**2019 RFP: Displaced Homemaker Program-Cape May and Salem Counties**

**DCF Checklist**

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|  | **Part I: Proposal Checklist (Other than Universities)** | |
| 1 |  | **Proposal Cover Sheet** – (signed and dated) Website: <http://www.nj.gov/dcf/providers/notices/requests/#2>  Form: <http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc> |
| 2 |  | **Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies. |
| 3 |  | **Proposal Narrative** in following order **20-Page Limitation**   1. Organizational Fit 2. Organizational Capacity 3. Organizational Support 4. Budget 5. Leveraging |
|  |  | **Part II: Appendices** |
| 4 |  | **Job descriptions** that include all educational and experiential requirements |
| 5 |  | **Resumes** of any existing staff who will perform the proposed services. (please do not provide home addresses or personal phone numbers) |
| 6 |  | **Staffing Patterns** |
| 7 |  | **Current Agency-Wide Organizational Chart** |
| 8 |  | **Organizational Chart for the proposed program operation** |
| 9 |  | **Letter of commitment or MOU.** (if relevant to your program) If not applicable, include a written statement. |
| 10 |  | **No more than 3 letters of support** related to this application |
| 11 |  | **A description/floor plan of program space. Additional photos and/or floor plans are also welcomed.** |
| 12 |  | **Program Implementation Schedule** |
| 13 |  | **Signed Attestation (Attachment 3)** |
| 14 |  | **Curricula Table of Contents for current and proposed training** |
| 15 |  | **Written policies implementing trauma-informed practices** |
| 16 |  | **DCF** **Budget** **Form** |
| 17 |  | Agency’s **Conflict of Interest policy** |
| 18 |  | **Copies of any audits (not financial audit) or reviews** (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last 2 years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant’s position. If not applicable, include a written statement. Applicants 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. |
| 19 |  | **Include a Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders of Responsible Governing Body).**  List must be Dated and include the following:   1. Names 2. Titles, 3. Emails 4. Phone numbers 5. Address **and** 6. Terms |
| 20 |  | **DCF Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
| 21 |  | Document showing **Data Universal Numbering System** (**DUNS**) Number  [2006 Federal Accountability & Transparency Act (FFATA)]  Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
| 22 |  | **System for Award Management** (**SAM**) printout (**or Renewal**) showing "**active**" status (free of charge).  Website: [https://www.sam.gov/portal/publicSAM](https://www.sam.gov/portal/public/SAM)  Helpline: 1-866-606-8220 |
| 23 |  | Applicable Consulting **Contracts**, **Affiliation** **Agreements**/**Memoranda** of Understanding related to this RFP. If not applicable, include a written statement |
| 24 |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
| 25 |  | **Professional Licenses** related to job responsibilities for this RFP. If not applicable, include a written statement |
| 26 |  | **Affirmative Action Certificate** -or- **Renewal Application** [AA302] sent to Treasury  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> |
| 27 |  | **Certificate of Incorporation**  Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> |
| 28 |  | **For Profit**: **NJ Business Registration** Certificate with the Division of Revenue. See instructions for applicability to your organization.  Website: <http://www.nj.gov/njbusiness/registration/>  If not applicable, include a written statement. |
| 29 |  | **Agency By-laws** **or Management Operating Agreement if an LLC** |
| 30 |  | **Tax Exempt Organization Certification - (ST-5)** -or- **IRS Determination Letter 501(c)(3)**  Website: <http://www.state.nj.us/treasury/taxation/exemptintro.shtml> |
| 31 |  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated) [Version 8-4-17]  Form:  <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
| 32 |  | **Disclosure of Investment Activities in Iran** (PDF) (signed and dated) [Version 6-19-17]  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 33 |  | **For Profit**: **Statement of Bidder/Vendor Ownership Form** (PDF) (signed and dated) [Version 6-19-17]  See instructions for applicability to your organization.  Form: <http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf>  If not applicable, include a written statement |
| 34 |  | **For Profit**: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions (signed and dated) [Version: Rev 4/17/15]. See instructions for applicability to your organization.    Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  If not applicable, include a written statement. |
| 35 |  | **Certification Regarding** **Debarment-(Signed and dated)**  Website: <http://www.nj.gov/dcf/providers/notices/requests/#2>  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
| 36 |  | **Statement of Assurances** – **(Signed and dated)** Website: <http://www.nj.gov/dcf/providers/notices/requests/#2>  Form: <http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc> |
| 37 |  | **Tax Forms:**  Non-Profit **Form 990** Return of Organization Exempt from Income Tax or- For Profit **Form 1120** US Corporation Income Tax Return **or**-LLC **Applicable Tax Form** and may delete or redact any SSN or personal information |