NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

The Division of Family and Community Partnerships (DFCP)

Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP

VIRTUAL CONFERENCE

April 7, 2026

Agenda & Objectives

- Welcome & Introductions
- RFP Timeframes
- Nurse Family Partnerships (NFP) Overview
- Programmatic Requirements
- Staffing & Training
- Key Deliverables
- RFP Requirements
- Organizing the RFP Application
- Technical Assistance (TA)
- Q & A

RFP Timeframes

Date	Event
Tuesday, March 24th	**RFP Published**
Tuesday, April 7th at 10:00am	**Virtual Conference**
Friday, April 10th	**Program Related Questions Due**
Tuesday, April 28th	**Authorized Organization Representative (AOR) Form Due**
Tuesday, May 5th 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 RFP Initiative

Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP

Division of Family & Community Partnerships
Office of Early Childhood Services (OECS)

The NJ Office of Early Childhood Services (OECS) sits within the Division of Family and Community Partnerships and is responsible for the planning, development, implementation and evaluation of prevention services for pregnant people and caregivers of children from birth through age five.

OECS collaborates with local, state, and national partners towards the following goals and outcomes:

- Integrated maternal, parent, infant and early childhood services to promote family health and well-being,
- A network of effective services and supports that reach families early, allowing for early engagement and building or increasing protective factors,
- Parents that are well prepared for parenthood, with improved child and parent relationships, and
- Prevention of child maltreatment.

NJ Long-Term Evidence-Based Home Visiting (LT-EBHV) Programs

Long-Term Evidence Based Home Visiting programs promote positive childhood outcomes and strengthens families through free and voluntary services. Home Visitors provide information and support related to child development, healthy parent-child interaction, and the importance of early learning and school readiness, as well as linkages to community resources that enhance family self-sufficiency.

Background:
New Jersey's Evidence-Based Home Visiting (EBHV) Continuum

Healthy Families America

parents as teachers

HIPPYUSA
Home Instruction for Parents of Preschool Youngsters

FAMILY CONNECTS NJ

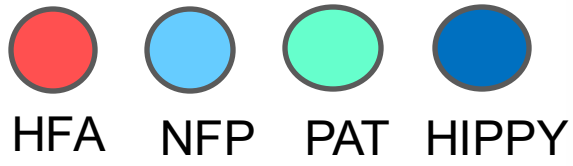
Nurse-Family Partnership
Helping First-Time Parents Succeed

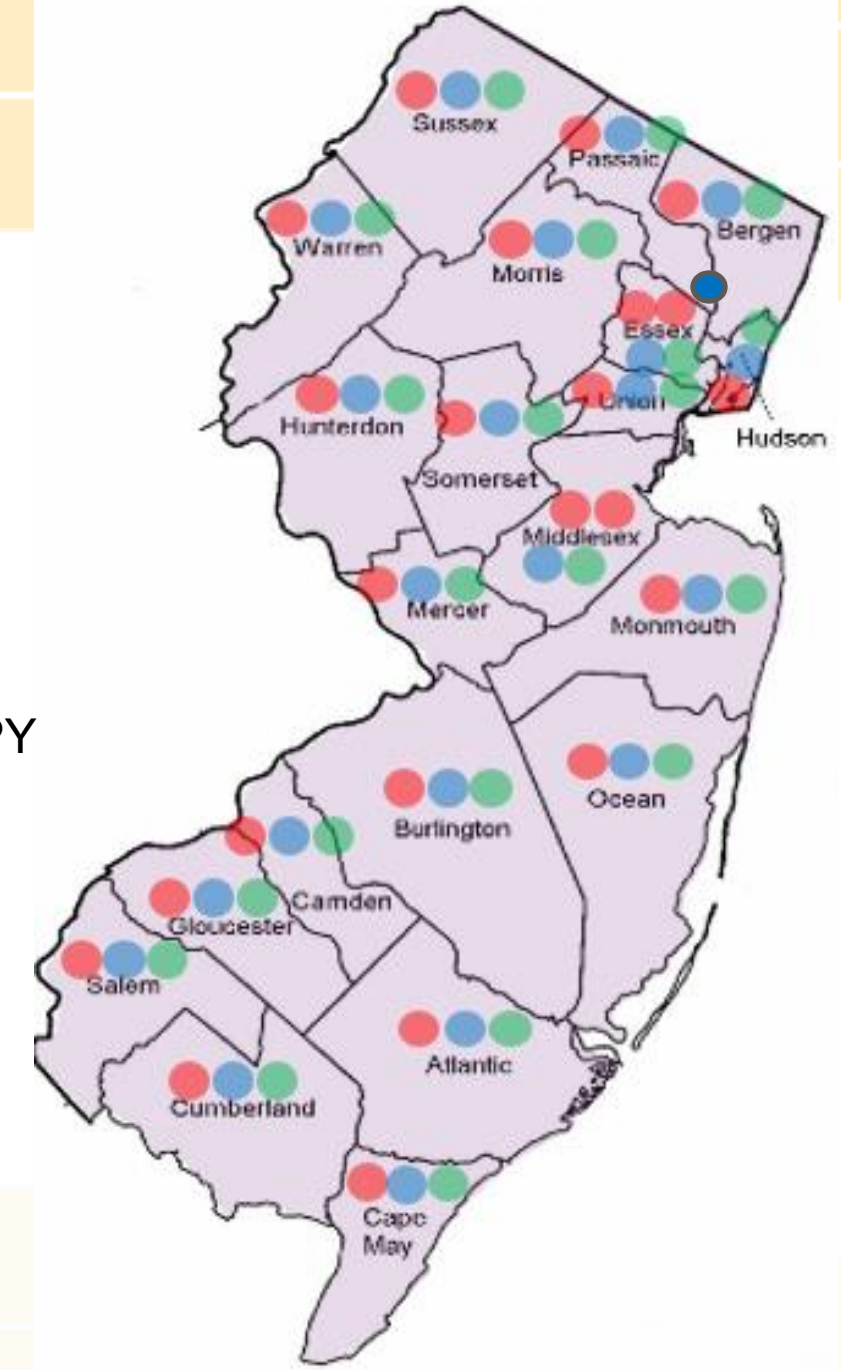
Supporting families with children prenatal to five (5) since 1995

