



**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**

**Summer Camp and One-To-One Support Services  
INFORMATION SESSION**

DCF Children's System of Care

January 30, 2025

# Agenda & Objectives

- Welcome & Introductions
- Children's System of Care (CSOC)
- Summer Camp and One-To-One Support Services
- RFQ Requirements
- Organizing the RFQ Application
- Q & A



# Children's System of Care (CSOC)

- Serves youth under 21 with emotional and behavioral health care challenges, diagnoses, intellectual/developmental disabilities including autism, and/or substance use challenges.
- PerformCare, the Contracted Systems Administrator for CSOC, is the single point of access for children, youth, and young adults up to the age of 21
- CSOC structure and foundational values ensure that services provided are based on the needs of the youth and family; are family-centered, culturally competent, and community-based.
- These services include in-home services, community-based services, out-of-home residential services, and family support services.



# Summer Camp Description

- 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)
- A qualified summer camp will fall under one of these three (3) separate components:
  - Traditional Day Camp- recreational activities offered in daily episodes
  - Alternative Recreational Sessions (ARS)-recreational activities offered with a shorter daily duration, minimum of two-hour sessions.
  - 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
- Camps must be physically located within the State of New Jersey



# Alternative Recreational Sessions (ARS)

- The goal of ARS is to provide youth an opportunity to engage in recreational activities within the community and offer more flexibility than traditional day camps
- ARS may benefit youth who would do well with a brief structured period compared to a longer traditional camp day
- ARS provides families with more options to meet their youth's needs during the summer season
- Each session of ARS must be a minimum of two (2) hours
- Camp providers applying to offer Traditional Day Camp or Alternative Recreational Sessions are **strongly encouraged** to apply to become a One-to-One Support Qualified Provider.



# One To One Support Services

- DCF/CSOC will provide financial support towards One-to-One (1:1) support services for youth with higher acuity needs that require direct physical assistance from a 1:1 support services staff to successfully participate in summer camp activities.
- CSOC-funded 1:1 support services may only be provided at a CSOC Qualified Traditional Day Camp or ARS provider.
- Providers interested in providing 1:1 support services for youths attending their Qualified Camp/ARS program **MUST** apply to the currently posted One-to-One Support Services RFQ:



# Camp Application Process

Qualified camp providers must meet with the family and register the youth for camp before the family applies for camp services through PerformCare, CSOC's Contracted System Administrator (CSA).

## **Eligibility for Camp Services:**

- Youth must be DD-eligible.
- Youth must be under the age of 21.
- Youth must reside in their own home with a legal guardian/caregiver.
- Youth must be registered for a Qualified Camp.

## **Applying for Camp Services:**

- Apply online via the Perform Care Family Portal: 
- Mail in a paper application: 
- Completed applications must be received or postmarked by June 30, 2025.
- PerformCare reviews submissions and provides authorizations.



# Funding Information

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

Type of Service	Authorized Units of Service	Maximum Rate Per Unit
Traditional Day Camp (TDC)	Up to 10 days per youth per summer season	\$128.57/day
Overnight Camp	Up to 6 nights per youth per summer season	\$213.76/night
Alternative Recreational Sessions (ARS)	Up to 20 sessions per youth per summer season	\$64.28/session (each session must be a minimum of 2 hours)
Hybrid – Traditional Day Camp and Alternative Recreational Sessions	5 days of TDC and 10 sessions of ARS per youth per summer season	\$128.57/day for TDC and \$64.28/session for ARS





# Qualification Process

- All responses must be delivered ONLINE on the due date by 12:00 P.M. **Responses received after 12:00 P.M. on Wednesday, February 26, 2025, will not be considered.**
- To submit online, respondent must complete an Authorized Organization Representative (AOR) form by **Wednesday, February 19, 2025**. 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](mailto:DCF.ASKRFP@dcf.nj.gov)
- Registered AOR forms must be received no less than five (5) business days prior to the response due date.
- Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response.



# Timeframes

- Notice of Request for Qualification (RFQ) posted **Wednesday, January 15, 2025**
- Email Question and Answer Period up until **Wednesday, February 5, 2025**
- Informational Session on **Thursday, January 30, 2025**
- Authorized Organization Representative (AOR) submitted no later than **Wednesday, February 19, 2025**
- Completed response submitted no later than **Wednesday, February 26, 2025, at 12:00p.m.**

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



# Organizing Your Application

Registration for the Authorized Organization Representative (AOR)  
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ☐ Non-Profit; ☐ For-Profit; ☐ University; ☐ LLC

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: **ENTER RFP/RFQ NAME HERE**

County/Region/Location to be served (if applicable): **Enter Location Here**

**Note:** You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

- Submit a complete AOR form to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov)
- Ensure the form is completely filled out and **signed**.
- Please enter the name of the RFQ on the line RFP/RFQ. **2025 Summer Camp and ARS or 2025 Summer Camp One-To-One Support Services**. Do not put your organizations name or leave it blank.



# Organizing Your Application

- Applications must be submitted as two (2) separate PDFs.
- Refer to the RFQ pages 8-19 for Summer Camp and ARS.
- Refer to the RFQ pages 7-18 for Summer Camp One-To-One Support Services.
- Providers will be given access and instructions to a secure FTP site to upload after the AOR deadline, Wednesday, February 19, 2025.



# Organizing Your Application

## F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



## Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional*

## PDF 1: Section II – Required Performance and Staffing Deliverables

- Complete and sign **Signature Statement of Acceptance** (Found in both RFQs on pages 16-17)
- Only required to submit this signature page (not the whole RFQ)
- Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFQ.



# Organizing Your Application

## PDF 2: Section III - Documents Requested to be Submitted with This Response

- There are **10 documents in the Summer Camp and ARS** that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
  - If any document is not applicable to your agency, please submit a brief statement of non-applicability.
- There are **9 documents in the Summer Camp One-To-One Support Services** that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
  - If any document is not applicable to your agency, please submit a brief statement of non-applicability.



# PDF 2 Common Mistakes

 **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

**Entity Workspace Results** 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street  
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

## 4. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.



# Questions & Answers

- Respondents may not contact the Department directly, in person, or by telephone, concerning this RFQ. Questions may be sent in advance of the response deadline via email to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov)
- 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 submitted by **12 PM on Wednesday, February 5, 2025.**
- Responses to content questions will be posted before the AOR due date to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.dcf.nj.gov/requests-for-proposals-qualifications-or-information-and-funding-opportunities)





# Questions

