



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

**Organization Name:** \_\_\_\_\_

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

**Organization Mailing Address:** \_\_\_\_\_

**Organization Email Address:** \_\_\_\_\_

**Organization Phone Number:** \_\_\_\_\_

**AOR Contact Name:** \_\_\_\_\_

**AOR Contact Phone Number:** \_\_\_\_\_

**AOR Contact Email Address:** \_\_\_\_\_

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:** \_\_\_\_\_

**County/Region/Location to be served (if applicable):** \_\_\_\_\_

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

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

**CEO Email Address:** \_\_\_\_\_

**Please NOTE:** Registered AOR forms must be received **not less than five (5) business days prior to the date the response is due.** Please Email to: [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov).

An email authorization shall be provided to the above-named AOR Contact so that the RFP/RFQ proposal can be submitted. The authorization is for the above organization. If someone else needs to submit the RFP/RFQ, the email information may be shared, or you may request a replacement authorization. Questions call (609) 888-7730.