



**REQUEST FOR QUALIFICATIONS
FOR
SUMMER CAMP PROVIDERS FOR
CHILDREN'S SYSTEM OF CARE**

Publication Date: January 23, 2023

**Responses will be accepted on a rolling basis from
January 23, 2023 through March 1, 2023 by 12 Noon**

**There will be a virtual Non-Mandatory Respondent's Conference on
February 15, 2023 at 10:00AM to 12:00PM**

The link to the Respondent's Conference is:

<https://www.zoomgov.com/j/1604684613>

Questions will be accepted until February 3, 2023

**Christine Norbut Beyer, MSW
Commissioner**

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Special Notice-Pre-Response Submission Information:

There will be a **Non-Mandatory Virtual Respondent's Conference** for this RFQ.
February 15, 2023 at 10:00AM to 12:00PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1604684613>

Meeting ID: 160 468 4613

One tap mobile

+16692545252,,1604684613# US (San Jose)

+16469641167,,1604684613# US (US Spanish Line)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 964 1167 US (US Spanish Line)

+1 646 828 7666 US (New York)

+1 415 449 4000 US (US Spanish Line)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

Meeting ID: 160 468 4613

Find your local number: <https://www.zoomgov.com/u/abJFckq1X4>

Join by SIP

1604684613@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 468 4613

DCF will provide eligible respondents additional and/or clarifying information about this initiative and response procedures through a time-limited electronic Question and Answer Period. Questions will be accepted by providing them via email to DCFASKRFP@dcf.nj.gov until **February 3, 2023**. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but questions about the content of the response must be requested by **12 P.M. on February 3, 2023**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ and reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFQ. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFQ at: <https://nj.gov/dcf/providers/notices/requests/>

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 qualified summer camp, i.e., Traditional Day, Overnight, and Alternative Recreational Sessions providers to serve as a valuable resource for children, youth, adolescents, and young adults (collectively referred to as "youth") with intellectual/developmental disabilities.

DCF CSOC will provide financial support towards summer camp for eligible families of children, youth, adolescents, and young adults under the age of twenty-one (21) with intellectual/developmental disabilities (I/DD).

This RFQ seeks to expand the pool of summer camp providers, as well as provide more flexible camp options for youth with I/DD. Summer camp services are designed to offer youth an opportunity to participate in recreational activities while helping to build confidence and increase interactions with peers within the community. Camps also allows families a temporary break from caregiving responsibilities while the youth is at camp.

Camps must be qualified through the RFQ in order to be on the Qualified Provider (QP) list. Camps must be physically located within the State of New Jersey. CSOC will provide financial support toward summer camp tuition solely for camps on the QP list located at www.performcarenj.org.

A qualified summer camp will fall under one of these three (3) separate components:

1. Traditional Day Camp-recreational activities offered in daily episodes
2. Alternative Recreational Sessions (ARS)-recreational activities offered on an hourly basis
3. Overnight Camp - recreational activities offered in daily episodes, must include overnight hours

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

DCF/CSOC will mail an official letter of qualification to the QP, along with the billing instructions upon final qualification decision.

Summer Camps previously qualified through the (CSOC) in 2014, 2015, 2016 or 2018 are not required to complete the full response. If existing providers would like to add an additional camp component (i.e., Traditional, Overnight or Alternative Recreational Sessions) they are required to complete the Program Component Form, Agency Data Information Form and Program Narrative and submit these documents through the RFQ process as per Section G. This process will be required for each additional component separately.

B. Background:

DCF is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to assist all New Jersey residents to be safe, healthy, and connected. Within the Department, CSOC serves youth with emotional and/or behavioral healthcare challenges, I/DD, and/or in need of addiction services. CSOC is committed to providing these services based on the needs of the youth and family in a family-centered, strength-based, culturally competent, and community-based environment. CSOC believes that the family or caregiver plays a central role in the health and well-being of youth and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

C. Definitions:

Contracted System Administrator (CSA): The CSA is CSOC's single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for respite services. Each awardee 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. The CSA also maintains CSOC's MIS which serves as the electronic record for youth enrolled with CSOC. Information is HIPAA protected and is compliant with 42 CFR Part 2 as appropriate.