LT-EBHV Locations and Capacity

HFA: 2,028
PAT: 1,044
NFP: 1,550
HIPPY: 80

Total: 4,702 Families





Overview

Nurse Family Partnership (NFP) is a program of Changent and is a Long-Term Evidence-Based Home Visiting (LT-EBHV) model that provides in-home health and parenting education, and supportive services to at-risk low income, first-time pregnant women and their families, especially those overburdened by stressors that may contribute to child neglect and abuse.

Specially trained nurse home visitors educate families on important issues that impact the health and wellbeing of the mother/parents and infant.

Nurse home visitors follow a standard set of written guidelines (Model Elements) issued by Changent in order to maintain model fidelity.

Research Based Practices

Nurse Family Partnership (NFP) 14 Model Elements:

- NFP nurse home visitors and nurse supervisors implement the program with integrity (model fidelity) to the NFP model.
- Integrity (model fidelity) is the extent to which there is adherence to the model elements. Applying the model elements in practice provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized clinical trials and outcomes from ongoing research on the program.

Target Population and Service Duration

Enrollment Population:

- First time pregnant individuals no later than 28 weeks gestation, typically low-income.
- Must be impacted by at least two risk factors: socioeconomic inequity, limited financial resources, teen pregnancy, health inequity, and risk factors for poor key health outcomes.

Service Duration:

- Until the target child's 2nd birthday (24 months old)

Key Program Services

Home Visits:

- 75% of all visits each month must be conducted in-person*.
- Frequency must be in accordance with NFP Model Elements
- Must utilize the NFP approved curriculum
- Conduct maternal and child health and well-being screenings
- Provide resources and referrals to community-based services
- Goal planning with families

*subject to change based upon funding or other requirements

Staffing, Caseloads, and Educational Requirements

Must Follow NFP Model Elements and DCF Contract Expectations

- NFP Administrator: must be assigned to the NFP program at an FTE obtained with the approval of Changent and DCF DFCP
- NFP Supervisor: minimum of 50% FTE Supervisor (20 hours)
  - Registered Nurse with a Bachelor's Degree in Nursing, Master's Degree preferred and must have an active RN license
- Nurse Home Visitors: 3 Full-Time Nurse Home Visitors (minimum of 35 hours a week each)
  - Each Nurse Home Visitor is assigned a caseload of 25 families each
  - Registered Nurse with an Associates Degree or higher and must have an active RN license
- Administrative Support Staff: minimum of 25% FTE

Training and Professional Development

Must Follow NFP Model Elements and DCF Contract Expectations

- Changent requires all nurse home visitors, supervisors, and at least one administrator who provide NFP services to participate in and complete all NFP education required for their position in a timely manner. Changent may modify its education requirements when it is determined necessary to implement the program with integrity to the NFP Model
- Attend Quarterly Supervisors Meetings; this is required for supervisors and encouraged for NFP administrators.
- Attend DCF sponsored trainings and activities.

Key Deliverables

Addendum A: Program Outcomes

Goals	Objectives	Activities	Performance Outcomes - Targets	
I. To enroll and maintain eligible families in Evidence Based Home Visitation Services.	Identify at-risk families according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/ parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Connecting NJ.	See Required Staffing and Program Deliverables	families are referred for EBHV services.
	Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. Home Visitor enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.		At least 50% of referrals will complete the first (enrollment) home visit.
	Maintain ongoing program caseload capacity according to EBHV program guidelines and the level of service assigned to your agency as per the Annex A.	Complete home visits and develop a rapport with families to keep them enrolled in HV services.		Maintain LOS of at least 85% of capacity
	Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	See Required Staffing and Program Deliverables	% of women/families are enrolled in EBHV services prenatally.
	Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.		80% of families receive the expected number of home visits.
	Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to EBHV model fidelity/critical elements, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.		60% of families will remain enrolled for at least 1 year. 50% of families will remain enrolled for at least 2 years. 40% of families will remain enrolled for at least 3 years.

