



**REQUEST FOR QUALIFICATIONS  
FOR  
ONE TO ONE SUPPORT SERVICES  
IN SUMMER DAY CAMP FOR YOUTH WITH  
INTELLECTUAL/DEVELOPMENTAL  
DISABILITIES**

**Responses will be accepted on a rolling basis from  
December 19, 2019 through January 24, 2020 at 12 Noon**

**There will be no Bidder's Conference for this RFQ.**

**Questions will be accepted until January 16, 2020**

**Christine Norbut Beyer, MSW  
Commissioner**

**December 19, 2019**

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**Funding Agency**

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

**Special Notice:**

The will be no Bidders Conference for this RFQ. DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Questions will be accepted providing them via email to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov) until **January 16, 2020 by 12PM**. Answers will be posted on the website at: <https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime. Please refer to **Section II – B. “Requests for Information and Clarification”** for additional information.

**Section I – General Information**

**A. Purpose:**

The New Jersey Department of Children and Families’ (DCF) Children’s System of Care (CSOC) announces the opportunity for currently qualified CSOC summer camp providers statewide to become qualified to provide one to one (hereinafter 1:1) support services in their own summer day camp settings for eligible children, youth and young adults (hereinafter youth) under the age of twenty-one (21) with intellectual/developmental disabilities.

Currently qualified CSOC summer camp providers (QP) or agencies applying to become a Qualified Provider of summer camp services must apply under this RFQ in order to offer and be reimbursed for 1:1 support services for eligible youth. Agencies that can demonstrate the capacity to provide services to non-verbal and/or bi-lingual individuals are encouraged to apply. 1:1 may not be provided to youth attending a camp other than the camp qualified to provide 1:1 support services.

**B. Background:**

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure New Jersey youth and their families are safe, healthy and connected.

CSOC serves children, youth, and young adults with emotional and behavioral healthcare challenges, intellectual/developmental disabilities, and substance use challenges and their families. CSOC is committed to providing these services, based on the needs of the youth and family, in strength-based, family-focused and culturally competent/reflective community-based environments. CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the planning and treatment process to create a service system that values and promotes the advice and recommendations of the family, is family-friendly, and provides families with the tools and support needed to create successful and sustainable life experiences for their children, youth and young adults.

### **C. Services to be Funded:**

CSOC defines a 1:1 support service as one dedicated staff assigned to one youth who is no more than one arm's length away and within eyesight at all times. An exception to the arm's length requirement may be made for youth who are swimming, at the discretion of the certified lifeguard. The 1:1 support service staff shall ensure that the youth is supervised and aided at all times.

Families who apply for 1:1 support services may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a 1:1 support services staff, or the absence of developmentally appropriate adaptive, social, or functional skills that make direct physical assistance from 1:1 support service staff necessary for the youth to successfully participate in recreational and social summer camp activities. Youth who require skilled nursing care to provide for their special medical needs are not candidates for 1:1 support services as 1:1 support services staff are not qualified to provide skilled nursing care.

1:1 support services may only be provided at CSOC qualified summer day camps (QP) that possess a Youth Camp Safety Act Certificate of Approval (Certified Camp) issued through the New Jersey Department of Health.

#### **1:1 Support Services Staff Qualifications**

1:1 support services staff shall be at least 18 years in age and shall have either:

- A Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing behavior support plans and teaching/assisting with Activities of Daily Living (ADL) skills for individuals who have intellectual/developmental disabilities; or

- A High School Diploma or GED and at least three years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.

