



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Children's System of Care (CSOC)

**Stabilization and Assessment Services 5-Bed Program Serving Youth
with Behavioral Health Challenges Statewide**

VIRTUAL CONFERENCE

May 12, 2026



Agenda & Objectives

- Welcome & Introductions
- RFP Timeframes
- Stabilization & Assessment Services Program Overview
- Programmatic Requirements
- Staffing & Key Deliverables
- RFP Requirements
- Organizing the RFP Application
- Technical Assistance (TA)
- Q & A



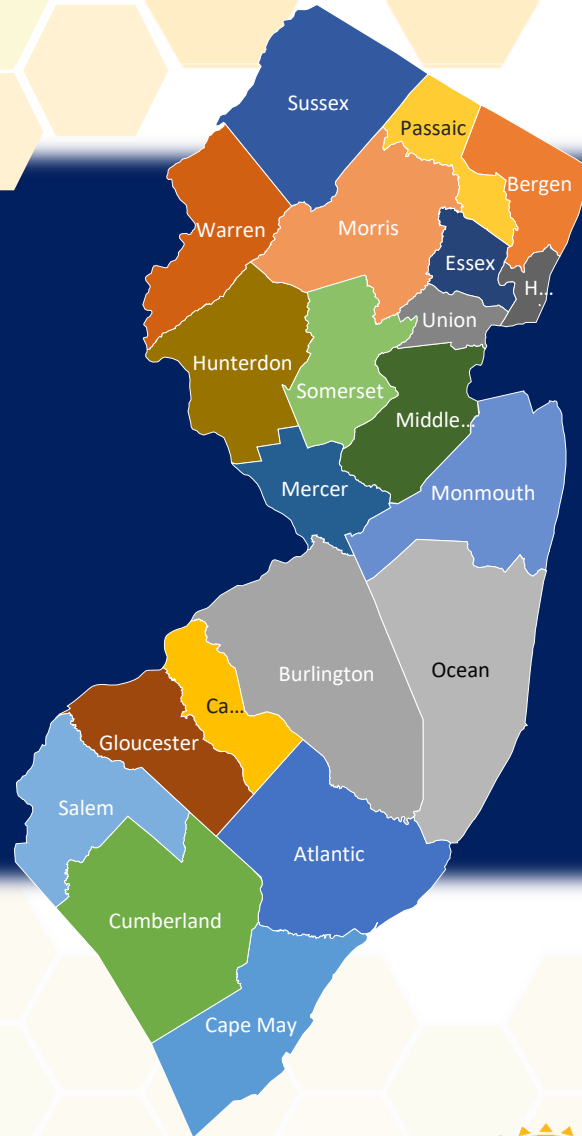
RFP Timeframes

Date	Event
Friday, May 1 st	RFP Published
Tuesday, May 12 th at 10:00am	Virtual Conference
Friday, May 15 th	Program Related Questions Due
Tuesday, May 26 th	Authorized Organization Representative (AOR) Form Due Link to form: AOR.pdf
Tuesday, June 2 nd at 12:00PM (<i>SHARP</i>)	Response Deadline

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



The RFP Initiative



**Stabilization and
Assessment Services
5-Bed Program Serving
Youth with Behavioral
Health Challenges
Statewide**



DCF Children's System of Care

- First Cabinet level department devoted exclusively to serving and safeguarding youth and families.
- Serving youth, 0-21, with mental health, substance use, and/or intellectual and/or developmental disabilities
- Core values
 - Family drive and youth guided
 - Culturally and linguistically responsive
 - Community based



Children's System of Care

- Statewide services are accessed through PerformCare, CSOC's Contracted Services Administrator
- Contracted services are reimbursed with federal and state funds through the Medicaid fiscal agency
- Local community system partner service areas are aligned with the fifteen court vicinages
 - Mobile Response and Stabilization
 - Care Management Organizations
 - Family Support Organizations
- Out of Home programming



Overview of Stabilization & Assessment Services

- Youth with behavioral/emotional challenges associated with complex trauma requiring crisis stabilization and assessment
- Up to \$1,715,771 in state funds for the 5-bed program inclusive of start-up
- \$1,634,068 is available for operating expenses
- Up to \$81,703 (5% of operating expenses) for one-time approved start-up costs
- The implementation and maintenance of one 5-bed Stabilization and Assessment Services program in a home that will accommodate single bedrooms

Overview of Stabilization & Assessment Services

- The awarded respondents will be paid at the current per diem rate per bed of \$895.38
- The intended funding period for the contract is: July 1, 2026, through June 30, 2027
- Projected length of stay is anticipated to be 90 days, although length of stay may be shorter or longer based on individual treatment needs and authorization



Target Population

- 13-17 years old at time of admission
- All genders
- General education or classified eligible to receive special services
- Medically stable as determined in writing by a medical provider, including but not limited to, seizure disorder, diabetes, and asthma.