Key Deliverables Continued

Addendum A: Program Outcomes

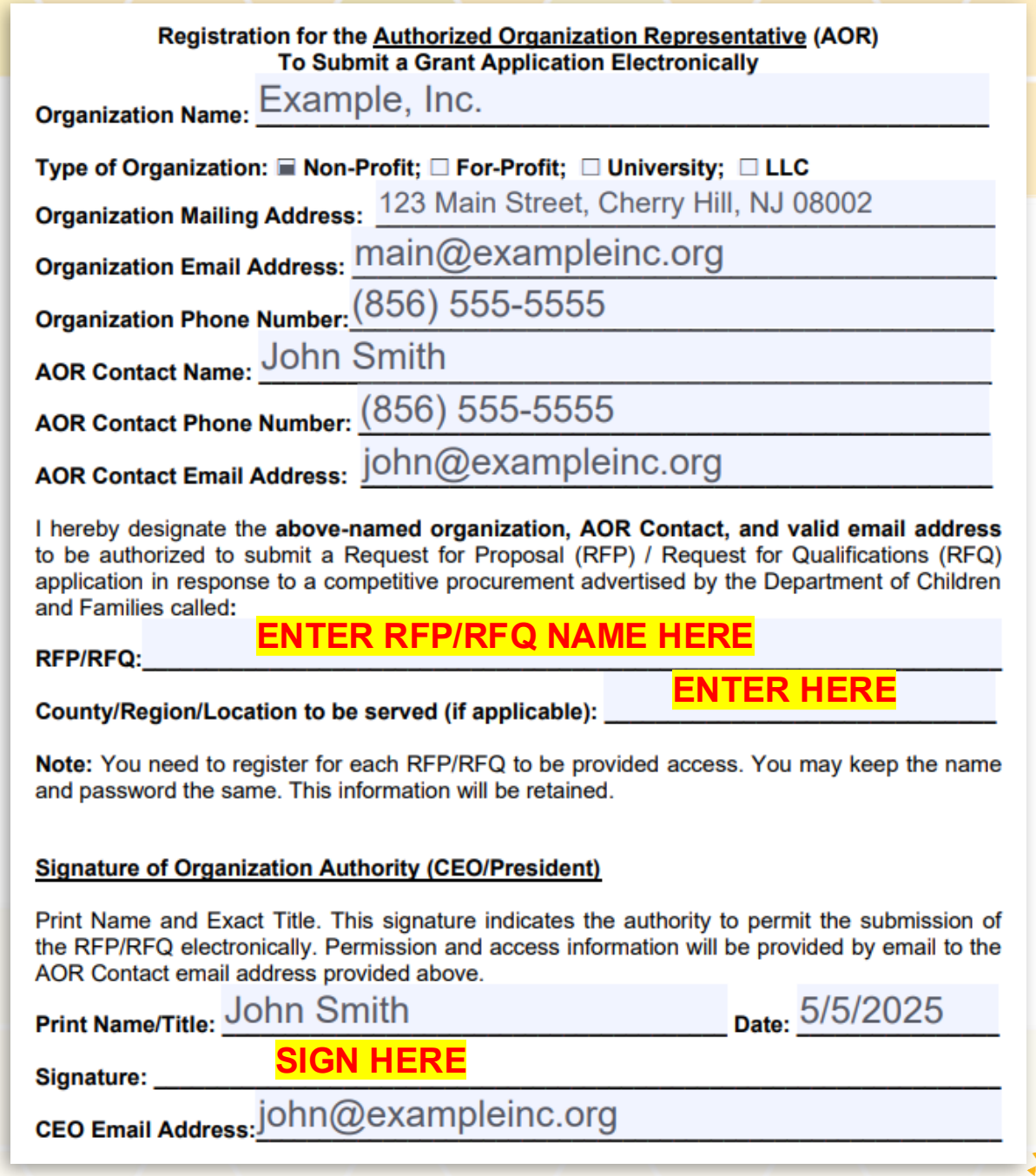
- Child Safety
- Education and School Readiness
- Family and Self-Sustainability
- Health
- Screenings, Resources, & Referrals (Infant/Children)
- Home Visits

Request For Proposals (RFP)

Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP

RFP 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.

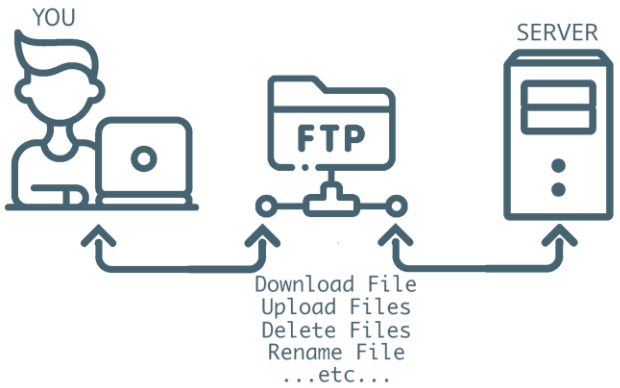
Print Name/Title: John Smith **Date:** 5/5/2025

Signature: SIGN HERE

CEO Email Address: john@exampleinc.org

- Submit a completed 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 - **Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP**
- Please enter the **Mercer County** that you plan on serving on the line County/Region/Location.
- **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)

Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP

RFP Requirements

Organizing & Submitting Your Application

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

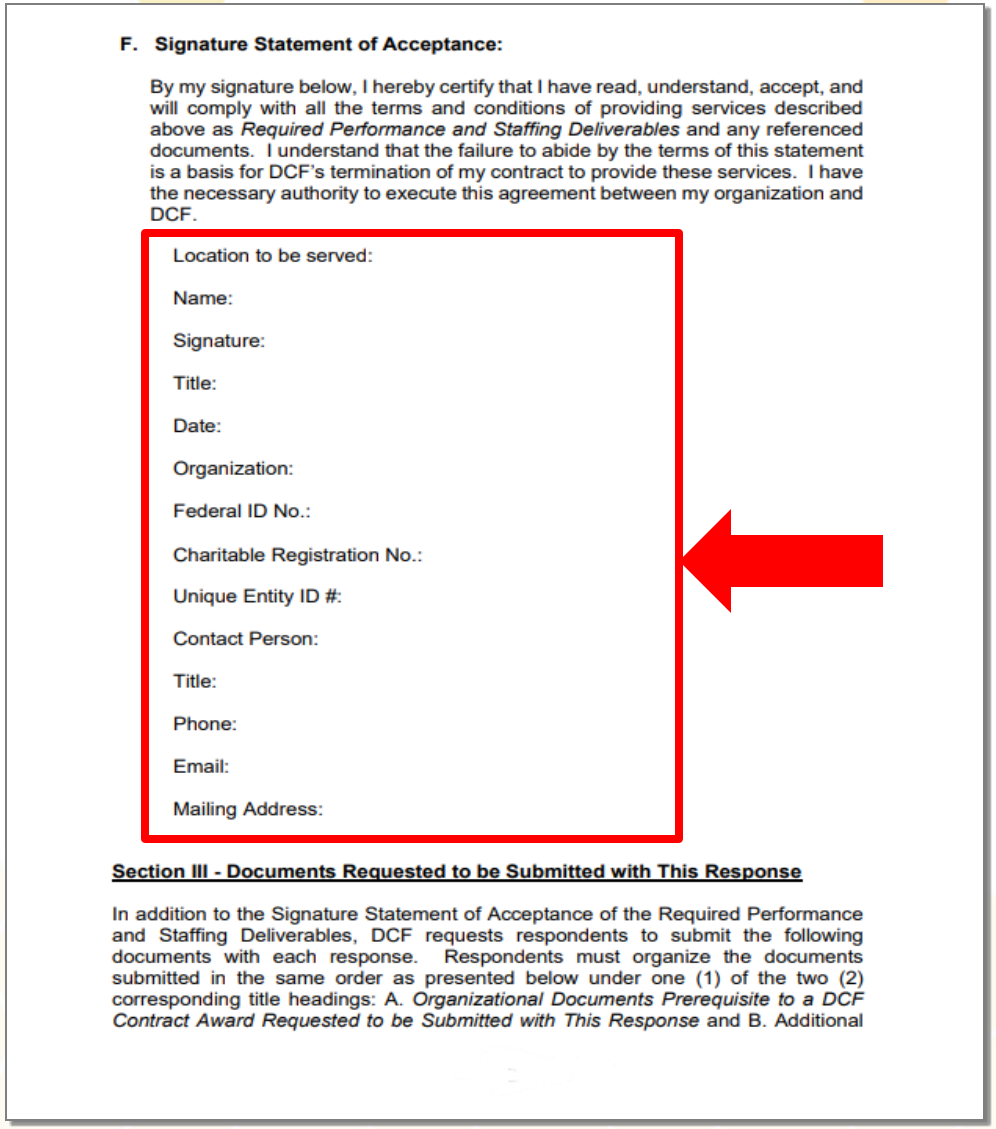
PDF 1	**Section II – Required Performance and Staffing Deliverables**	
	Submit a signed *Statements of Acceptance*. Your PDF 1 must include a PDF of the entire Section II content, along with the final, signed and completed page.	Pages 5-22
PDF 2	**Section III A – Documents Requested to be Submitted with This Response**	
	Twenty-five (25) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	Pages 22-25
PDF 3	**Section III B – Additional Documents Requested to be Submitted with This Response**	
	Seven (7) additional program related documents. If any are N/A for your organization, please explicitly say so.	Pages 26
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 26-29

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 21 and 22)

Submit a **complete PDF of the entire content of Section II, pages 5-22, 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