### **1:1 Responsibilities of Support Services Staff**

- Provide support/supervision for youth who may:
  - not have the capacity to engage in and maintain peer relationships or without constant verbal and/or physical prompting may not have the capacity to stay on task and follow directions.
  - present with serious behavior problems with ongoing incidents of injurious behaviors to self and/or others; utilizing positive behavior supports and, if applicable, collaborating effectively with ABA professionals (BCBA and/or BCaBA) that are also supporting the youth and implementing the behavior support plan, to ensure consistency with treatment approaches.
  - need assistance with all ADL's e.g. eating, toileting, communication, mobility.
  - present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or youth wanders or bolts.
  - need an adult in close proximity to supervise social interactions with peers at all times and assist in communication.
  - require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis) or require positioning or bracing multiple times daily.
  - require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily.
  - require direct physical assistance with most personal care.
- Complete the CSOC Child Adaptive Behavior Summary (CABS) **with** the youth, family/caregiver.
- Provide a 1:1 support services staff and provide a **substitute** 1:1 support services staff in the event of the planned or unplanned absences of the regularly assigned 1:1 staff.
- Ensure that the youth is willing to accept instruction and assistance from the assigned service staff and substitute staff.

- Ensure that the youth responds to direction and complies with evacuation procedures in the event of an emergency.
- Assess any crisis related issues and assist with planning for those issues.
- Assess and review any risk or safety issue for youth at camp and determine resolutions.
- Provide supports to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings.
- Receive and respond to e-mails and phone calls within one business day upon receipt.
- Acknowledge the receipt of referrals within two business days.

### **1:1 Responsibilities of Support Services Qualified Provider Agencies**

- Comply with **background checks** - All employees rendering services to youth where CSOC is providing financial support, are required to have background checks. Each agency employee providing direct 1:1 support services must complete the employee certification form that is provided as part of this RFQ.
  - Agencies qualified to provide 1:1 support services will be contacted by CSOC with information regarding the background check process. CSOC is unable to accept Camp Counselors USA (CCUSA) background checks.
  - The Community Agency Head shall ensure that s/he and all employees rendering services will have state and federal background checks with fingerprinting completed at the time of initial qualification and every two years thereafter.
  - The Community Agency Head shall complete the employee certification form (**Attachment 3**) and submit it to CSOC with the application.
  - Each agency employee providing direct 1:1 support services must complete the employee certification form (**Attachment 3**). The completed certification shall be held in the employee file at the agency and made available to DCF/CSOC upon request **Do not forward completed employee certifications to CSOC with the application.**
  - The cost of the fingerprinting criminal history background check to become a Qualified Provider will be paid for by the Department of Children and Families.

- Comply with N.J.S.A. 30:6D-73 et seq. **Central Registry of Offenders Against Individuals with Developmental Disabilities**. Agencies must ensure that the names of all agency employees, volunteers, and consultants that provide services to youth with intellectual/developmental disabilities shall be checked against those names in the central registry. Additional information can be found at: [https://www.state.nj.us/humanservices/staff/opia/central\\_registry.html](https://www.state.nj.us/humanservices/staff/opia/central_registry.html)

Note: If your agency is not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system.

- Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
- Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send to CSOC through the UIR system.

Information can be found at:

<https://www.state.nj.us/humanservices/ddd/news/publications/dc14.html>

- Maintain a written program description that specifies its statement of purpose and description of overall approach to service delivery and family involvement.
- Adhere to the requirements of the Health Insurance Portability and Accountability Act (**HIPAA**), and N.J.S.A. 30:4-24.3.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.

- Keep client specific and patient personal health information ("PHI") and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
- Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a is to be kept confidential and the release of any such information may be in violation of state law and may result in the conviction of individuals for a disorderly person's level offence as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
- Protect the confidentiality of the families served.
- Inform families at intake of:

