NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

# Sexual Violence Direct Services and Primary Prevention In Union County

DCF Division on Women (DOW)

Thursday, October 16, 2025

# Agenda & Objectives

- Welcome & Introductions
- RFP Requirements
- Organizing the RFP Application
- Direct Service Programmatic Requirements
- Primary Prevention Programmatic Requirements
- Staffing & Training
- Q & A

# Timeframes

| Date | Event |
|---|---|
| Tuesday, October 7th | RFP Published |
| Thursday, October 16th @ 11:00 AM | Virtual Conference |
| Friday, October 17th (tomorrow) | Program Related Questions Due |
| Thursday, October 30th | Authorized Organization Representative (AOR) Form Due |
| Thursday, November 6th @ 12:00PM | Response Deadline |

* DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

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

**Organization Name:** Example, Inc.

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

**Organization Mailing Address:** 123 Main Street, Cherry Hill, NJ 08002

**Organization Email Address:** main@exampleinc.org

**Organization Phone Number:** (856) 555-5555

**AOR Contact Name:** John Smith

**AOR Contact Phone Number:** (856) 555-5555

**AOR Contact Email Address:** john@exampleinc.org

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:** ENTER RFP/RFQ NAME HERE

**County/Region/Location to be served (if applicable):** ENTER HERE

**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:** John Smith **Date:** 5/5/2025

**Signature:** SIGN HERE

**CEO Email Address:** john@exampleinc.org

# Pre-Submission Instructions: AOR

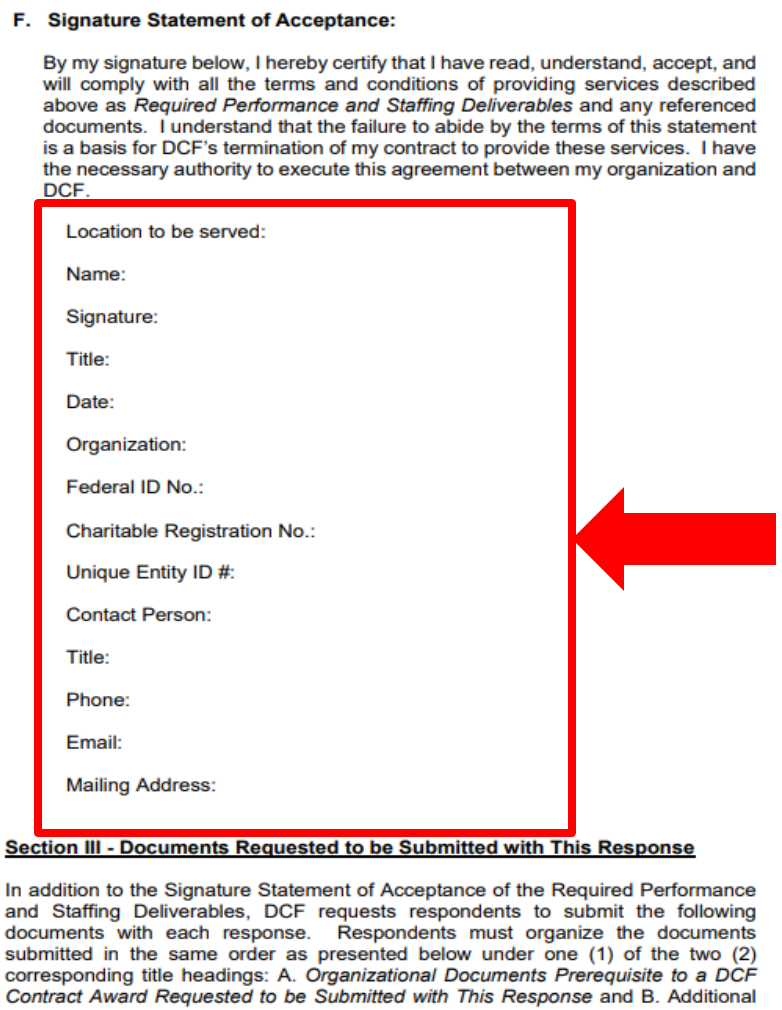
- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the form is filled out **completely and signed**.
- Please enter the name of the RFP on the line RFP/RFQ. **Sexual Violence Direct Services and Primary Prevention In Union County**
- Please enter the **County** that you plan on serving on the line County/Region/Location.
- **Note**: The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.

