



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

DCF Division on Women (DOW)

**Abuse Intervention Program (AIP) - Monmouth and Ocean
RFP INFORMATION SESSION**

Wednesday, October 29, 2025

Agenda & Objectives

- Welcome & Introductions
- RFP Timeframes
- Abuse Intervention Program (AIP) Overview
- Programmatic Requirements
- Staffing & Training
- RFP Requirements
- Organizing the RFP Application
- Technical Assistance (TA)
- Q & A



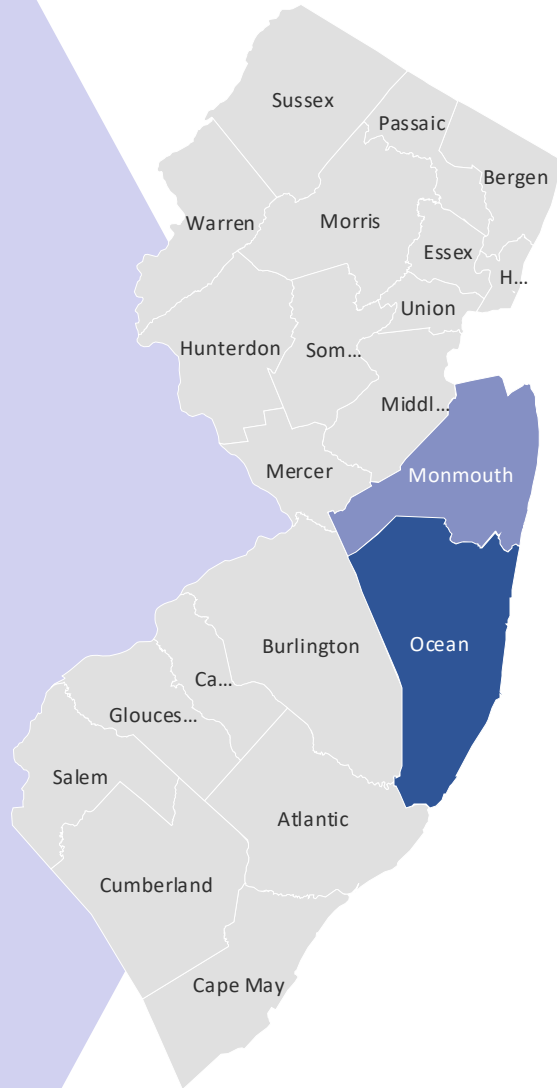
RFP Timeframes

Date	Event
Thursday, October 23 rd	RFP Published
Wednesday, October 29 th at 1:00pm	Virtual Conference
Thursday, November 6 th	Program Related Questions Due
Tuesday, November 25 th	Authorized Organization Representative (AOR) Form Due
Tuesday, December 2 nd at 12:00PM (<i>SHARP</i>)	Response Deadline

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



The RFP Initiative



Abuse Intervention Program (AIP)

BACKGROUND – Setting the stage in 2022

NJ DCF Focus on Quality and Evidence-based/Informed Practices

- Goal: Through Office of Strategic Development, Focus on establishing a high-quality portfolio of services (specialized, as needed) in the state, evidence-based (when available), which meet core needs.

Pending Legislation Establish AIP Advisory Committee

- Legislation creates AIP Advisory Committee to lead creation of standards and would advise DCF on AIP work. Committee would be within DCF but with representation from government, advocates, mental health clinicians and those with lived experiences.

NJ Budget Allocation BIP/AIP Expansion

- FY 23 with goal to expand to all 21 counties



Release of Request for Information

- **Goal**

- Gather info on needs, challenges, and promising practices for DV Abuse Intervention Programs (
- Inform development of statewide standards