- the mandated reporting responsibilities of agency staff
- the grievance procedure established by the agency
- their access to records upon request and within statutory authority
- Ensure that each 1:1 support staff has completed and passed the TB skin Test. This information shall be held in provider agency file. Do not forward this information to CSOC.
- Provide appropriate training and supervision for all staff who will be direct 1:1 support services providers that includes, but is not limited to:
  - Positive Behavior Supports
  - Developmental milestones, identifying developmental needs, strengths
  - Crisis management: Prevention, Recognition and Intervention
  - HIPAA
  - Confidentiality
  - Americans with Disabilities Act (ADA) including but not limited:
    - N.J.S.A. 10:5-1 to -42 NJLAD
    - N.J.S.A. 13-13-2.1 et seq Regulations Pertaining to Discrimination on the Basis of Disability, Employment
    - 28 CFR 35.104. Non-Discrimination on the Basis of Disability in State and Local Government Services
    - 42 U.S.C. Section 12101. Equal Opportunity for Individuals with Disabilities
  - Basic First Aid and CPR
  - Basic Functional Behavior Assessment activities as well as how to implement proactive intervention plans
  - Danielle's Law, in compliance with P.L.2003, c.191 (C.30:6D-5.1-5.6)
  - Identifying and reporting abuse and neglect:
    - Any incident that includes an allegation of child abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE, in compliance with N.J.S.A. 9:6-8.10
    - Any incident that includes an allegation of abuse, neglect, or exploitation of a vulnerable adult age 18 and over must be immediately reported to the Division of Aging Services, Adult Protective Services (APS) in compliance with N.J.S.A. 52:27D-406 to 426
  - Any CSOC future training(s) as determined necessary
  - Ensure staff receives training and meet the minimum requirements for employment in accordance with any other licensing, certifying or accreditation entities by which your agency is regulated.



- Comply with **Danielle's Law** (P.L.2003, c.191 [C.30:6D-5.1-5.6]) which may be accessed at:  
[www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)
- Be available via phone to address urgent policy and procedure issues and/or provide support.
- Comport with the program, administrative and fiscal procedures that result in the timely provision of appropriate services, accurate invoicing, and correct payments by: informing the CSOC Contracted System Administrator (CSA) of the reason for delay if services have not been provided as authorized within 30 days; and submitting invoices within 30 days of the date of service delivery.
- Participate in a fee for service system which results in a list of providers qualified to render supports and services to youth. Qualification does not guarantee a contract, funding or a particular fee.
- Maintain status as a Qualified Provider of 1:1 support services by complying with all applicable federal, state and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
- Within five (5) business days of occurrence, notify the Division of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e. licenses, certifications, accreditations, insurance.
- The Qualified Provider agrees to not subcontract any of the services provided pursuant to this qualification.
- Maintain compliance with staff/youth ratios when providing facility based and/or community-based services.
- Follow instructions for submission of invoices for services provided.
- Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
- Make available to DCF and/or its agents, at all reasonable times and places in New Jersey, if requested documentation in participant's records which will enable the DCF, its agent or designee to verify that each charge is due and proper prior to payment.
- Within five (5) business days of occurrence, notify DCF of changes in Executive Director, name of agency, address, telephone number or contact person.

- Notify DCF/CSOC, in writing, thirty (30) days prior to the provider's decision to terminate this agreement.
- Acknowledge breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the DCF's discretion.

#### **D. Process for Providing Services:**

CSOC's Contracted System Administrator (CSA), PerformCare, is the single point of entry for access to care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services. Each qualified provider of 1:1 support services will obtain referrals through the CSA. Each qualified provider will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Qualified Providers of 1:1 support services in summer day camp will directly apply for authorizations from the CSA to provide the service.

Qualified summer camp providers (QP) requiring 1:1 support services for youth seeking to register to attend their summer programs must arrange to meet with the family/caregiver and jointly complete and sign the application for 1:1 services, and jointly complete the Child Adaptive Behavior Summary (CABS). The CABS will be used for all youth under age 21 who will be attending a CSOC qualified summer day camp and are requesting 1:1 support services. These meetings are required to take place **prior to** requesting authorization for services.

The camp must retain a copy of the jointly completed CABS. Both the application for 1:1 services and the CABS are located on the CSA, PerformCare website. The CABS may be found on this website under: State of New Jersey - Department of Children and Families, Application for Determination of Eligibility for Children under Age 18\* with Developmental Disabilities:

<https://www.performcarenj.org/families/disability/determination-eligibility.aspx>

The Child Adaptive Behavior Summary (CABS) is intended to gather information about the youth's typical functioning within the last 6 months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

The completed application for 1:1 support services and the completed CABS must be submitted by mail to PerformCare. PerformCare will review the CABS, application, and criteria and generate an authorization for eligible youth. PerformCare will send notification to both the caregiver and the camp or provider agency of the services authorized.

