RFQ Timeframes

RFQ Timeframes

Date	Event
~~Friday, October 16th~~	~~**RFQ Published**~~
Wednesday, October 28th at 12:00PM *(SHARP)*	**Program Related Questions Due**
Wednesday, November 11th	**Authorized Organization Representative (AOR) Form Due** **Link to form: AOR.pdf**
Wednesday, November 18th at 12:00PM *(SHARP)*	**Response Deadline**

*** DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.**

Request For Qualifications (RFQ)

Summer Camp and Alternative Recreational Services and One-To-One Support Services

Technical Assistance (TA) and Questions

Technical Assistance (TA)

Technical Assistance (TA) is available to prospective applicants. Questions regarding the completion and submission of a DCF Request For Proposals (RFP) must be submitted to DCF.ASKRFP@dcf.nj.gov.

DCF.ASKRFP@dcf.nj.gov

Questions & Answers



Submit all questions to:
DCF.ASKRFP@dcf.nj.gov

- **Respondent may not contact DCF Children's System of Care office staff directly, in person, or by telephone, concerning this RFP. Questions must be sent via email to: DCF.ASKRFP@dcf.nj.gov**
- **Technical inquiries about required forms, documents, and format may be sent at any time prior to the response deadline, 12:00 PM on Wednesday, November 18, 2026.**
- **Questions about the content and deliverables of the RFP must be sent by 12:00 P.M. on Wednesday, October 28, 2026.**

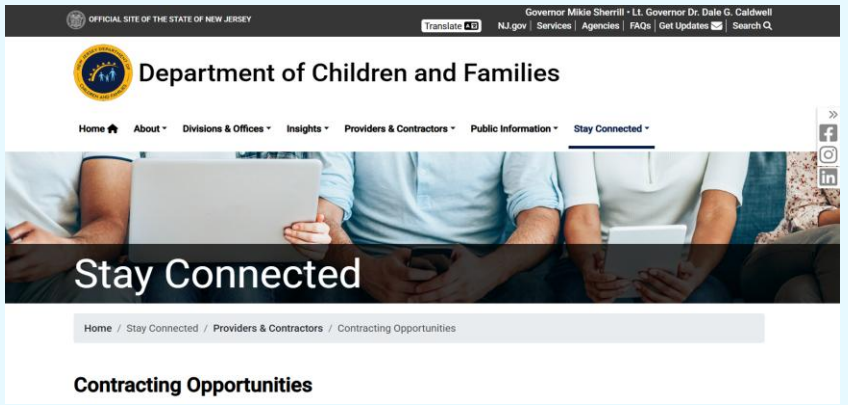


- **All answers to content and deliverables related questions will be posted on the DCF website at: DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities (nj.gov)**

Sign-up for DCF Notifications

1 **Visit the DCF website and search for “Contracting Opportunities”**

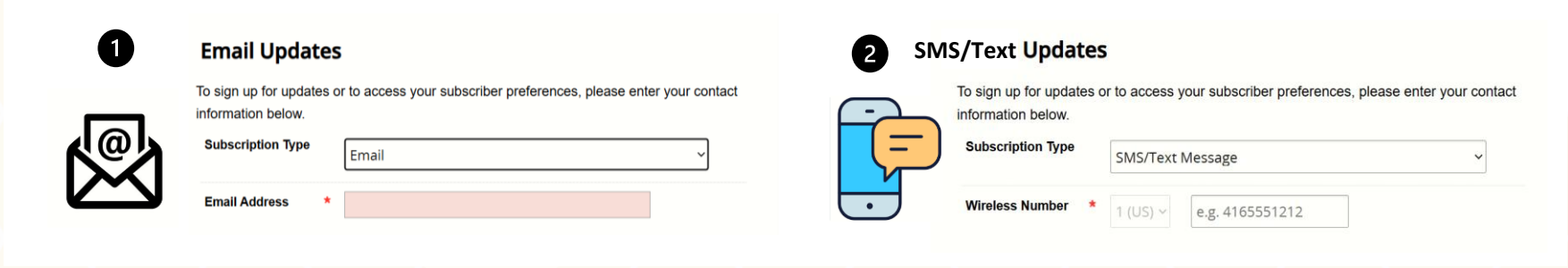
https://www.nj.gov/dcf/stay-connected/providers-and-contractors/contracting-opportunities/



2 **Click on the following link:**

Receive notices announcing funding opportunities by email

3 **Select your preferred mode of contact and subscribe to receive notifications.**



Thank you!



DCF.ASKRFP@dcf.nj.gov