- **Timeframe**

- DCF collected responses 9/27/22-10/14/22

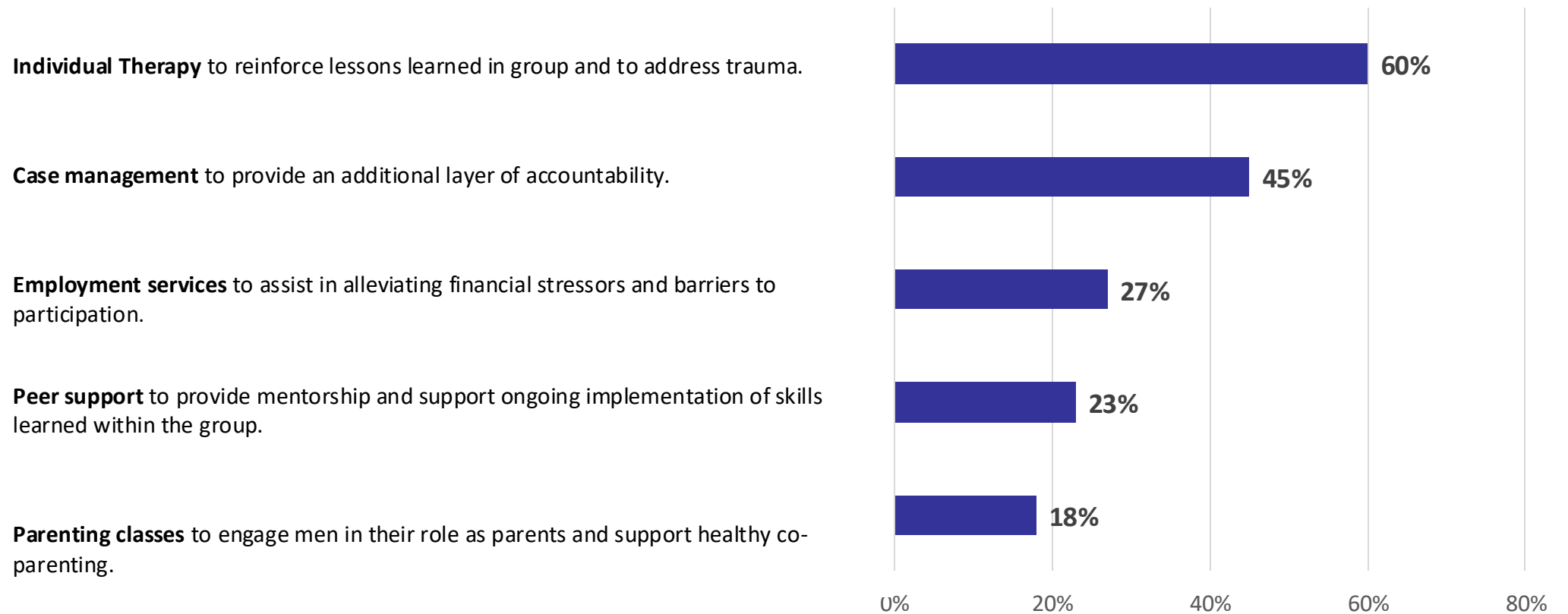
- **Responses**

- 23 submissions from BIP/AIP providers, DV advocates, community members, former participants and survivors



RFI Results – The need for more comprehensive services

Most respondents (83%) recommended that AIP/BIP programs should offer services beyond the traditional group sessions.



Why RNR?

■ RFI (Sept-Oct 2022)

- Submissions from providers, DV advocates, community members, former participants and survivors
- Highlights:
 - More individualized services
 - Assistance with holistic needs and wrap around services
 - Address barriers to participation (transportation, finances, language, untreated SU/MH issues, etc)

■ Exploration

- Explored other states and models that were implementing programs based on need vs. one-size-fits-all
 - RNR Framework
 - Motivational Interviewing



AIP RFP Overview: RNR Framework

■ Risk:

- Services align with offenders' risk level based on valid risk assessments.
- Low-risk offenders are not served in the same group as high-risk offenders

■ Need:

- Services focus on the individual needs of the participant

■ Responsivity:

- Services are responsive to participants' strengths, culture, learning style, and personality
- Barriers to full participation are reduced



AIP Overview: Services

Risk Assessment: Participants are assessed and assigned a risk level (high, moderate, low). Treatment plans are individualized based on risk level.

Treatment Services: Group and individual services are provided based on the individualized Treatment Plan

Multi-Disciplinary Treatment Team (MTT): Programs collaborate with key stakeholders, including survivor advocates, to convene an MTT for each participant. MTT reviews risk level and progress on Treatment Plan.

Motivational Interviewing Techniques: Program staff employ Motivational Interviewing techniques throughout the duration of treatment.



AIP RFP Overview: Staffing

- **Clinical Supervisor (part-time)**

- Reviews and co-signs assessments, provides supervision and support to staff, employs motivational interviewing techniques, ensures program fidelity, engages in peer consultation, and collaborates with DCF on program-related activities.

- **Clinician (any combination for FTE)**

- Conducts DV risk assessments, develops Treatment Plans, manages the MTT, assesses and addresses recidivism risk, utilizes motivational interviewing, participates in peer consultation, and collaborates with DCF on program-related activities.

- **Program Staff (any combination for FTE)**

- Co-facilitates groups, provides supportive services to participants, participates in MTT meetings, supports treatment plan development, engages in peer consultation, and collaborates with DCF on program-related activities.