# Organizing & Submitting Your Application

- The application must be organized and submitted as four (4) separate PDFs.
  - **PDF 1**: Signed statements of acceptance
    - Section II A – Signed Required Performance and Staffing Deliverables; **Sexual Violence Direct Services** pages **7-17** and
    - Section II B – Signed Required Performance and Staffing Deliverables; **Primary Prevention Sexual Violence** pages **17-25**
  - **PDF 2**: Section III A – Documents Requested to be Submitted with This Response; see list on pages **25-29**
    - **25 numbered organizational documents. If any are N/A for your organization, please explicitly say so.**
  - **PDF 3**: Section III B – Additional Documents Requested to Submitted with This Response; see list on pages **29-30**
    - **8 additional program related document types**
  - **PDF 4**: Section IV – Respondent Narrative Responses; pages **30-33**

- Providers will be given access and instructions to a secure FTP website to upload their PDFs (after they submit the AOR form and before the response deadline).

# Organizing Your Application-PDF 1



**F. Signature Statement of Acceptance:**

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

**Section III - Documents Requested to be Submitted with This Response**

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional

## PDF 1: Section II A & B – Required Performance and Staffing Deliverables

Complete and sign two **Signature Statements of Acceptance** (fill in fields and sign on pages 17, & 24-25)

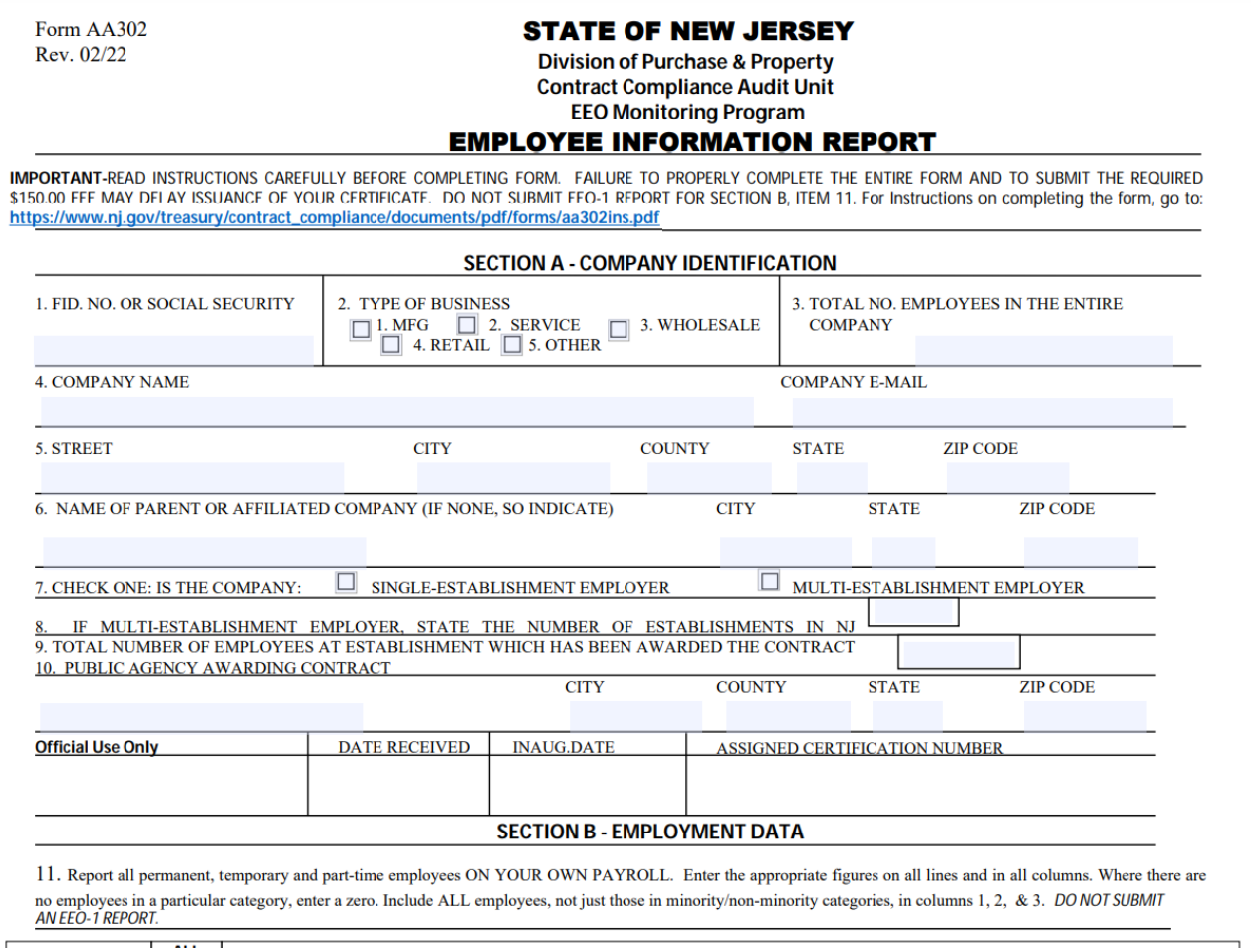
Submit a complete copy of the content of

