**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 TreasuryWebsite: <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  |