**Qualified Providers of 1:1 support services will not be paid for any services rendered which have not received prior authorization by the CSA.**

Applicants qualified under this RFQ will be provided with address/contact numbers and all necessary information for submission of documents and service requests. Upon receipt of referral information from the CSA, each Qualified Provider agency is required to, upon request from the CSA, make available 1:1 support services for those found eligible.

### **Qualified Provider Agency Recordkeeping Requirements**

- Maintain the following data in support of all claims:
  - The name and address of the youth being provided services
  - The name and credentials of the person(s) providing the service
  - The exact date(s), location(s) and time(s) of service
  - The type of the service(s) provided
  - The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services
- Maintain an individual service record for each youth authorized to receive 1:1 support services. The record shall contain, at a minimum, the following information:
  - The dates of service and number of care hours, per level of service, received
  - The diagnosis provided with the initial referral
  - The reason for initial referral and involvement
  - The service plan, including any amendments, which must be completed in collaboration with the 1:1 support services staff providing the service
  - Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

The Qualified Provider agency shall maintain all documentation related to products, transactions or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

## E. Funding Information:

Each applicant that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

| Discipline   | Maximum Rate | Unit           |
|--|--------------|----------------|
| <b>1:1 Support Services Aide</b><br>BA/BS with 1 year relevant experience <b>OR</b><br><b>1:1 Support Services Aide</b><br>HS Diploma/GED with 3 years relevant experience | \$7.50       | Per 15 Minutes |

1:1 services are reimbursed on a fee-for-service basis. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult. Funding for 1:1 support services is for the timeframe of June through August for **up to 7 hours a day, and a maximum of 10 days.**

Qualified Providers are required to submit their invoices (claims) within 30 days of the date of service delivery. If services have not been provided within 30 days, the provider must inform the CSA of the reason for delay.

Services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

If the published rate shall change, then the amount received by the provider shall change. Upon request by DCF, and in order to provide the State with the ability to judge the applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, applicants shall have available two years of certified financial statements, including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the applicant's most recent fiscal year. If certified financial statements are not available, the applicant shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for the time periods presented in the statements. Note: When a provider functions as part of a professional group, conducting an evaluation as a "team," DCF will reimburse the group, as a single entity, the rate for the service provided.

**DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.**

Continuation of funding is contingent upon the availability of funds in future fiscal years. Continuation of services is not guaranteed.

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions of DCF. DCF reserves the right to terminate a Qualifying Provider status at any time without notice.

Matching funds are not required, and operational start-up costs are not permitted. Funds awarded under this RFQ may not be used to supplant or duplicate existing funding. Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

**Note: Qualification to provide services is contingent upon continuous proven ability to provide services in compliance with this RFQ and by any subsequent amendments issued. Services may be suspended at any time at the discretion of DCF/CSOC.**

## **F. Applicant Eligibility Requirements:**

1. Any changes in provider information shall be communicated to DCF and the Division of Medical Assistance and Health Services (DMAHS) Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by DCF.
2. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. If Applicant is **under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFQ if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
5. Applicants shall not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check required by providers qualified under this RFQ will be paid by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant.
10. **Attachment 3**, “Community Agency Head and Worker Certification, Permission for Background Check and Release of Information,” is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. **It is signed by respective employees in front of a witness and is not to be included in the application. Only the form signed by the Community Agency Head must be submitted with the application.**
11. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
12. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at <https://fedgov.dnb.com/webform>
13. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