- Section II A Sexual Violence Direct Services pages 7-17 &
- Section II B Primary Prevention Sexual Violence (PPSV) pages 17-25
- **ending with your signed statements of acceptance for each section,** as a single PDF document.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II A & B - Required Performance and Staffing Deliverables.

Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.

# PDF 2 Common Questions Doc #2



Form AA302
Rev. 02/22

**STATE OF NEW JERSEY**
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT**-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED $150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY
2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER
3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME
COMPANY E-MAIL
5. STREET CITY COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT
10. PUBLIC AGENCY AWARDING CONTRACT
CITY COUNTY STATE ZIP CODE

| Official Use Only | DATE RECEIVED | INAUG.DATE | ASSIGNED CERTIFICATION NUMBER |
|---|---|---|---|
| | | | |

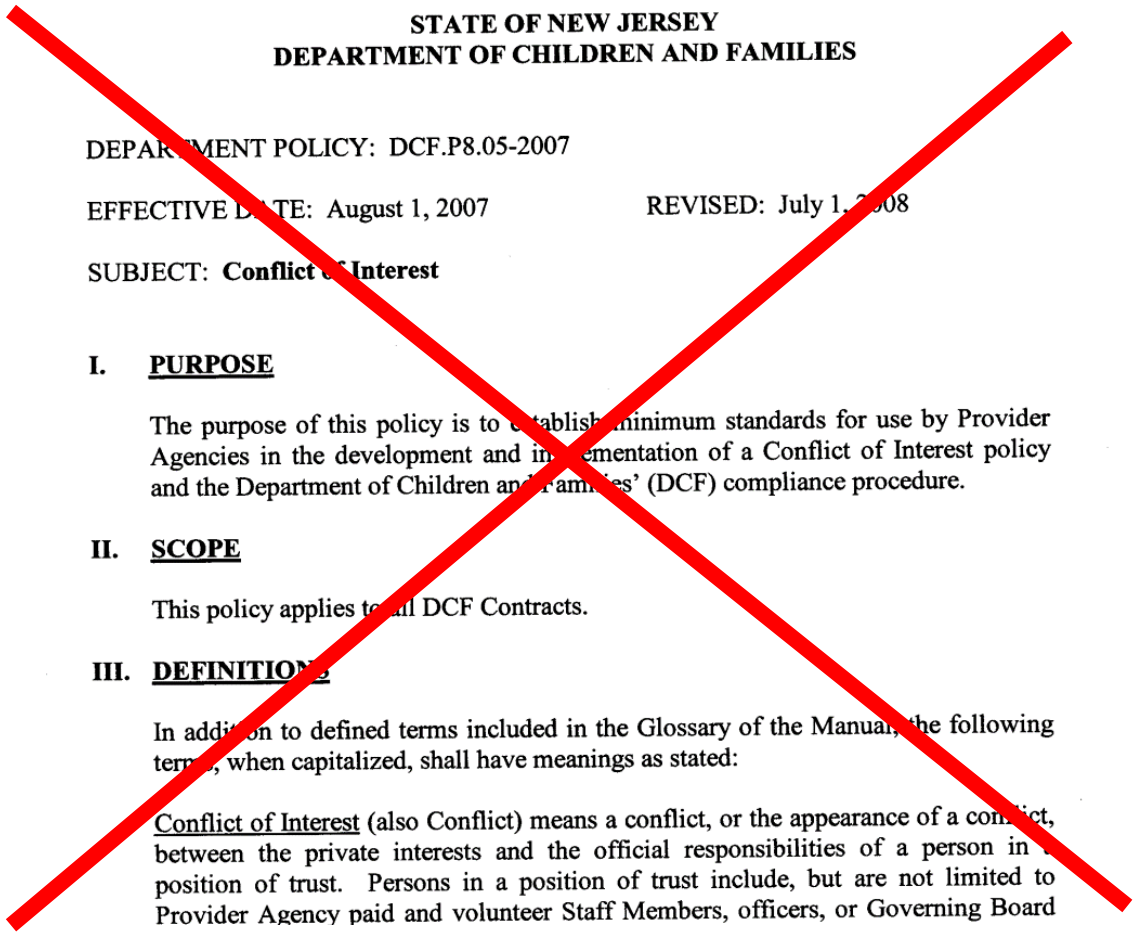
**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT AN EEO-1 REPORT.*

