

**NJ Department of Children & Families (DCF)**  
**Attestation to Contractor Requirements for Reporting**  
**Agency Name:** \_\_\_\_\_

**Directions:**

Review this form before you complete your Attestation Regarding Claimed Exemptions from the Obligation to Submit Requested Documents form.

Once reviewed, this form should be signed, dated, and uploaded to your organization profile.

IF YOU NEED FURTHER CLARIFICATION, PLEASE ASK YOUR CONTRACT ADMINISTRATOR.

Contractors are required to produce the following reports in accordance with the criteria set forth below, in addition to any other reports related to the delivery and success of the program services specified in any contract.

1. Audit or Financial Statement (Certified by accountant or accounting firm.)

A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document shall include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Contractors are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

DCF Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p7\\_audit.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf)

2. DCF Notification of Licensed Public Accountant Form (NLPA)-and- copy of Non-Expired Accountant's Certification

Contractor must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

Contractors are to submit this form with each Audit, providing information related to the year subsequent to the audit.

DCF Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3. Photocopies of Licensed Public Accountant firm's license to practice, and most recent external quality control review to be submitted with the NPLA.

4. Reports of Expenditures (ROE):

A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month), and Final (120 days after the end of the fiscal year); or

in accordance with any separate DCF directive to file additional ROEs for specific contracted programs. Quarterly ROEs must be submitted for contracted program budgets funded with federal grants. The format for the ROE must match that of the budget and be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

B. Fee for Service Contract Component: Not Required

Website for forms: <https://nj.gov/dcf/providers/contracting/forms/>

#### 5. Level of Service (LOS) Reports

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website for DCF Forms: <https://www.nj.gov/dcf/providers/contracting/forms/>

#### 6. Significant Events Reporting:

Agencies contracting with DCF are under a continuing obligation to report in writing significant events and changes to the information submitted in support of their contracts. These may include, but are not limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

**Whenever written notice is required, agencies must submit a signed and dated note on agency letterhead or via agency email that includes both the old and new data. Data must include, but is not limited to, the contracted DCF program name, contracted term dates, program details/specifications, reason for the action and the effective date of any change.**

**For FSS, IIH, ISS and Camp programs, use the Program Component form as your written notice to report temporary closures and new program site/service locations.**

**Corporate office name, address, or FEIN change require new Medicaid Applications; FEIN change also requires new contract. \***

**Temporary closures must be reported as soon as the proposed date of closure is anticipated. A tentative reopening date is also required. \*\***

**Permanent closures must be reported at least 60-days prior to the closure date. \*\*\***

**New or relocating program site/service locations must be reported as soon as the new address is known/planned. DCF approval is required prior to operating and agencies must submit a non-expired Health or Fire Certificate (H or F), Office of Licensing Certificate (OOL), Certificate of Occupancy (CO) and Lease, Mortgage, or Deed (LMD) for each location, as applicable, before DCF approval is granted. \*\*\*\***

Significant Event-Agency	Requires
1. Corporate Office-Name Change	Written Notice & New Medicaid Application *
2. Corporate Office-Relocation	Written Notice & New Medicaid Application *
3. FEIN Change	Written Notice & New Medicaid Application & New Contract *
4. Executive or Program Leadership Change	Written Notice
5. Board of Directors Change	Written Notice
6. Clinical Staff Change	Written Notice
7. Accreditation Change	Written Notice
8. Standard Board Resolution Change	Written Notice
9. Debarment Change	Written Notice
10. SAM Status Change	Written Notice

Significant Event-Program	Requires
1. Temporary Program Closure	Written Notice or Program Information Form **
2. Permanent Program Closure	60-day Written Notice ***
3. New Program Site/Service Location	Written Notice or Program Component Form & updated site related documents ****
4. Relocation of Program Site/Service Location	Written Notice or Program Component Form & updated site related documents ****
5. No Program Change to Report	All previously approved programs and site/service locations remain active

DCF Policy: [https://nj.gov/dcf/documents/contract/manuals/CPIM\\_p1\\_events.pdf](https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf)

Website for Treasury Forms: <https://www.state.nj.us/treasury/purchase/forms.shtml>

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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