Danielle's Law: This law requires anyone who works directly with individuals with developmental disabilities or traumatic brain injury to call 911 in life-threatening emergencies. www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html

Family: As defined in the Family Support Act, N.J.S.A. 30:6D-35, a family means the eligible youth with a developmental disability, the youth's biological or adoptive parent or uncompensated resource family parent or legal guardian who lives with and cares for the youth with the developmental disability, and the youth's siblings.

Health Insurance Portability and Accountability Act (HIPAA): A federal law that establishes privacy standards for protected health information held by "covered entities" (health plans, health care clearinghouses, and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual." 45 C.F.R. 160.103.

Pursuant to Administrative Order 2:05 and related Addenda, all CSOC contracted camp providers must complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send the report to CSOC and the

Unusual Incident Management Reporting System:
<https://www.nj.gov/humanservices/staff/opia/cimu/>

D. Services to be Funded:

As with all services provided through CSOC, financial support toward summer camp tuition is based on available resources in a given fiscal year. The amount available per child, youth, or young adult is capped and may vary by year and by the number of families that apply. Since CSOC financial support toward summer camp tuition is not guaranteed, families/caregivers should consider their financial ability to pay the balance that exceeds the CSOC tuition cap. Families/caregivers are encouraged to explore all avenues for funding summer camp tuition such as contacting local recreation departments, civic groups and asking camp providers about the availability of scholarships. CSOC financial support toward camp tuition is the funding source of last resort. Families/caregivers are responsible for the cost of summer camp tuition minus any financial support provided by CSOC.

With this RFQ, DCF CSOC is introducing Alternative Recreational Sessions (ARS) as an additional component of Summer Camp. Along with traditional day and overnight camp services, CSOC will fund recreational services offered within the community through the ARS option. ARS aims to offer youth and families increased flexibility when selecting camp options. The goal of ARS is to provide youth an opportunity to engage in recreational activities within the community with a shorter daily duration and enhanced participant supports than are offered by traditional day camps. ARS shall provide youth an opportunity to engage in a recreational activity with peers within the community, on an hourly basis, rather than in daily increments. This shorter timeframe will increase camp access for youth who may benefit from a brief structured period compared to a longer traditional camp day. Each session of ARS must be a minimum of two (2) hours.

Youth who reside in Community Care Residences and out of home treatment settings, including but not limited to: Treatment Homes, Specialty Homes, Skill Development Homes, Group Homes, Residential Treatment Centers and Psychiatric Community Homes, are not eligible to receive CSOC financial support toward summer camp tuition.

Camp providers applying to offer traditional day camp or Alternative Recreational Sessions are strongly encouraged to apply to offer 1:1 support to prospective campers. 1:1 support is not available for overnight camp participants.

Qualified summer traditional day camp providers or alternative recreational session programs 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 twenty-one (21) who will be attending a CSOC qualified summer day camp or Alternative Recreational Sessions and are requesting 1:1 support services.

These meetings are required to take place prior to the youth being given an authorization for services.

Families may choose to apply for one of the following options:

Traditional Day Camp	Up to 10 days per youth per summer season
Overnight Camp	Up to 6 nights per youth per summer season
Alternative Recreational Sessions	Up to 20 sessions per youth per summer season
Hybrid- Traditional Day Camp and Alternative Recreational Sessions (ARS)	5 days Traditional Day Camp and 10 ARS sessions

Families will need to request each camp component (subcategory of camp) separately if choosing to enroll in a hybrid.

Each respondent qualified under this RFQ shall:

1. Comply with **background checks** - All employees rendering services to youth for whom CSOC is providing financial support, are required to have fingerprint background checks.
 - a. Once your agency becomes a qualified provider, CSOC will provide an information packet with the appropriate steps for the fingerprinting background check process.
 - b. The cost of the fingerprinting background check to become a Qualified Provider will be paid for by DCF.
 - c. The agency will be responsible for ensuring provider clearance and maintaining a record of the background checks by accessing the Department of Human Services records as described in the informational packet provided by CSOC.
 - d. The agency shall ensure that all employees rendering services will have state and federal Criminal History Record Information (CHRI) background checks, with fingerprinting completed now and every two years thereafter.
 2. 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: http://www.state.nj.us/humanservices/staff/opia/central_registry.html
- Note: If you are not registered to access the Central Registry, DCF will facilitate the qualified respondent's registration into this system.
3. 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.
 4. Comply with the requirements to report suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency

(DCP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.

5. Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send the report to CSOC and the Universal Incident Management Reporting System, Pursuant to Administrative Order 2:05 and related Addenda: <https://www.nj.gov/humanservices/staff/opia/cimu/>
6. Maintain a written program description that specifies its statement of purpose and description of overall approach to service delivery and family involvement. For ARS, CSOC will require submission of this description with submission of the Program Component Form. (**See Program Description Format-Attachment 3**)

The camp service description shall include the following information:

- Narrative of activity(ies) offered; please include details explaining how the activity will be delivered and the level of participation intended for youth
 - Skill/Benefit obtained from the activity(ies) intended for youth
 - Information on staffing and specific program location
 - Details of safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program
7. Adhere to the requirements of **HIPAA**, N.J.S.A. 30:4-24.3.
 8. Protect the confidentiality of the families served.
 9. Inform families at intake of:
 - a. the mandated reporting responsibilities of agency staff;
 - b. the grievance procedure established by the agency; and,
 - c. their access to records upon request and within statutory authority
 10. Promote the improvement of the quality of services provided by training **every** worker, the form of which is up to the provider. Training plan to be submitted with response:
 - a. Agency Policies;
 - b. Child and Adolescent Development;
 - c. Cultural Competency;
 - d. CPR and First Aid;
 - e. Infectious Disease Control;
 - f. Recognition and Reporting of Abuse and Neglect: Child Abuse and Neglect; and Abuse, Neglect, or Exploitation of a Vulnerable Adult age 18 or over;
 - g. Interpersonal Communication and Effective Listening;
 - h. Limit Setting and Boundaries;
 - i. Conflict Resolution; and
 - j. Impulse Control and Anger Management.

11. Comply with **Danielle's Law** (P.L.2003, c.191 [C.30:6D-5.1-5.6]), www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html
12. Be available via phone to address urgent policy and procedure issues and/or provide support.
13. 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 thirty (30) days: and submitting invoices within thirty (30) days of the date of service delivery.

Qualified Providers must agree to:

1. 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.
2. Maintain status as a Qualified Provider of services by complying with all applicable federal, state and local laws, rules and regulations regarding licenses, certifications, accreditations and/or other credentialing entities.
3. 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.
4. 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.
5. The qualified provider agrees to not subcontract any of the services you have committed to provide pursuant to this qualification.
6. Be in compliance with staff/youth ratios when providing facility based and/or community-based services.
7. Follow instructions for submission of invoices for services provided.
8. Limit billing procedure to receive payment for only the unit of service(s) authorized to and received by the youth.
9. Promptly terminate billing procedures when family/caregiver informs you your service(s) are no longer being requested.
10. Make available to DCF and/or its agents, at all reasonable times and places in New Jersey, the following if requested: documentation in participant's records which will enable the DCF, its agents or designee to verify that each charge is due and proper prior to payment.

11. Within five (5) business days of occurrence, notify DCF of changes in Executive Director, name of agency, address, telephone number or contact person.
12. Notify DCF/CSOC, in writing, sixty (60) days prior to the provider's decision to terminate this agreement.
13. Authorize the CSA, PerformCare, to list your agency as a DCF Qualified Provider (QP) of summer camp services for youth with I/DD on their website.
14. Acknowledge breach or violation of any one of the provisions in this RFQ is subject to immediate cancellation at the DCF's discretion.

E. Funding Information:

Under the terms of this RFQ DCF will pay for authorized services rendered by the Qualified Provider in keeping with the availability of State appropriations and on the basis of service provision in accordance with the billing requirements. In no event will payment be made for service provision **not** in accordance with billing requirements. Such payments will be paid as promptly as feasible after proper payment vouchers and supportive documentation as defined by CSOC are submitted and approved.