Target Population

- Youth was removed from the home by the DCF Division of Child Protection and Permanency due to abuse or neglect, including exposure to family violence, AND cannot be admitted to a resource home, shelter or live with family members with therapeutic supports services.
- Youth is unable to adequately function within the significant life domains of family, school, or social settings, or to participate in recreational activities, due to his or her behavioral health diagnosis and/or presenting behaviors, and requires immediate stabilization, close supervision, assessment, and targeted clinical/behavioral interventions.
- Exclusionary criteria: Youth with in intellectual and/or developmental disabilities or determined eligible or presumptively eligible



Services

Short-term, highly structured, and trauma informed therapeutic environment to support the emotional and behavioral regulation of youth with complex trauma, ages 13 through 17 under the care, supervision or custody of the Division of Protection and Permanency

- Conduct comprehensive diagnostic assessments to distill a comprehensive clinical conceptualization resulting in an individualized service plan that is strength-based, youth centered, and family driven with corresponding measurable treatment goals
- Design a plan for transition that includes goals for long-term stabilization in a less restrictive environment including a lower intensity out of home treatment program or community-based setting
- Maximize the utilization of the services through a transparent, clinical model paired with a rate structure consistent with national best practice
- Therapeutic modalities must be evidence-based or promising practices and integrated into all components of programming



Program Staffing

- Program Director
- Psychiatrist or Psychiatric
Advanced Practice Nurse
- Pediatrician or Pediatric
Advanced Practice Nurse
- Registered Nurse and Licensed
Practical Nurse
- Licensed Clinician
- Dietician
- Program Transition Specialist
- Allied service providers
- Psychologist, as needed
- Evaluator/s
- Direct care milieu staff



Evidence Based & Promising Practices

- Six Core Strategies for Reducing Seclusion and Restraint Use
- Trauma informed care: Dialectical Behavioral Therapy, Attachment, Regulation and Competency Framework, Trauma Focused-Cognitive Behavioral Therapy
- Mindfulness-based interventions
- Healing Centered Care
- Nurtured Heart Approach



Key Deliverables

- Culturally and linguistically responsive team
- 24/7/365 crisis response
- Engagement of caregivers
- Robust assessment
- Comprehensive treatment planning
- Comprehensive, coordinated multi-disciplinary treatment
- Allied services
- Coordination of educational services
- Collaboration with key system partners
- Intensive transition planning
- Workforce wellness plan
- An appropriate framework for monitoring and quality assurance
- Development of a robust individual youth and program outcomes tracking system



Request For Proposals (RFP)

Stabilization and Assessment Services 5-Bed Program Serving Youth with Mental/Behavioral Health Challenges Statewide

RFP Proposal Submission



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**

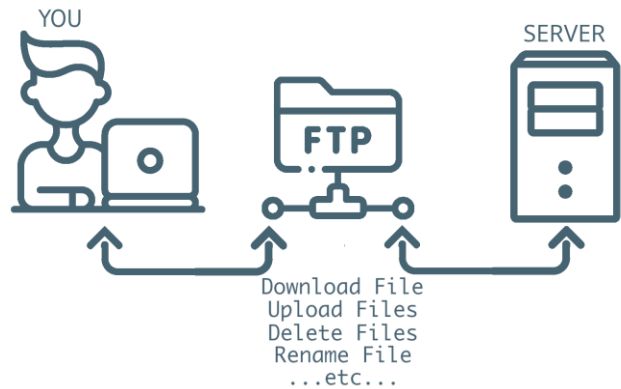
CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed 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 RFP on the line RFP/RFQ. **Stabilization and Assessment Services 5-Bed Program Serving Youth with Mental/Behavioral Health Challenges Statewide**
- Please enter **Statewide** 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.