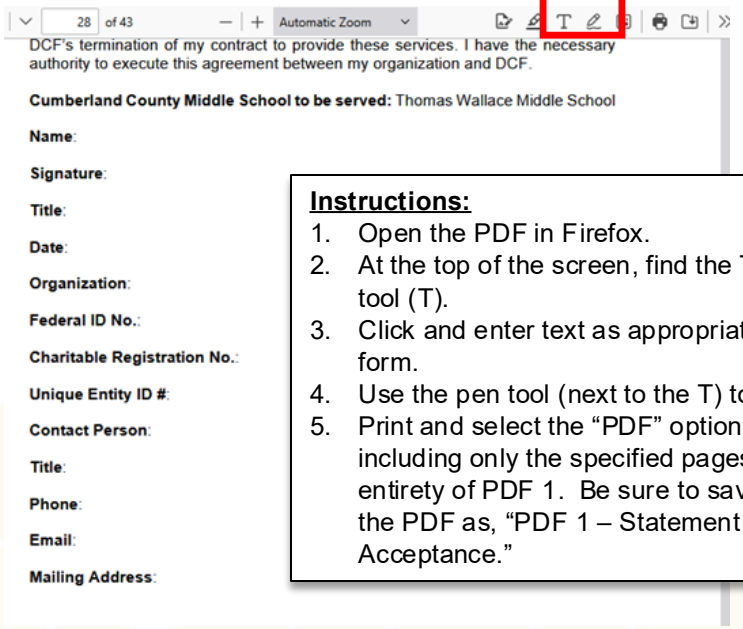
Technical Support Tip

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

A. Print, fill out, and scan pages 5-22 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.

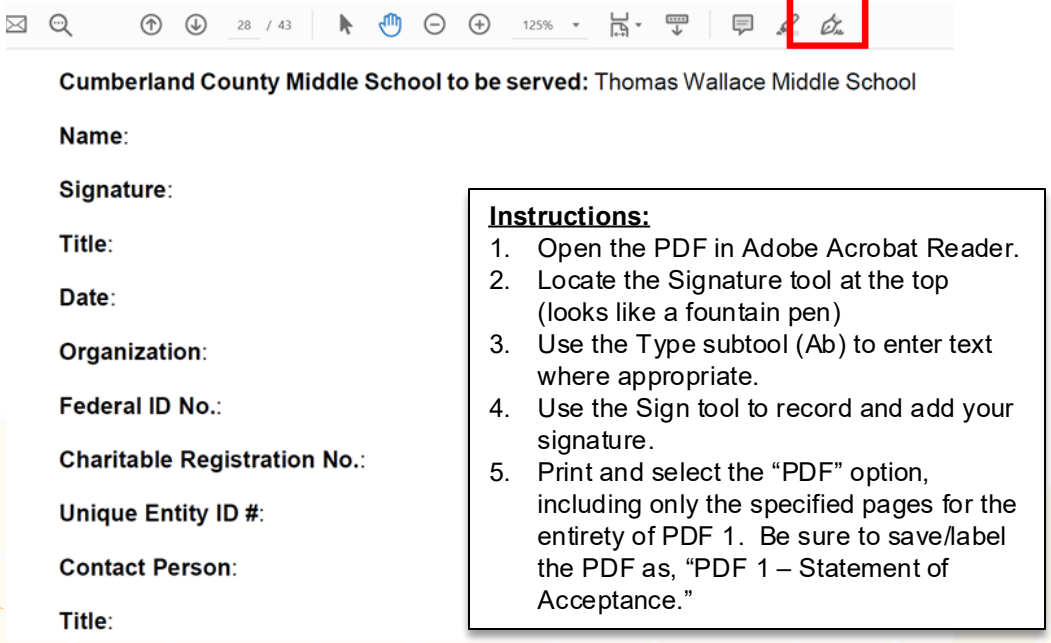
Firefox



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

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 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 available DCF standards and practices.

* = Signature required.

Helpful Links for Documents #21 and #25

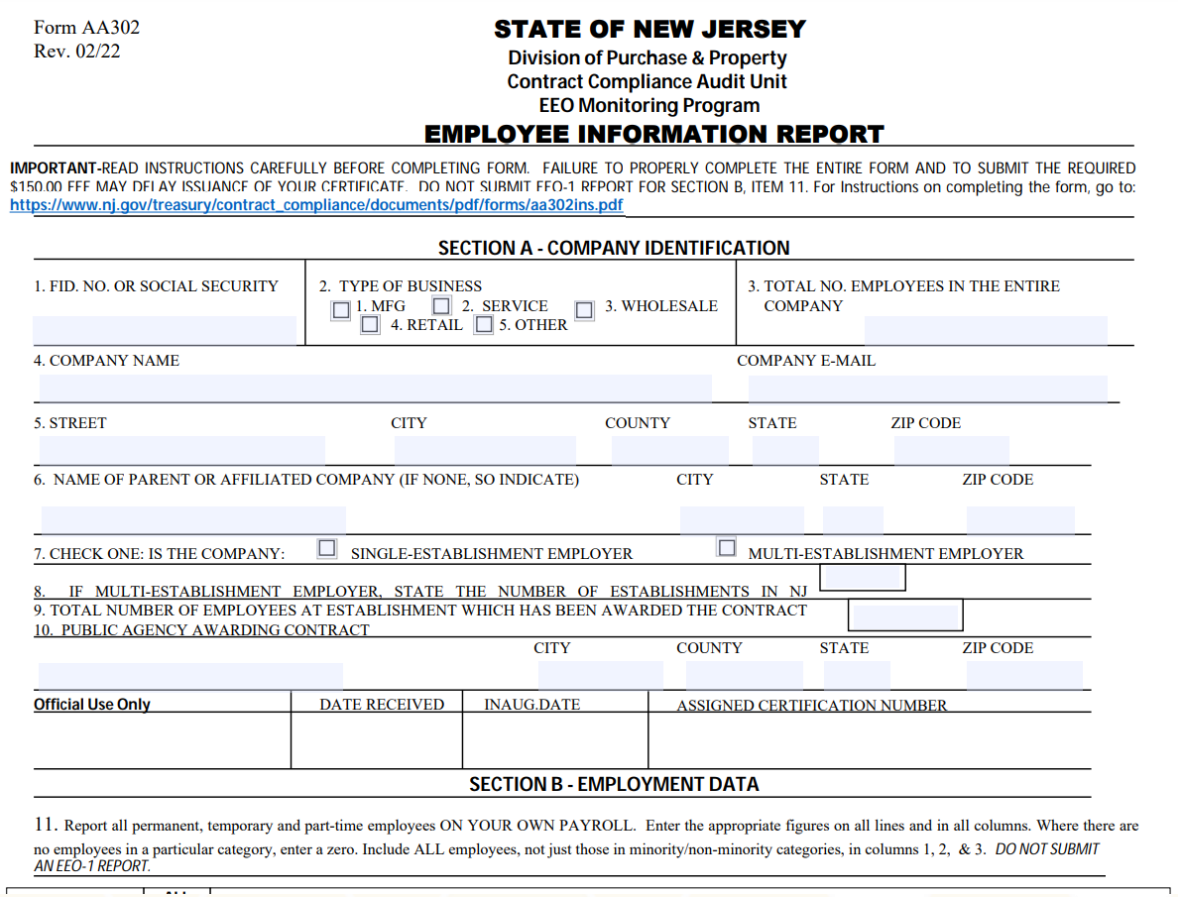
Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards

"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 EEO-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
2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER
3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME
COMPANY E-MAIL
5. STREET CITY COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT
10. PUBLIC AGENCY AWARDING CONTRACT CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