- **OPTIONAL STAFF**

- Programs can include additional support staff as needed, to meet program requirements. This can include drivers to reduce transportation barriers or administrative support staff.



Request For Proposals (RFP)

Abuse Intervention Program (AIP)

RFP

Requirements



Registration for the Authorized Organization Representative (AOR)

To Submit a Grant Application Electronically

Organization Name: Example, Inc.

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

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

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

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

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

County/Region/Location to be served (if applicable): **ENTER HERE**

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

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

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

Signature: **SIGN HERE**

CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the form is filled out **completely and signed**.
- Please enter the name of the RFP on the line RFP/RFQ. **Abuse Intervention Program (AIP) - Monmouth and Ocean**
- Please enter the **County (either Monmouth or Ocean)** that you plan on serving on the line County/Region/Location.
- **Note:** The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.



Organizing & Submitting Your Application

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

PDF 1: 	Section II – Signed Required Performance and Staffing Deliverables Submit a signed <i>Statements of Acceptance</i> . Your PDF 1 must include a PDF of the <u>entire Section II content</u> , along with the final, signed and completed page.	Pages 7-23
PDF 2: 	Section III A – Documents Requested to be Submitted with This Response Twenty-five (25) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	Pages 23-27
PDF 3: 	Section III B – Additional Documents Requested to Submitted with This Response Nine (9) additional program related document types. If any are N/A for your organization, please explicitly say so.	Pages 27-28
PDF 4: 	Section IV – Respondent Narrative Responses A narrative response must be completed, answering ALL questions posed within Section IV. Responses should mirror the RFP format by section and sequence of questions included.	Pages 28-30

- Providers will be given access and instructions to a secure FTP website to upload their PDFs – AFTER they submit the AOR form and before the response deadline.



Organizing Your Application

PDF 1:

Section II – Required Performance and Staffing Deliverables



Organizing Your Application - PDF 1

F. Signature Statement of Acceptance:

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

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



PDF 1: Section II – Required Performance and Staffing Deliverables

Complete and sign **Signature Statements of Acceptance** (fill in fields and sign on pages 22 and 23)

Submit a **complete PDF of the entire content of Section II, pages 7-23, ending with your signed statements of acceptance for each section**, as a single PDF document.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II - Required Performance and Staffing Deliverables.

Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.

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

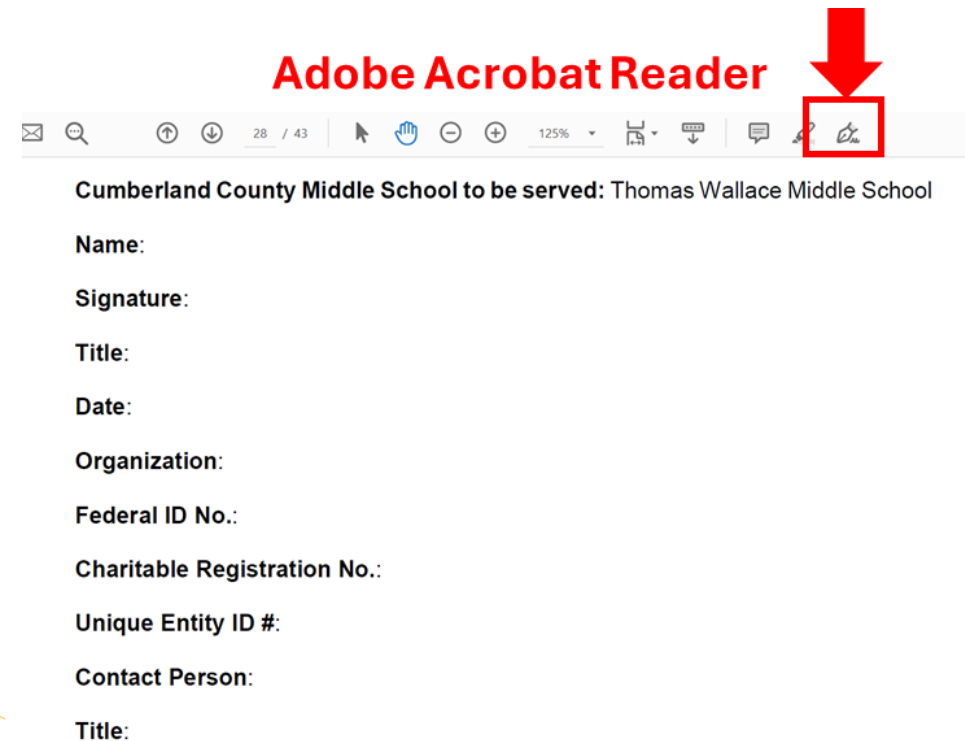
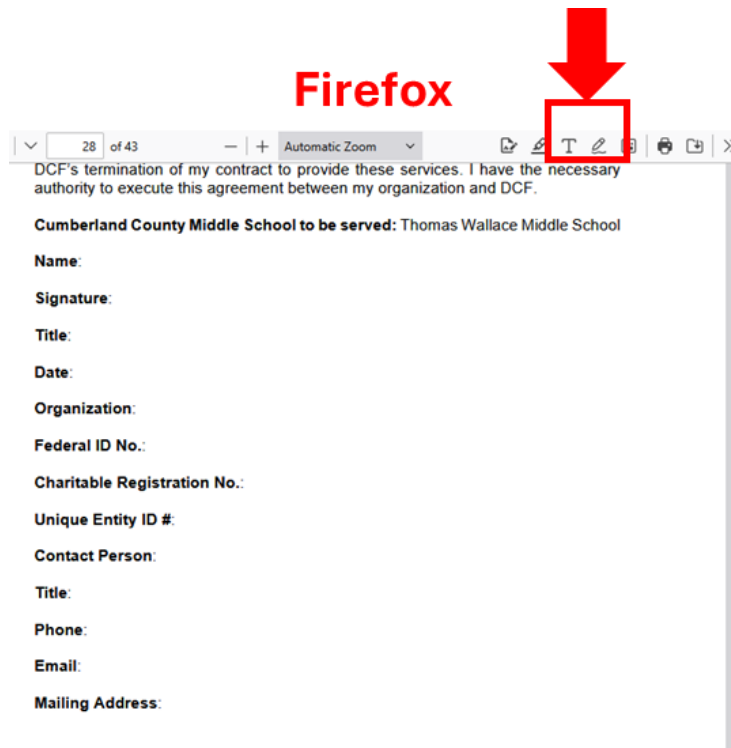