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 Proposals (RFP)





Stabilization and Assessment Services 5-Bed Program Serving Youth with Mental/Behavioral Health Challenges Statewide

RFP Requirements



Organizing & Submitting Your Application

- The application must be organized and submitted as four (4) separate PDFs.

PDF 1 	Section II – Required Performance and Staffing Deliverables	
	Submit a signed <i>Statements of Acceptance</i> . Your PDF 1 must include a PDF of the <u>entire Section II content</u> , along with the final, signed and completed page.	Pages 7-41
PDF 2 	Section III A – Documents Requested to be Submitted with This Response	
	Twenty-five (25) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	Pages 41-45
PDF 3 	Section III B – Additional Documents Requested to be Submitted with This Response	
	Six (6) additional program related documents. If any are N/A for your organization, please explicitly say so.	Pages 45-46
PDF 4 	Section IV – Respondent Narrative Responses	
	A narrative response must be completed, answering ALL questions posed within Section IV. Responses should mirror the RFP format by section and sequence of questions included.	Pages 46-49



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

PDF 1: Section II – Required Performance and Staffing Deliverables

Complete and sign **Signature Statement of Acceptance** (fill in fields and sign on pages 40 and 41)

Submit a **complete PDF of the entire content of Section II, pages 7-41, ending with your signed statements of acceptance for each section**, as a single PDF document.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II - Required Performance and Staffing Deliverables.

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 RFP.



How to fill in and sign PDF 1

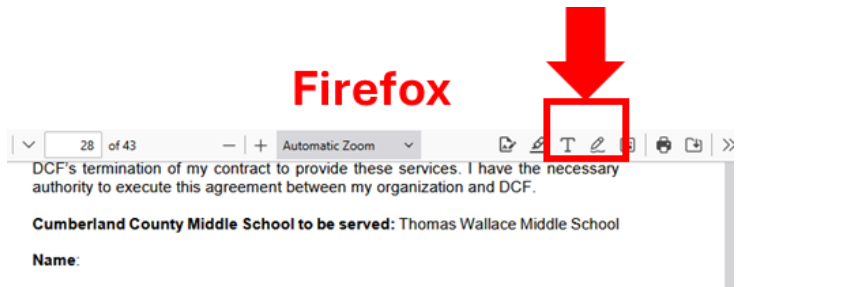
Technical Support Tip

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

- A. Print, fill out, and scan pages 7-41 into a PDF file, or
- 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



28 of 43 Automatic Zoom

DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:


Phone:

Email:

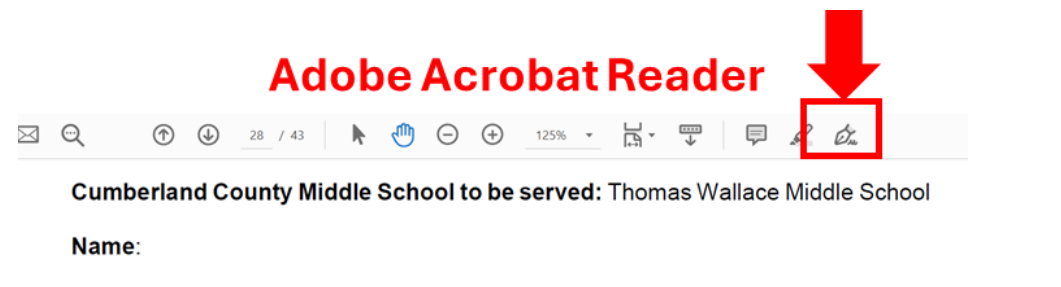
Mailing Address:

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



28 / 43 125%

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

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



Organizing Your Application – PDF 2 Documents

■ PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) organizational documents** that should be combined into **PDF 2**:

Section III A documents include:

1. Description of Accounting System
2. Employee Information Report (Affirmative Action Certificate)
3. Internal Governance:
 - Agency By-Laws – or –
 - Management Operating Agreement
4. Statement of Assurances
5. Governing Body:
 - Board of Directors – or –
 - Managing Partners (LLC) – or –
 - Board of Trustees
6. NJ Business Registration Certificate (for Profit/LLC) or Non-profit (N/A)
7. Business Associate Agreement—HIPAA *
8. Organization’s Conflict of Interest Policy (not the DCF policy)

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.