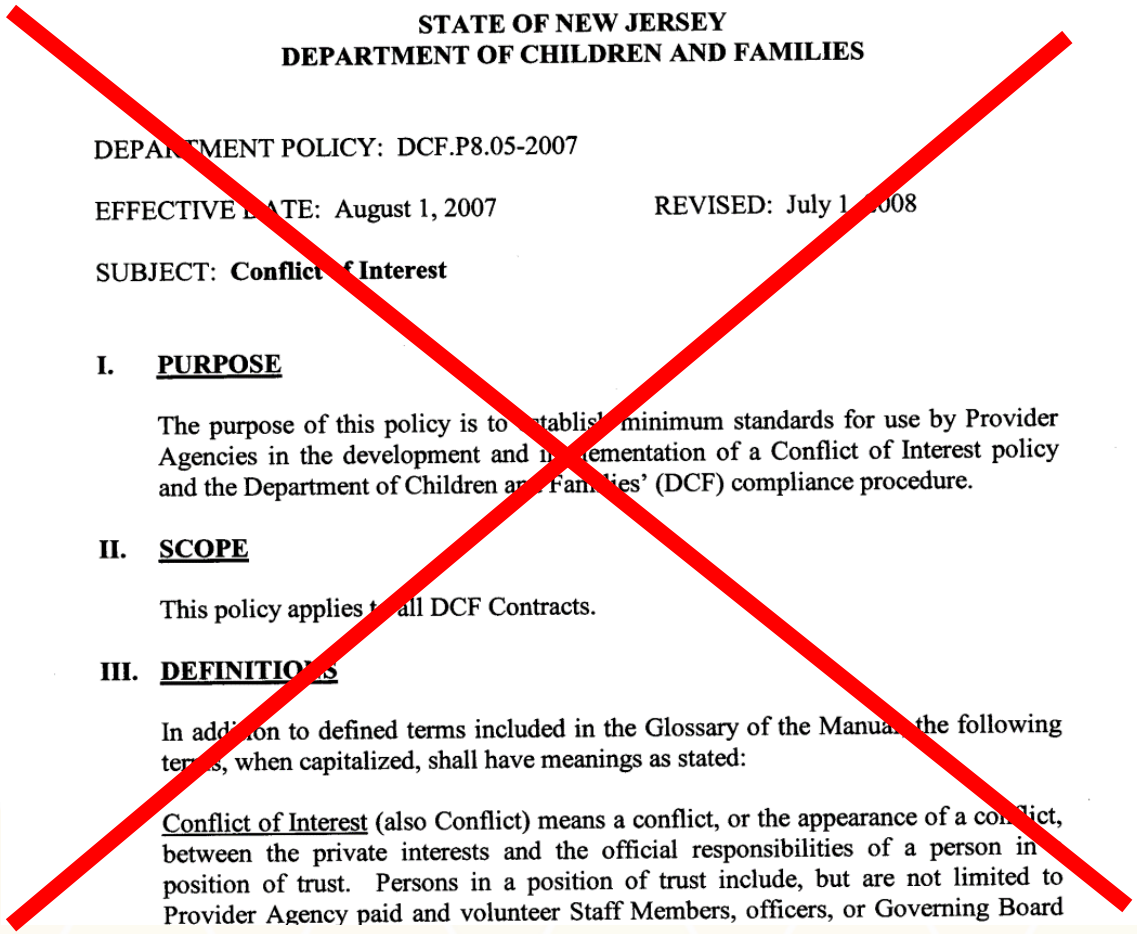
11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 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:

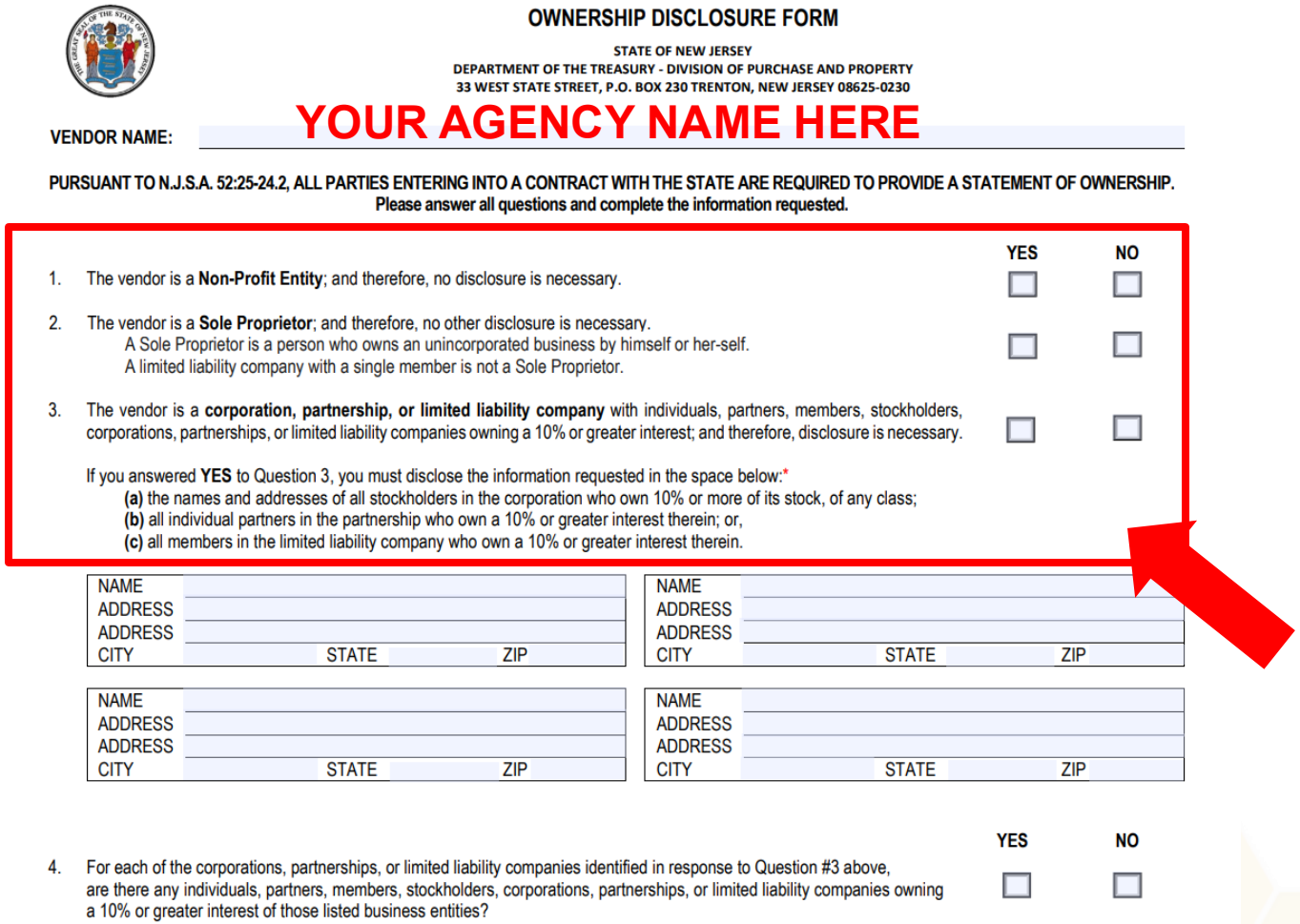
Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers,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