## G. RFQ Schedule

|                  |   |
|------------------|---|
| January 16, 2020 | <b>Deadline for Email Questions sent to</b><br><a href="mailto:DCF.ASKRFP@dcf.nj.gov">DCF.ASKRFP@dcf.nj.gov</a> |
| January 24, 2020 | <b>Deadline</b> for Receipt of Proposals by<br>12:00PM  |

Proposals received after 12:00 PM on **January 24, 2020** will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

**1) In person to:**

Catherine Schafer, Director of Grants, Integrity and Accountability  
Department of Children and Families  
50 East State Street, 3rd floor  
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

**2) Commercial Carrier (U.S. Postal Office, Federal Express or UPS) to:**

Catherine Schafer, Director of Grants, Integrity and Accountability  
Department of Children and Families  
50 East State Street, 3rd floor  
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

**3) Online:**

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at:

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

See *Standard Documents for RFPs* for forms.

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

## **H. Administration:**

### **1. Screening for Eligibility, Conformity and Completeness**

DCF will screen applications for eligibility and conformity with the specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline.
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent.
- c. The application is complete in its entirety, including all required attachments and appendices.
- d. The application conforms to the specifications set forth in the RFQ.

### **2. Qualification/Proposal Review Process**

Upon completion of the initial screening, applications meeting the requirements of the RFQ will be distributed to the DCF RFQ Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the application if such absence affects the ability of the committee to fairly judge the application.

DCF will convene an Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application with the established criteria outlined in this document. All Committee members will complete a conflict of interest form. Those individuals with conflicts or the appearance of conflicts will be disqualified from participation in the review process. The members of the DCF RFQ Evaluation Committee will review the applications and deliberate as a group to determine the final qualification decisions.

The Department also reserves the right to reject any and all applications when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an



allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to qualify the provider.

### 3. Special Requirements

- Applicants are required to complete the DCF/CSOC **Agency Data Information Form** attached as **Attachment 1 (as per Exhibit C)**.
- Applicants are required to confirm their compliance with all of the qualification requirements. This completed document is **Attestation** that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ attached as **Attachment 2 (as per the Appendix)**.
- Applicants are required to complete the DCF/CSOC **Community Agency Head Certification** attached as **Attachment 3 (as per the Appendix)**. Only the form signed by the **Community Agency Head** must be submitted with the application.
- Applicants are required to provide a brief **Safe-Child Standards description** demonstrating ways in which your agency's operations mirror the Standards (**as per the Appendix**)-no more than 2 pages double spaced).

The Standards are available at:

<https://www.state.nj.us/dcf/SafeChildStandards.pdf>.

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy as attached as **Exhibit A**.

Applicants must comply with laws relating to Anti-Discrimination as attached as **Exhibit B**.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

Applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

#### **4. Electronic Record Operating Requirements**

The current minimum operating requirements for the CSOC's CSA's MIS system are available at <https://performcarenj.org/cyber/access-requirements.aspx>

#### **I. Appeals**

An appeal of the qualification process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of the applicant's qualifications. Applicants may appeal by submitting a written request to:

Office of Legal Affairs  
Contract Appeals  
50 East State Street, 4<sup>th</sup> Floor  
Trenton NJ 08625

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

#### **J. Post Qualification Requirements**

Qualified Providers will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)

Providers qualified under this RFQ will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, Qualified Providers will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful contract negotiation. If, during the negotiations, it is found that the Qualified Provider is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

## **Section II – Application Instructions**

### **A. Application Requirements and Supporting Documents:**

Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all of the required documents in PDF or Word format. Paper applications may be fastened by a heavy-duty binder clip. Do not submit applications in loose-leaf binders, plastic sleeves, or folders or staples.

