**Appendices Checklist for Universities**

All supporting documents submitted in response to this RFP must be organized in the following manner for Universities:

|  |  |
| --- | --- |
|  |  **Part I: Proposal Checklist for Universities** |
| 1 | [ ]  | **Proposal Cover Sheet** (signed and dated) – Use the RFP forms found directly under the Notices section on 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 | [ ]  | **Letter of Commitment or MOU** (if relevant to your program). If not applicable, include a written statement. |
| 7 | [ ]  | **No more than 3 letters of support** related to this application |
| 8 | [ ]  | **Signed Attestation** |
| 9 | [ ]  | **Curricula Table of Contents for current and proposed training** |
| 10 | [ ]  | **Staffing Patterns** |
| 11 | [ ]  | **Current** **Agency-Wide Organization Chart**  |
| 12 | [ ]  | **Organizational Chart for the proposed program operation** |
| 13 | [ ]  | **Program Implementation Schedule**  |
| 14 | [ ]  | **Written policies implementing trauma-informed practices** |
| 15 | [ ]  | **DCF** **Budget** form |
| 16 | [ ]  | Agency’s **Conflict of Interest policy** |
| 17 | [ ]  | **A description/floor plan of program space****Additional photos and/or floor plans are also welcomed.**  |
| 18 | [ ]  | **Copies of any audits or reviews (not financial audit)** (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 | [ ]  | **S.208-Departmental Agreement** with Another State Agency-**Signed & Dated**<http://www.dcf.state.nj.us/businessoperations/contractadmin/Documents/2032008.pdf> |
| 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/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 | [ ]  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated)Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf>  |
| 28 | [ ]  | **Disclosure of Investment Activities in Iran** (PDF) (signed and dated) Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>  |
| 29 | [ ]  | 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 |
| 30 | [ ]  | **Certification Regarding** **Debarment** (signed and dated)Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf>  |
| 31 | [ ]  | **Statement of Assurances** (signed and dated)–Use the RFP forms found directly under the Notices section: Website: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/) Form: <http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>  |
| 32 | [ ]  | Most recent **Financial** **Audit or Financial Statement** (**certified by accountant** or accounting firm) Audit: For agencies expending over $100,000 in combined Federal/State Awards -**or**-Financial Statement: For agencies expending under $100,000 Policy: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf> |