* = Signature required.



Organizing Your Application - PDF 2 Documents *Continued*

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

There are **twenty-five (25) documents** that should be combined into **PDF 2:**

9. Compliance and Quality Assurance
 - Corrective Action Plan(s)/Review(s) and/or Performance Improvement Plan(s) (PIP) – or –
 - N/A Signed Statement of Non-Applicability
10. Certification Regarding Debarment *
11. Disclosure of Investigations and Other Actions *
12. Disclosure of Investments in Iran *
13. Ownership Disclosure Form
14. Disclosure of Prohibited Activities in Russia and Belarus *
15. Source Disclosure Form *
16. System for Award Management (SAM)
17. Business Entity Filing
 - Certificate of Incorporation – or –
 - LLC Formation
18. Notice of Standard Contract Requirements, Processes, and Policies *



Required Signature

Requested documents with an “*” require the organization’s leadership signature.



* = Signature required.

Organizing Your Application - PDF 2 Documents *Continued*

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

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

19. Organizational Chart
20. Chapter 271/Vendor – Certification and Political Contribution Disclosure Form *
21. Prevent Child Abuse New Jersey Safe-Child standards
22. Contractual Agreement - Submit one (1)
 - Standard Language Document * – or –
 - Individual Provider Agreement – or –
 - Department Agreement
23. Tax Exempt Organization Certificate / IRS Determination Letter (Non-Profit Only) – or – For Profit/LLC (N/A)
24. Tax Forms:
 - Non-Profit: Form 990 Return of Organization Exempt from Income Tax – or –
 - For Profit: Form 1120 US Corporation Income Tax Return – or –
 - LLCs: Form 1040 (Schedule C, E, F) and may delete/redact any SSN or personal identifying information
25. Trauma Informed Practices

Guidelines & Resources

Follow all RFP guidelines and review the available DCF standards and practices.



* = Signature required.

Helpful Links for Documents #21 and #25

Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards [“Sexual Abuse Safe-Child Standards”](#)

[DCF | Trauma Informed Practices](#)



Common Questions & Errors

PDF 2 – Document #2

Form AA302
Rev. 02/22

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY [REDACTED]	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY [REDACTED]		
4. COMPANY NAME [REDACTED]		COMPANY E-MAIL [REDACTED]		
5. STREET [REDACTED]	CITY [REDACTED]	COUNTY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) [REDACTED]		CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ [REDACTED]				
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT [REDACTED]				
10. PUBLIC AGENCY AWARDDING CONTRACT [REDACTED]				
CITY [REDACTED]				
COUNTY [REDACTED]				
STATE [REDACTED]				
ZIP CODE [REDACTED]				
Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER	

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate (Employee Information Report)

- If you are a startup, you may submit a completed AA302 form (left) and a receipt of payment from Treasury (\$150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.



Common Questions & Errors

PDF 2 – Document #8

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

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- Do not submit the DCF Conflict of Interest Policy.



Common Questions & Errors

PDF 2 – Document #13



OWNERSHIP DISCLOSURE 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

VENDOR NAME:

YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Ownership Disclosure Form

- You must submit this with your response, or it will not be considered.
- Read and complete each section carefully.



Common Questions & Errors

PDF 2 – Document #16

 **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

16. System of Award Management (SAM)

- **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.**



22. Please submit only one (1) of the following:

- Standard Language Document (most common)

- OR -

- Individual Provider Agreement

- OR -

- Department Agreement (if you are a state agency)



Organizing Your Application

PDF 3:

**Section III B – Additional Documents Requested to Submitted
with This Response**



Organizing Your Application - PDF 3 Documents

PDF 3: Section III B – Documents Requested to be Submitted with This Response

- Subsection B. Additional Program Related Documents

There are **six (6) documents** that should be combined into **PDF 3**, these include:

1. Proposed Budget Form
2. Budget Narrative
3. Implementation Plan (*should detail timeline for implementing the proposed services*)
4. Proposed Program Staffing Summary Report (PSSR)
5. Proposed Subcontracts/ Consultant Agreements/ Memorandum of Understanding, or a Letter of Commitment
6. Summary of Reduction of Seclusion and Restraint Use



Organizing Your Application - PDF 3 Budget

BUDGETS

Be sure to review and follow the instructions tab on the proposed budget form.