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		NAME	
ADDRESS		ADDRESS	
ADDRESS		ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP
NAME		NAME	
ADDRESS		ADDRESS	
ADDRESS		ADDRESS	
CITY	STATE ZIP	CITY	STATE ZIP

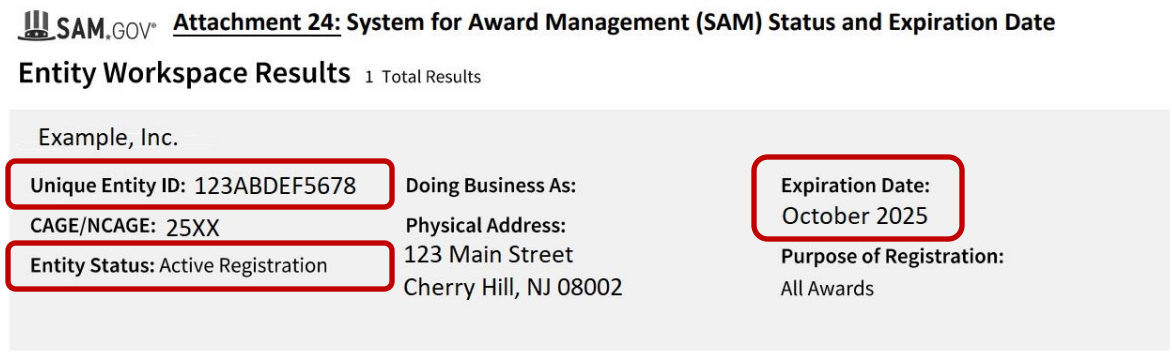
	YES	NO
4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities?	☐	☐

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



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

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.**

Common Questions & Errors

PDF 2 – Document #22

22. Please submit only <u>one (1)</u> 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 **seven (7) documents** that should be combined into **PDF 3**:

1. Proposed Budget Form
2. Budget Narrative
3. Implementation Plan *(should detail timeline for implementing the proposed services)*
4. One Letter of Collaboration from the county hub for Connecting NJ
5. One Letter of Support from a community organization with which you already partner. Letters from any New Jersey State employees are prohibited.
6. Proposed Respondent Organizational Chart *(specifically reflecting the proposed Nurse Family Partnership (NFP) initiative)*
7. If respondent is an *existing provider of evidence-based home visitation (EBHV) services in New Jersey*, describe the most recent 12 months of level of service history (expected vs. actual achievement). Describe the EBHV program's current standing, affiliation status, etc. with the national model. If not in good standing with the EBHV model or not meeting expected level of service, indicate the plan and timeline for improvement.

Please note:

- Letters provided must reference how they will collaborate/support the RFP initiative.
- Individuals providing the letters must include their contact information.

Organizing Your Application - PDF 3 Budget

BUDGET

- **Be sure to review and follow the instructions tab on the proposed budget form.**
- **A proposed budget is required with this RFP for the 12-month contract term.**