How to fill in and sign PDF 1?

Options include:

- A. Print, fill out, and scan pages 7-23 into a PDF file
- B. Use software such as Adobe Acrobat Reader (free)
- C. Use web browsers such as Edge and Firefox

Note: Copy-pasted text will **not** be accepted.



Organizing Your Application

PDF 2:

**Section III A – Documents Requested to be Submitted with
This Response**



Organizing Your Application - PDF 2

- **PDF 2: Section III A – Documents Requested to be Submitted with This Response**

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

1. Description of Accounting System
2. Employee Information Report (Affirmative Action Certificate)
3. Internal Governance:
 - Agency By-Laws – or –
 - Management Operating Agreement
4. Statement of Assurances
5. Governing Body:
 - Board of Directors – or –
 - Managing Partners (LLC) – or –
 - Board of Trustees
6. NJ Business Registration Certificate (for Profit/LLC) or Non-profit (N/A)
7. Business Associate Agreement—HIPAA *



* = Signature required.

Organizing Your Application - PDF 2 *Continued*

- **PDF 2: Section III A – Documents Requested to be Submitted with This Response**

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

8. Organization's Conflict of Interest Policy (not the DCF policy)
9. Compliance and Quality Assurance
 - Corrective Action Plan(s)/Review(s) and/or Performance Improvement Plan(s) (PIP) – or –
 - N/A Signed Statement of Non-Applicability
10. Certification Regarding Debarment *
11. Disclosure of Investigations and Other Actions *
12. Disclosure of Investments in Iran *
13. Ownership Disclosure Form
14. Disclosure of Prohibited Activities in Russia and Belarus *
15. Source Disclosure Form *
16. System for Award Management (SAM)



* = Signature required.

Organizing Your Application - PDF 2 *Continued*

- **PDF 2: Section III A – Documents Requested to be Submitted with This Response**

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

17. Business Entity Filing

- Certificate of Incorporation – or –
- LLC Formation

18. Notice of Standard Contract Requirements, Processes, and Policies *

19. Organizational Chart

20. Chapter 271/Vendor – Certification and Political Contribution Disclosure Form *

21. Prevent Child Abuse New Jersey Safe-Child standards

22. Contractual Agreement - Submit one (1)

- Standard Language Document * – or –
- Individual Provider Agreement –or –
- Department Agreement



* = Signature required.