## 2. Affirmative Action Certificate

- If you are a startup, you may submit a completed AA302 form (left) and a receipt of payment from Treasury ($150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.

# PDF 2 Common Questions Doc #8



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007 REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. **PURPOSE**

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. **SCOPE**

This policy applies to all DCF Contracts.

III. **DEFINITIONS**

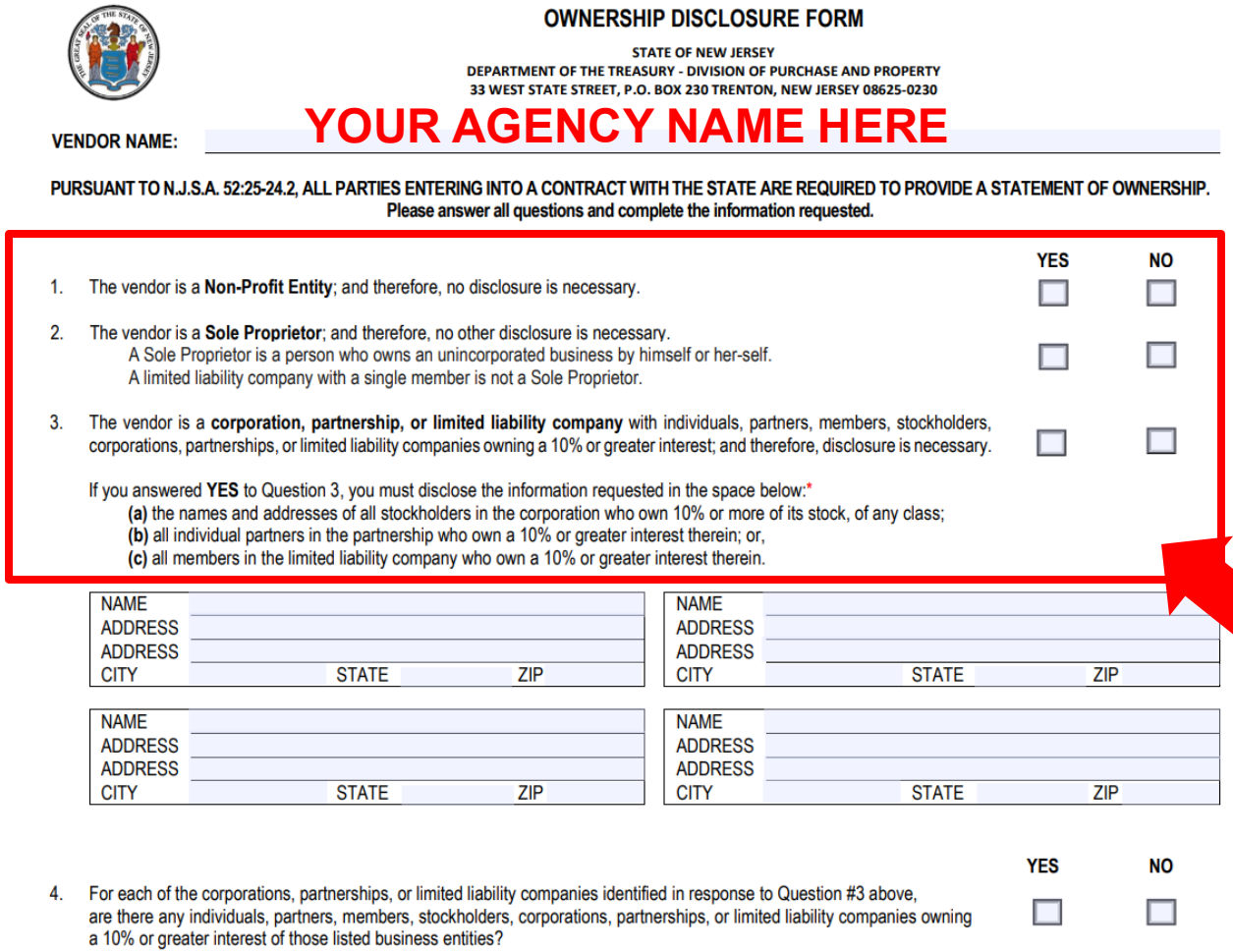
In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