All supporting documents submitting in response to this RFQ must be organized in the following manner:

|   |                          | <b>Documents Required with all Applications Submitted in Response to this RFQ</b>   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | <b>Proposal Cover Sheet</b> – (signed and dated)<br>Website: <a href="https://www.nj.gov/dcf/providers/notices/requests/#2">https://www.nj.gov/dcf/providers/notices/requests/#2</a><br>Form: <a href="https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a> |
| 2 | <input type="checkbox"/> | <b>Table of Contents</b> – Please number and label with page numbers, if possible, in the order as stated in this table for paper copies, CD and electronic copies.   |
| 3 | <input type="checkbox"/> | Signed/dated <b>Attestation (Attachment 2)</b>  |

|   |                          |   |
|---|--------------------------|---|
| 4 | <input type="checkbox"/> | Signed/dated <b>Community Agency Head and Worker Certification</b> signed solely by the Community Agency Head ( <b>Attachment 3</b> )   |
| 5 | <input type="checkbox"/> | <b>Three (3) written professional letters of support</b> on behalf of the applying agency specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly. |
| 6 | <input type="checkbox"/> | <b>Exhibit C – CSOC Pre-Award/Qualification Documents.</b>  |
| 7 | <input type="checkbox"/> | <b>Safe-Child Standards Description</b> of your agency’s implementation of the standards<br><br>No more than 2 pages; double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman.   |

## B. Requests for Information and Clarification:

### Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov).

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov) must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov).

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

**Attachment 1**

New Jersey Department of Children and Families  
 Children's System of Care (CSOC)  
**Summer Camp 1 to 1**  
**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): \_\_\_\_\_
- DUNS (9-digit): \_\_\_\_\_
- NJSTART (9-digit): \_\_\_\_\_

**► AGENCY CONTACTS**
 CEO -or- EXECUTIVE DIRECTOR: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

 PROGRAM: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to the contract and funded programs. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

 FISCAL: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to ROE, audit and closeout reports. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

 CENSUS/BILLING: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Handles all questions pertaining to claims and census data. Uses Cyber, when applicable. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**ATTACHMENT 2**

New Jersey Department of Children and Families  
Children’s System of Care (CSOC)

**ATTESTATION**

**2019 RFQ: One to One Support Services in Summer Day Camp for Youth with IDD**

Providers are required to confirm their compliance with all of the RFQ requirements. This completed document is attestation that you will be able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

**By my signature below, I hereby certify that:**

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- If awarded the contract, I agree to provide all of the required services and to comply with all of the service implementation described throughout this RFQ for the **2019 One to One Support Services in Summer Day Camp for Youth with IDD** for Children’s System of Care. The information I have given in response to this RFQ is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.
- Post award, I agree to comply with DCF Policies and Regulations governing the service provision.

---

|                                     |       |           |      |
|-------------------------------------|-------|-----------|------|
| CEO or Equivalent<br>(please print) | Title | Signature | Date |
|-------------------------------------|-------|-----------|------|

**ATTACHMENT 3**

**COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION  
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

- Option 1 – I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.
- Option 2 – I hereby affirm that I have been convicted of the following offense listed below:

\_\_\_\_\_ on \_\_\_\_\_  
*Offense*  *Date*

**FOR PROVISIONAL WORKER ONLY**

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

**Offenses covered under P.L. 1999, c.358**

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- |   |   |
|---|---|
| i. Murder                                 | viii. Kidnapping                          |
| ii. Manslaughter                          | ix. Interference with custody of children |
| iii. Death by auto                        | x. Sexual assault                         |
| iv. Simple assault                        | xi. Criminal sexual contact               |
| v. Aggravated assault                     | xii. Lewdness                             |
| vi. Recklessly endangering another person | xiii. Robbery                             |
| vii. Terroristic threats                  |   |

-- against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

**FOR COMMUNITY AGENCY HEAD ONLY:**

I understand the results of this background check will be reported to the President of the Board of my agency.

\_\_\_\_\_  
*Name of Board President*

\_\_\_\_\_  
*Address of Board President (Home or Business)*

**COMMUNITY AGENCY HEAD OR WORKER:**

**WITNESS:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature  
: \_\_\_\_\_

Signature  
e: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT A**  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**  
**N.J.A.C. 17:27**  
**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.



The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**EXHIBIT B**

TITLE 10. CIVIL RIGHTS

CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

*N.J. Stat. § 10:2-1 (2012)*

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).