Organizing Your Application - PDF 2 *Continued*

- **PDF 2: Section III A – Documents Requested to be Submitted with This Response**

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

- 23. Tax Exempt Organization Certificate / IRS Determination Letter (Non-Profit Only) –or– For Profit/LLC (N/A)
- 24. Tax Forms
 - Non-Profit: Form 990 Return of Organization Exempt from Income Tax – or –
 - For Profit: Form 1120 US Corporation Income Tax Return – or –
 - LLCs: Form 1040 Form 1040 (Schedule C, E, F) and may delete/redact any SSN or personal identifying information
- 25. Trauma Informed and Cultural Inclusivity Practices



Helpful Links for Documents #21 and #25

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

[“Sexual Abuse Safe-Child Standards”](#)



- [DCF | Trauma Informed Practices](#)



Common Questions & Errors

PDF 2 – Document #2

Form AA302
Rev. 02/22

STATE OF NEW JERSEY

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

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

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate (Employee Information Report)

- If you are a startup, you may submit a completed AA302 form (left) and a receipt of payment from Treasury (\$150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

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

8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.



Common Questions & Errors

PDF 2 – Document #13



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME:

YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | ☐ | ☐ |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | ☐ | ☐ |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | ☐ | ☐ |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
(b) all individual partners in the partnership who own a 10% or greater interest therein; or,
(c) all members in the limited liability company who own a 10% or greater interest therein.

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

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

13. Ownership Disclosure Form

- You **must** submit this with your response, or it will not be considered.
- Read and complete each section carefully.



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

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.
- This is a two-step process:
 - 1 Apply for a UEID number at sam.gov – this is **FREE**. Once you have the UEID number;
 - 2 Register your UEID number, also at sam.gov. This process may take about two weeks.



22. Please submit only one (1) :

- Standard Language Document (most common)
OR
- Individual Provider Agreement
OR
- Department Agreement (if you are a state agency)



Organizing Your Application

PDF 3:

**Section III B – Additional Documents Requested to Submitted
with This Response**



Organizing Your Application - PDF 3

- **PDF 3: Section III B – Documents Requested to Submitted with This Response**

- **Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

There are **nine (9) documents** that should be combined into **PDF 3**:

1. Two (2) Proposed Budget Forms
2. Two (2) Budget Narratives (one for each proposed budget)
3. Implementation Plan (should detail timeline for implementing the proposed services)
4. Total (2) Letters of Collaboration
5. Total (2) Letters of Support
6. Price Quotes for specially required equipment or software
7. Proposed Respondent Organizational Chart (*specifically reflecting the proposed AIP initiative*)
8. Subcontracts/ Consultant Agreements/ Memorandum of Understanding, or a Letter of Commitment
9. Training Curricula Table of Contents

} *Collaborator/Supporter must include their contact information:*

- *Name,*
- *Telephone Number and/or Email*



Organizing Your Application - PDF 3

BUDGETS

Be sure to review and follow the **instructions tab** on the proposed budget form.

Two (2) proposed budgets are required with this RFP for the initial 15-month contract term. The initial term includes two fiscal years.

FY 2026 Three (3) Months

One proposed budget for the initial three (3) months beginning April 1, 2026 – June 30, 2026

- up to \$60,071 for operating expenses, and
- up to \$ 25,000 for start-up expenses

NOTE: Start up funds MUST be expended in FY 2026, before June 30, 2026.

Total: \$85,071

FY 2027 Twelve (12) Months

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

- up to \$240,284 for operating expenses.
- No start-up

Total: \$240,284



Organizing Your Application

PDF 4:

Section IV – Respondent Narrative Responses



Organizing Your Application - PDF 4

PDF 4: Section IV – Narrative Responses

- Answers to questions will be carefully reviewed and scored.
- Please answer all questions in the order they are presented.
- There is a 10-page limitation for each of the three (3) narrative sections of the response for a total of no more than 30 total pages.

Section IV Subsections include:

- A. Community and Organizational Fit
- B. Organizational Capacity
- C. Organizational Support



Technical Assistance (TA)

Technical Assistance (TA) is available to prospective applicants. Questions regarding the completion and submission of a DCF Request For Proposals (RFP) must be submitted to dcf.askrfp@dcf.nj.gov.

dcf.askrfp@dcf.nj.gov



Questions & Answers

- Respondent may not contact the DCF Department on Women directly, in person, or by telephone, concerning this RFP. Questions may be sent via email to DCF.ASKRFP@dcf.nj.gov
- Technical questions about forms, documents, and format may be sent at any time prior to the response deadline, **12:00 PM on Tuesday, December 2, 2025**
- Questions about the content and deliverables of the RFP must be sent by **Thursday, November 6, 2025**
- All answers to content and deliverables related questions will be posted 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)



RFP Timeframes



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Questions