## 8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.

# PDF 2 Common Questions Doc #13



**OWNERSHIP DISCLOSURE FORM**

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME: YOUR AGENCY NAME HERE

**PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.**
**Please answer all questions and complete the information requested.**

| | YES | NO |
|---|---|---|
| 1. The vendor is a **Non-Profit Entity**; and therefore, no disclosure is necessary. | ☐ | ☐ |
| 2. The vendor is a **Sole Proprietor**; and therefore, no other disclosure is necessary. A Sole Proprietor is a person who owns an unincorporated business by himself or her-self. A limited liability company with a single member is not a Sole Proprietor. | ☐ | ☐ |
| 3. The vendor is a **corporation, partnership, or limited liability company** with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | ☐ | ☐ |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*
**(a)** the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
**(b)** all individual partners in the partnership who own a 10% or greater interest therein; or,
**(c)** all members in the limited liability company who own a 10% or greater interest therein.

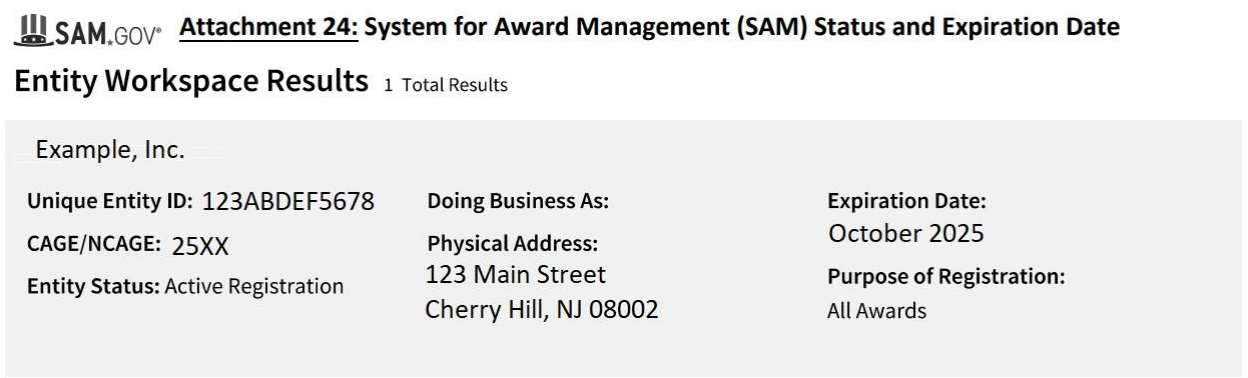
| | | | |
|---|---|---|---|
| NAME | | NAME | |
| ADDRESS | | ADDRESS | |
| ADDRESS | | ADDRESS | |
| CITY | STATE ZIP | CITY | STATE ZIP |
| NAME | | NAME | |
| ADDRESS | | ADDRESS | |
| ADDRESS | | ADDRESS | |
| CITY | STATE ZIP | CITY | STATE ZIP |

| | YES | NO |
|---|---|---|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | ☐ | ☐ |

## 13. Ownership Disclosure Form

- You **must** submit this with your response, or it will not be considered.
- Read and complete each section carefully.