**EXHIBIT C**

Rev 9-24-19

**CSOC Pre Award Documents**

**Required to Be Submitted with a Response to SUMMER CAMP 1 to 1 RFQ**

| ▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:</b> |  |
|--|--|
| 1  | <input type="checkbox"/> <b>Standard Language Document (SLD)</b> (signed/dated) [Rev. 7-2-19]<br>Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>   |
| 2  | <input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> (signed/dated under Business Associate) [Rev. 8-2019]<br>Form: <a href="https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx">https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx</a>  |
| 3  | <input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of <b>Board of Directors</b> -or- <b>Managing Partners</b> , if a LLC/Partnership -or- <b>Chosen Freeholders</b> of Responsible Governing Body  |
| 4  | <input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder</b> (signed/dated) [ <a href="#">Rev. 3-15-19</a> ]<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf">https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>   |
| 5  | <input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (signed/dated) [ <a href="#">Version 6-19-17</a> ]<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>  |
| 6  | <input type="checkbox"/> For Profit: <b>Ownership Disclosure</b> (signed/dated) [ <a href="#">Rev. 9-24-19</a> ]<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf">https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf</a>  |
| 7  | <input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this response<br>If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply.  |
| 8  | <input type="checkbox"/> For Profit: <b>Chapter 51/Executive Order 117</b> Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19]<br>See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a Chapter 51 form is not required and include a brief explanation as to why.<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf">https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf</a> |
| 9  | <input type="checkbox"/> <b>Agency By Laws</b> -or- <b>Management Operating Agreement</b> if a LLC   |
| 10   | <input type="checkbox"/> <b>Certificate of Incorporation</b><br>Website: <a href="https://www.nj.gov/treasury/revenue/filecerts.shtml">https://www.nj.gov/treasury/revenue/filecerts.shtml</a>   |
| 11   | <input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability and Transparency Act (FFATA)]<br>Website: <a href="https://fedgov.dnb.com/webform">https://fedgov.dnb.com/webform</a> Helpline: 1-866-705-5711   |

|  |                          |   |
|--|--------------------------|---|
| 12   | <input type="checkbox"/> | <b>For Profit: NJ Business Registration</b> Certificate with the Division of Revenue<br>See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: <a href="https://www.nj.gov/njbusiness/registration/">https://www.nj.gov/njbusiness/registration/</a>   |
| 13   | <input type="checkbox"/> | <b>Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)</b><br>If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why.<br>Website: <a href="https://www.nj.gov/treasury/taxation/exemptintro.shtml">https://www.nj.gov/treasury/taxation/exemptintro.shtml</a>   |
| <b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE AND ANNUALLY UPDATED THEREAFTER:</b> |                          |   |
| 14   | <input type="checkbox"/> | <b>Affirmative Action Certificate -or- Renewal Application [AA302]</b> sent to Treasury with payment.<br><u>Note:</u> The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf">https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf</a> |
| 15   | <input type="checkbox"/> | Certification Regarding <b>Debarment</b> (signed/dated)<br>Website: <a href="https://www.nj.gov/dcf/providers/notices/requests/#2">https://www.nj.gov/dcf/providers/notices/requests/#2</a><br>Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf">https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf</a>  |
| 16   | <input type="checkbox"/> | <b>Tax Forms – Full Return Required</b><br><u>Non Profit</u> <b>Form 990</b> Return of Organization Exempt From Income Tax -or-<br><u>For Profit</u> <b>Form 1120</b> US Corporation Income Tax Return -or-<br><u>LLC</u> <b>Applicable Tax Form</b> and may delete or redact any SSN or personal information   |
| 17   | <input type="checkbox"/> | Proposed <b>Organizational Chart</b> for services required by this response – Ensure chart includes the agency name and current date  |
| 18   | <input type="checkbox"/> | Current <b>Professional Licenses and/or Certificates</b> related to job responsibilities<br>If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply.  |
| 19   | <input type="checkbox"/> | <b>System for Award Management (SAM)</b> printout showing active status and expiration date<br>Note: Should be obtained free of charge<br>Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar<br>Helpline: 1-866-606-8220  |
| 20   | <input type="checkbox"/> | <b>Agency Data Sheet</b> (Attachment 1)   |