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

Type	Authorized Units of Service	Maximum Rate Per Unit
Traditional Day Camp (TDS)	Up to 10 days per youth per summer season	\$80.00/day
Overnight Camp	Up to 6 nights per youth per summer season	\$133.00/night
Alternative Recreational Sessions	Up to 20 sessions per youth per summer season	\$40/session *each session must be a minimum of 2 hours
Hybrid- Traditional Day Camp and Alternative Recreational Sessions	5 days Traditional Day Camp and 10 ARS sessions	\$80/day for TDC & \$40/session for ARS

CSOC financial support toward summer camp tuition does **not** cover the following costs:

- camp registration
- camp deposit
- transportation to and from camp
- trips taken during camp.

Please be reminded that CSOC provides financial assistance only up to the maximum limits noted above for the daily camp rate. No additional funds shall be provided. Providers agree to accept the reimbursement fees listed above for camp services. Providers cannot bill for services already funded through CSOC. The costs of camp services may not be fully covered by the CSOC financial assistance contribution. Additional days, or costs in excess of the maximum rate per unit(s), are the financial responsibility of the family/caregiver for payment.

When a determination regarding eligibility for CSOC financial support toward summer camp tuition has been made, the CSA will provide written notification of the outcome, i.e., approval/authorization, denial due to not meeting eligibility criteria, denial due to lack of resources, to the family/caregiver and camp within thirty (30) days.

Qualified Providers are required to submit their invoices (claims) within thirty (30) days of the date of service delivery.

All funding is subject to appropriation.

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

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.

F. Respondent Eligibility Requirements:

1. Any changes in personnel providing or supervising services shall be subject to prior approval by DCF.
2. Respondents must be for profit, not-for-profit corporations or a limited liability company that are duly registered to conduct business within the State of New Jersey.
3. Respondents must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts.
4. If a respondent is under a corrective action plan with DCF, inclusive of its Divisions and Offices, or any other New Jersey State agency or authority, the respondent 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. Respondents 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. Respondents that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all respondents must hold current State licenses.
8. Respondents that are not governmental entities must have a governing body that provides oversight as is legally required in accordance with how the entity was formed such as a board of trustees, non-profit, for profit, limited liability company.
9. Respondents must ensure that all employees of the agency who provide direct service will have State and Federal Criminal History Information (CHRI) background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a **Qualified Summer Camp Provider** for the Children's System of Care will be paid by DCF.

Instructions on the fingerprinting process and background checks will be provided to each qualified Respondent by the Children's System of Care.

10. Respondents must have the capability to uphold all administrative and operating standards as outlined in this document.
11. All Respondents must have a Unique Entry ID (UEI) number. To access their UEI number, Respondents must visit <https://sam.gov/content/home>
12. 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 a response.

G. Response Submission Instructions:

All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses after 12:00 P.M. on March 1, 2023 will not be considered.

To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR)
Form: <https://www.nj.gov/dcf/providers/notices/requests/AOR.docx>

Registered AOR forms must be received not less than five (5) business days prior to the date the response is due. Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response. DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

H. Administration:

a. Response Screening for Eligibility, Conformity and Completeness

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

1. The response was received prior to the stated deadline.
2. The response is signed and authorized by the respondent's Chief Executive Officer designated alternative.
3. The response is complete in its entirety, including all documents required to be submitted in support of the response and the organizational documents prerequisite to a contract award if any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents required by the RFQ and/or applicable law to be submitted with the proposal. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.
4. The response conforms to the specifications set forth in the RFQ.

b. Qualification/Response Review Process

The Department convenes an Evaluation Committee in accordance with existing regulation and policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

The Department reserves the right to reject any response 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, the State's loss of funding, inability of the respondent to provide adequate services, respondent's lack of good standing with the Department, and indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to a RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

A response to a RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

All respondents will be notified in writing of the Department's intent to award a contract.

c. Special Requirements

The successful Qualified Provider 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.

- Respondents are required to complete the DCF/CSOC **Agency Data Information Form** attached as **Attachment 1**.
- Respondents are required to complete one DCF/CSOC **Program Component Form** for each program site location/component that will operate immediately or will achieve full operation within 60 days of

qualification attached as **Attachment 2**.