FY 2027
Twelve (12) Months

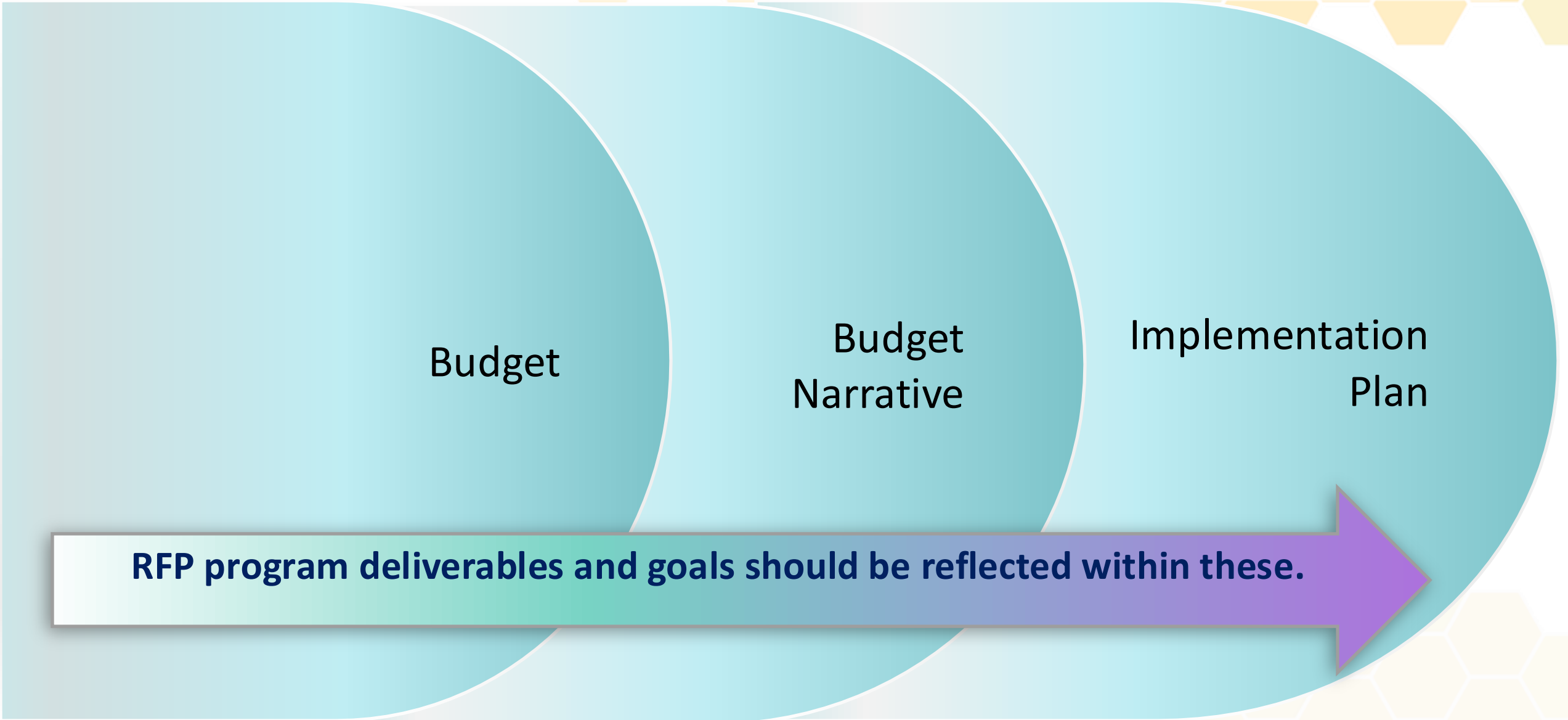
One proposed budget for the twelve (12) months beginning July 1, 2026 – June 30, 2027

- up to $509,588 for operating expenses.
- up to $31,250 for one-time start up expenditures.

Total: $540,838

Funding Source: Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds, CFDA# 93.870

Important Reminder!



Organizing Your Application

PDF 4:

Section IV – Respondent Narrative Responses

Organizing Your Application - PDF 4

PDF 4: Section IV – Narrative Responses

(Pages 26-29)

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.	? ? ?	7	25
B	**Organizational Capacity** Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.	? ? ?	7	55
C	**Organizational Support** Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.	? ? ?	7	30
		TOTAL:	21	110

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

Important Reminders:

- Ensure your response follows the RFP format by section and sequence of questions included.
- 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)

Nurse Family Partnership (NFP) New Jersey Program in Mercer County RFP

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 the DCF Division of Family and Community Partnership 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, May 5, 2026.**
- **Questions about the content and deliverables of the RFP must be sent by Friday, April 10, 2026.**

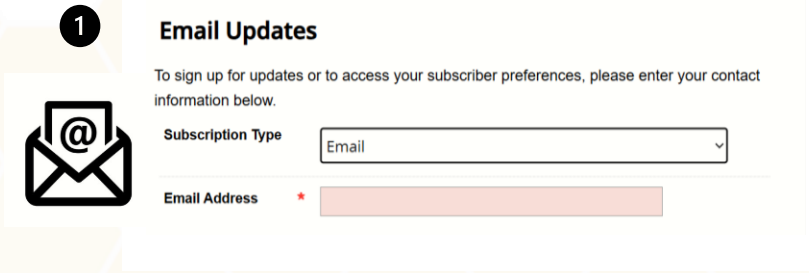
- **All answers to content and deliverables related questions will be posted on the DCF website at: DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities (nj.gov)**

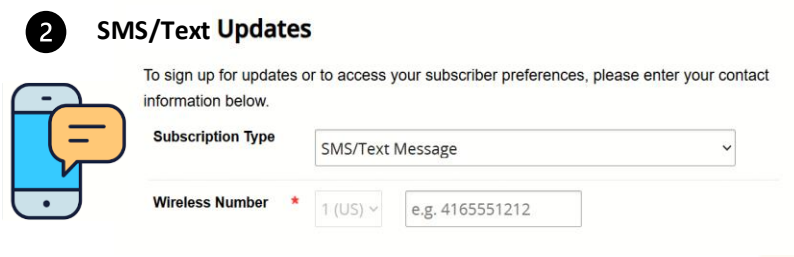
Sign-up for DCF Notifications

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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

Click on → Receive notices announcing funding opportunities by email





RFP Timeframes

Date	Event
~~Tuesday, March 24th~~	~~RFP Published~~
~~Tuesday, April 7th~~	~~Virtual Conference~~
Friday, April 10th	Program Related Questions Due
Tuesday, April 28th (earlier if possible)	Authorized Organization Representative (AOR) Form Due
Tuesday, May 5th @ 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