# PDF 2 Common Questions Doc #16



SAM.GOV **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

**Entity Workspace Results** 1 Total Results

Example, Inc.

**Unique Entity ID:** 123ABDEF5678
**CAGE/NCAGE:** 25XX
**Entity Status:** Active Registration

**Doing Business As:**
**Physical Address:**
123 Main Street
Cherry Hill, NJ 08002

**Expiration Date:**
October 2025
**Purpose of Registration:**
All Awards

## 16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.
- This is a (free) two-step process, first you must apply for a UEI number at **sam.gov** and once you have the UEI number then you must register it, also at **sam.gov**. This process may take about two weeks.

# PDF 2 Common Questions Doc #22

**22. Please submit only <u>one (1) :</u>**

**If you are unsure which one, please ask at dcf.askrfp@dcf.nj.gov**

- Standard Language Document (most common)

  OR

- Individual Provider Agreement

  OR

- Department Agreement (if you are a state agency)

# Organizing Your Application-PDF 3

- **PDF 3: Section III – Documents Requested to Submitted with This Response**
  - **Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

    There are **eight (8)** documents that should be combined into **PDF 3**:

    1. Four (4) Proposed Budget Forms
    2. Four (4) Budget Narratives
    3. Implementation Plan (should cover both sets of program deliverables)
    4. Two (2) Letters of Collaboration
    5. Two (2) Letters of Support
    6. Proposed Respondent Organizational Chart
    7. Proposed Subcontracts/ Consultant Agreements/ Memorandum of Understanding, or a Letter of Commitment
    8. Training Curricula Table of Contents

# Organizing Your Application-PDF 3-Budget

- **PDF 3: Section III – Documents Requested to Submitted with This Response**
  - **Subsection B. Additional Documents Requested to be Submitted in Support of This Response**
    - **BUDGETS**

Be sure to review and follow the **instructions tab** on the proposed budget form. Technical questions about the form may be sent to dcf.askrfp@dcf.nj.gov at any time.

Two proposed budgets for initial six-month term beginning January 1, 2026 – June 30, 2026

- up to $164,695 for SVDS
- up to $ 90,950 for PPSV
- up to $ 50,000 for start-up that can be requested in one program budget or divided across both budgets.

Two proposed budgets for the twelve-month term beginning July 1, 2026 – June 30, 2027

- up to $329,389 for SVDS
- up to $181,898 for PPSV
- no start-up

# Organizing Your Application-PDF 4

**PDF 4: Section IV –Narrative Reponses**

**Answers to questions will be carefully reviewed and scored.**

**Please answer all questions in the order they are presented.**

**There is a 10-page limitation for each of the three (3) narrative sections of the response for a total of no more than 30-pages.**

- Subsection A. Community and Organizational Fit
- Subsection B. Organizational Capacity
- Subsection C. Organizational Support

# Direct Service Programmatic Requirements

Must offer a comprehensive array of services following:

- 24-hour/ 7-day Hotline and Information/Referral
- Crisis Intervention
- Counseling
- Victim Advocacy
- Legal Advocacy
- Medical Accompaniment
- Transportation
- Services for Children
- Prevention Activities
- Community Education and Partnerships

# Primary Prevention Programmatic Requirements

PPSV → focuses on preventing acts of sexual violence before they occur

- Utilizes public health approach utilizing the Socio-Ecological Model (SEM)
- Agencies implements the community level primary prevention strategies through Community Action Plan

# Staffing and Training

- Ensure appropriate staffing to carry out required SV Direct activities like Advocate, Counselor, or Program Director.
- PPSV requires a Prevention Coordinator.
- Ensure staff for Continuous Quality Improvement and data management.
- Staff/volunteers must complete 40 hours sexual violence training.

# Questions & Answers

- Respondent may not contact the DCF Department on Women directly, in person, or by telephone, concerning this RFP. Questions may be sent via email to DCF.ASKRFP@dcf.nj.gov
- Technical questions about forms, documents, and format may be sent at any time prior to the response deadline,**12:00 PM on Thursday, November 6, 2025**
- Questions about the content and deliverables of the RFP must be sent by **Friday, October 17, 2025**
- All answers to content and deliverables related questions will be posted to the Department website at DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities (nj.gov)

# Timeframes

| Date | Event |
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