- Respondents are required to complete the submission of the **Program Description Format** description attached as **Attachment 3**.
- Respondents are required to complete the **Signature Certification of Acceptance** which is **certification** 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 4**.

d. Electronic Record Operating Requirements

The current minimum operating requirements for the CSOC's CSA's MIS system are available at <http://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 respondent's qualifications. Respondents may file a written appeal no later than ten (10) business days following receipt of the date on the Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov or mailing it to:

Department of Children and Families
Office of Legal Affairs Contract Appeals
PO Box 717
50 East State Street, 4th Floor
Trenton, NJ 08625

J. Post Qualification Requirements-General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awardees must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awardee is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

A respondent awarded a contract shall be required to comply with the terms and conditions of the Department of Children and Families' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual.

Awardees may review these items via the Internet at

www.nj.gov/dcf/providers/contracting/manuals and
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

Awardees also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

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 –Response Instructions

A. Response Requirements and Supporting Documents:

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

Documents Required with all Responses Submitted in Response to this RFQ
Attachment 1 –Agency Data Information Form
Attachment 2 –Program Component Form
Attachment 3 –Program Description Format
Attachment 4 Signature Certification of Acceptance
Three (3) written professional letters of support 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.
Exhibit A –CSOC Pre-Award/Qualification Documents.
Exhibit B – CSOC Post-Award/Qualification Documents

Attachment 1

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

AGENCY DATA INFORMATION FORM

Date: _____

PLEASE TYPE OR PRINT LEGIBLY

▣ AGENCY/CORPORATE DATA

Agency Name: _____

Mailing Address: _____

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

Agency ID Numbers:

• FEIN (9-digit): _____

• UEI [SAM] (12-digit): _____

• NJSTART (9-digit): _____

▣ AGENCY CONTACTS

CEO -or- Name: _____ Title: _____

EXECUTIVE DIRECTOR: Phone: _____ Fax: _____

Email: _____

Address: _____

PROGRAM: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to the contract Email: _____

and funded programs. Address: _____

FISCAL: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to ROE, audit and Email: _____

closeout reports. Address: _____

CENSUS/BILLING: Name: _____ Title: _____

Handles all questions Phone: _____ Fax: _____

pertaining to claims and Email: _____

census data. Uses Cyber, Address: _____

when applicable. _____

ATTACHMENT 2

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

Program Component Form

In the box below, place a check in either Camp-Day, Camp-Overnight or Alternative Recreational Sessions (one box per form).
If the camp has multiple locations, a separate form is required for each site location.

Type (please check)	Authorized Unit of Service	Maximum Rate per Unit
<input type="checkbox"/> Camp – Day	Standard: Up to 10 days per youth per summer season	\$ 80 per day
<input type="checkbox"/> Camp – Overnight	Standard: Up to 6 nights per youth per summer season	\$ 133 per night
<input type="checkbox"/> Alternative Recreational Sessions	Standard: Up to 20 sessions per youth per summer season	\$40 per session

Camp Name: _____

Camp Site Address: _____

Program Lead: Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Number of Youth Able to Serve: _____ Staffing Ratio: _____

Ages Served: _____

Operational Timeframe: Start Date: _____ End Date: _____

Operation Days & Hours

	From: AM (enter time below)	To: PM (enter time below)
• Sunday	_____	_____
• Monday	_____	_____
• Tuesday	_____	_____
• Wednesday	_____	_____
• Thursday	_____	_____
• Friday	_____	_____
• Saturday	_____	_____

Counties Served:

<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hunterdon	<input type="checkbox"/> Morris	<input type="checkbox"/> Somerset
<input type="checkbox"/> Bergen	<input type="checkbox"/> Essex	<input type="checkbox"/> Mercer	<input type="checkbox"/> Ocean	<input type="checkbox"/> Sussex
<input type="checkbox"/> Burlington	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Passaic	<input type="checkbox"/> Union
<input type="checkbox"/> Camden	<input type="checkbox"/> Hudson	<input type="checkbox"/> Monmouth	<input type="checkbox"/> Salem	<input type="checkbox"/> Warren
<input type="checkbox"/> Cape May				

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

Bilingual Services Offered:
 Yes No Languages: _____

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

Attachment 3

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

Summer Camp

Program Description Format

The Camp service description shall include the following information:

