**Appendices Checklist for Universities**

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

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|  | **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 Treasury  Website: <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> |