EXHIBIT D

Rev. 9-24-19

**CSOC Post-Award Documents  
Required to be Submitted for Contract Formation  
if the Response to the SUMMER CAMP 1 to 1 RFQ Results in an Award**

| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:            |   |
|--|---|
| 1  | <input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated)<br>Form: <a href="https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a><br>Policy: <a href="https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>  |
| 2  | <input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> (signed/dated) [Rev 7/10/17]<br>Website: <a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a><br>Form: <a href="https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf">https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf</a>   |
| 3  | <input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system)<br>Website: <a href="https://www.njstart.gov/">https://www.njstart.gov/</a><br>Help Desk: Call 609-341-3500 -or- Email <a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a>  |
| 4  | <input type="checkbox"/> For Programs without an Annex A: <b>Standardized Board Resolution Form</b> (signed/dated)<br>Form: <a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf</a>   |
| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER: |   |
| 5  | <input type="checkbox"/> <b>Annual Report to Secretary of State</b><br>Website: <a href="https://www.njportal.com/dor/annualreports">https://www.njportal.com/dor/annualreports</a>   |
| 6  | <input type="checkbox"/> <b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for crime/theft/dishonest acts)<br>Refer to policy for Minimum Standards for Insurance:<br><a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a><br>Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note</u> : The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.  |
| 7  | <input type="checkbox"/> <b>Liability Insurance</b> (Declaration Page/Malpractice Insurance) <u>Note</u> : Policy must show two items...<br>1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625<br>2. Contain language stating DCF is an additional insured<br>Refer to policy for Minimum Standards for Insurance:<br><a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>   |
| 8  | <input type="checkbox"/> <b>DCF Notification of Licensed Public Accountant Form</b> (NLPA) [Rev. 7-15-19] -and- copy of <b>Non-Expired Accountant's Certification</b> [Ensure DCF form is used and 2 signatures are provided]<br>Form: <a href="https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx">https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx</a><br>Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate are not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note</u> : 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. |

|   |                          |   |
|---|--------------------------|---|
| 9   | <input type="checkbox"/> | Most recent <b>Audit -or- Financial Statement</b> (certified by accountant or accounting firm)<br><u>Audit</u> : For agencies expending over \$100,000 in combined federal/state awards/contracts -or-<br><u>Financial Statement</u> : For agencies expending under \$100,000<br>Policy: <a href="https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml">https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml</a><br>[Policy Rev. 7/15/19] |
| <b>▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:</b> |                          |   |
| 10  | <input type="checkbox"/> | <b>Agency Organizational Chart</b>  |
| 11  | <input type="checkbox"/> | Copy of Most Recently Approved <b>Board Minutes</b>   |
| 12  | <input type="checkbox"/> | <b>Personnel Manual</b> and <b>Employee Handbook</b> (include staff job descriptions)   |
| 13  | <input type="checkbox"/> | <b>Affirmative Action Policy/Plan</b>   |
| 14  | <input type="checkbox"/> | <b>Conflict of Interest Policy/Attestation</b><br><a href="https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>   |
| 15  | <input type="checkbox"/> | <b>Procurement Policy</b><br><a href="https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>  |

\* Standard forms for RFP's are available at:

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

See *Standard Documents for RFPs* for forms.

\*\* Treasury required forms are available on the Department of the Treasury website at: <https://www.state.nj.us/treasury/purchase/forms.shtml>

Click on Vendor Information and then on Forms.

Standard Language Document, and the Contract Reimbursement Manual and Information Manual may be reviewed via the Internet respectively at: <https://www.nj.gov/dcf/providers/contracting/forms/> and

[www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)