1. Narrative of activity(ies) offered; please include details explaining how the activity will be delivered and the level of participation intended for youth
2. Skill/Benefit obtained from the activity(ies) intended for youth
3. Information on staffing and specific program location
4. Details of safety and accessibility measures taken by the program to ensure a safe experience for youth attending the program

Attachment 4

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

SIGNATURE CERTIFICATE OF ACCEPTANCE

Request for Qualifications for Summer Camp Providers

Providers are required to confirm their compliance with all of the RFQ requirements. This completed document is certification 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 Summer Camp Providers 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 (please print)	Title	Signature	Date
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EXHIBIT A

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

Summer Camp Providers

Pre-Award Documents Required

- 1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.
- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
Website: https://www.state.nj.us/treasury/contract_compliance/
- 3) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) Statement of **Assurances** signed and dated.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form: <https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) **Attestation Form for Public Law P.L. 2021, c.1** - Complete, sign and date as the provider.
Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf \(nj.gov\)](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)
- 6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
- 7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>
- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>
- 9) For Profit: **Chapter 51/Executive Order 117** Vendor Certification and Disclosure of Political Contributions (See instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/purchase/forms.shtml>
- 10) **Conflict of Interest Policy and Attestation Form**
Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

- 11) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position. If not applicable, the respondent is to include a signed written statement that it has never been under any Corrective Actions or reviews. Respondents are on notice that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. Respondents subject to a Corrective Action not yet completed are not eligible to apply.
- 12) Certification Regarding **Debarment**
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 13) Disclosure of **Investigations & Other Actions Involving Respondent**
Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 14) **Disclosure of Investment Activities in Iran**
Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 15) **Disclosure of Ownership (Ownership Disclosure Form)**
Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the proposal**.
- 16) **Disclosure of Prohibited Activities in Russia and Belarus**
Form: [Certification.on.NonInvolvement.Prohibited.Activities.in.Russia.or.Belarus.pdf \(nj.gov\)](https://www.nj.gov/treasury/purchase/forms/Certification.on.NonInvolvement.Prohibited.Activities.in.Russia.or.Belarus.pdf)
- 17) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**
Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>
- 18) Document showing **Unique Entity ID (SAM) Number**
Website: <https://sam.gov/content/duns-uei>
- 19) Certificate of **Incorporation**
Website: <https://www.nj.gov/treasury/revenue>
- 20) **Notice of Standard Contract Requirements, Processes, and Policies** Sign and date as the provider
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](https://www.nj.gov/treasury/purchase/forms/Notice.of.Standard.Contract.Requirements.pdf)
- 21) **Organizational Chart for Agency** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two (2) pages double spaced) of the ways in which agency's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](https://www.state.nj.us/treasury/purchase/forms/PCA-NJ-Safe-Child-Standards.pdf)

- 23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**
Sign and date as the provider -
Form: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- 24) **System for Award Management (SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline:1-866-606-8220
- 25) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>
- 26) **Tax Forms: Submit a copy of the most recent full tax return**
Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit:
Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.
- 27) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services.
- 28) **Youth Camp Safety Act Certificate of Approval** issued by the Department of Health
Form:<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/license.shtml#4>

EXHIBIT B

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

Summer Camp Providers

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures: Return the receipt to DCF Office of EEO/AA.
Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>

- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>

- 3) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

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. The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of NJ contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
Important: Policy must show:
 - a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
 - b. Language Stating DCF is “an additional insured”
 - c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate
 - d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.
Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov ___

- 6) **Standardized Board Resolution Form**
Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

7) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**

[2006 Federal Accountability & Transparency Act (FFATA)]

Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

8) **Program Organizational Chart**

Should include agency name & current date

Contractor Requirements for Reporting

In addition to the reporting requirements specified in this RFQ relative to the delivery and success of the program services, Contractors are obligated to produce the following general reports as a contracting requirement.

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 should 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.

Policy:

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 info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed \$100,000 in combined Federal/State awards or contracts.

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) **Significant Events Reporting:**

Timely reports as events occur to include, but not be 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; (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.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; Report of Charitable Organizations, and the Two-Year Chapter 51 Vendor Certification and Disclosure.

Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

Contractor Requirements to Store Organizational Documents on Site

- 1) Affirmative Action Policy/Plan
- 2) Copy of Most Recently Approved Board Minutes
- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Procurement Policy