One (1) proposed budget is required with this RFP for the specified 12-month contract term.

FY 2027
Twelve (12)
Months

One proposed budget for the twelve (12) months beginning July 1, 2026 – June 30, 2027

- up to \$1,634,068 for operating expenses.
- up to \$81,703 for one-time start-up expenses.

Total: \$1,715,771



Important Reminder!

Budget

Budget
Narrative

Implementation
Plan

RFP program deliverables and goals should be reflected within these.

Organizing Your Application

PDF 4:

Section IV – Respondent Narrative Responses



Organizing Your Application - PDF 4

PDF 4: Section IV – Narrative Responses

(Pages 46-49)

Subsections include:			Page Limitation	Score
A	Community and Organizational Fit Community and Organizational fit refers to respondent’s alignment with the specified community and state priorities, family and community values, social norms and history, and other interventions and initiatives.	? ? ?	-	10
B	Organizational Capacity Organizational Capacity refers to the respondent’s ability to meet and sustain the specified minimum requirements financially and structurally.	? ? ?	-	30
C	Organizational Support Organizational Supports refers to the respondent’s access to Expert Assistance, Staffing, Training, Coaching & Supervision.	? ? ?	-	20
D	Program Approach Program Approach refers to the respondent’s plan for delivering a safe, evidence-based treatment environment that prioritizes youth healing and growth. Respondent must demonstrate how program goals defined in the RFP will be accomplished through key organizational components.	? ? ?	-	40
TOTAL:			30-page combined limitation	100



RFP Review and Important Reminders



The Evaluation Committee review the following items:



**PDF 3 Additional Program
Related Documents**



PDF 4 Narrative Responses

Subsections include:

- A. Community and Organizational Fit
- B. Organizational Capacity
- C. Organizational Support
- D. Program Approach



Important Reminders:

- Ensure your response follows the RFP format by section and sequence of questions included.
- Adhere to all RFP proposal application formatting guidelines.
- Your narrative response must convey an understanding of the program deliverables and goals, as well as provider responsibilities stated within the RFP. Remember, your understanding of these should also be evident in the budget(s), budget narrative(s) and implementation plan you submit.
- Answer ALL questions – your response will be carefully reviewed and scored.

Request For Proposals (RFP)

Stabilization and Assessment Services 5-Bed Program Serving Youth with Mental/Behavioral Health Challenges Statewide

**Questions &
Technical Assistance (TA)**



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 Tuesday, June 2, 2026
- Questions about the content and deliverables of the RFP must be sent by Friday, May 15, 2026

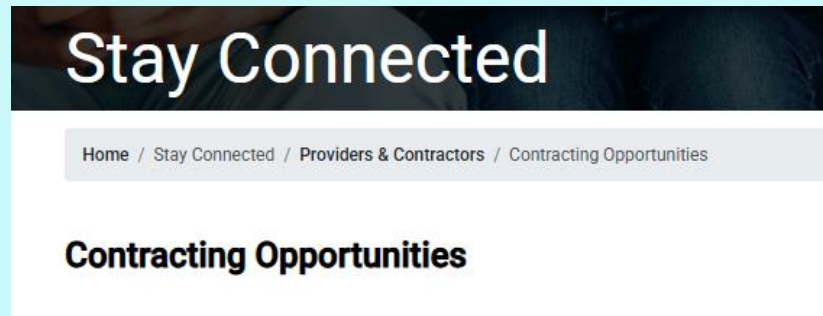



- All answers to content and deliverables related questions will be posted on the DCF website at: [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.dcf.nj.gov/requests-for-proposals-qualifications-or-information-and-funding-opportunities)

Sign-up for DCF Notifications



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



Click on 

[Receive notices announcing funding opportunities by email](#)

1

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.



Subscription Type

Email Address *

2

SMS/Text Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.



Subscription Type

Wireless Number *

RFP Timeframes



Date	Event
Friday, May 1st	RFP Published
Tuesday, May 12th	Virtual Conference
Friday, May 15 th	Program Related Questions Due
Tuesday, May 26 th (earlier if possible)	Authorized Organization Representative (AOR) Form Due Link to form: AOR.pdf
Tuesday, June 2 nd @ 12:00PM	Response Deadline

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



Questions

