

EXHIBIT D

Rev. 9-24-19

**CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the OOH RFP Results in an Award**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) -or- other CSOC Approved Form (signed/dated) Annex A: https://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, PSSR, Program Summary Form, Agency Data Sheet, Program Component Form)
2	<input type="checkbox"/> Annex A Addendum (for each program component) - submitted online in CYBER (signed/dated)
3	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP:</u> Updated Annex B Budget Form (signed/dated) Annex B: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
4	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those formed by an RFQ]</u> Annex B-2 (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
5	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup:</u> Schedule of Estimated Claims (SEC) (signed/dated) CSOC Form: Provided by contract administrator, if applicable
6	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
7	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Rev 7/10/17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf
8	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Current or Continued Certificate of Occupancy If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a certificate of occupancy is not required.
9	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of Lease, Mortgage or Deed If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a lease, mortgage or deed is not required.
10	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov/ Help Desk: Call 609-341-3500 -or- Email njstart@treas.nj.gov
11	<input type="checkbox"/> <u>For Medicaid Paid Programs:</u> Medicaid Provider Enrollment Application (signed/dated) Form: Provided by CSOC, if applicable
12	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP:</u> Updated PSSR Form Form: ProgramStaffingSummaryReport.xlsm Website: https://nj.gov/dcf/providers/contracting/forms/csoc.html

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:	
13	<input type="checkbox"/> Annual Report to Secretary of State Website: https://www.njportal.com/dor/annualreports
14	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note</u> : The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.
15	<input type="checkbox"/> Equipment Inventory for items purchased with DCF Funds If not applicable, include a signed/dated note, on agency letterhead, stating you will not purchase any equipment with DCF funds and the requirement is not applicable. Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
16	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Current Health/Fire Certificates If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a health/fire certificate is not required.
17	<input type="checkbox"/> Liability Insurance (Declaration Page/Malpractice Insurance) <u>Note</u> : Policy must show two items... 1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625 2. Contain language stating DCF is an additional insured Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
18	<input type="checkbox"/> DCF Notification of Licensed Public Accountant Form (NLPA) [Rev. 7-15-19] -and- copy of Non-Expired Accountant's Certification [Ensure DCF form is used and 2 signatures are provided] Form: https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate are not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note</u> : The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.
19	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Current DCF Office of Licensing (OOL) Certificate If not applicable, include a signed/dated note, on agency letterhead, stating you do not provide services to youth onsite and an OOL certificate is not required. Website: https://www.nj.gov/dcf/about/divisions/ol/
20	<input type="checkbox"/> Most recent Audit -or- Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml [Policy Rev. 7/15/19]

EXHIBIT D: POST AWARD

21	<input type="checkbox"/>	<p><u>For Cost Reimbursement Contract Components Including Startup: Report of Expenditures</u> (ROE) Annex B Interim (15 days of end of 6th month) -and- Final (9 months after end of fiscal year) Form: https://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</p>
22	<input type="checkbox"/>	<p><u>For Each Site Hosting Youth</u> - Copy of Accreditation {Joint Commission, COA, CARF} as applicable (required annually and as amended). If not applicable, include a signed/dated written statement on agency letterhead stating you do not host youth onsite and the accreditation requirement is not applicable.</p>
<p>▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:</p>		
23	<input type="checkbox"/>	<p>Agency Organizational Chart</p>
24	<input type="checkbox"/>	<p>Copy of Most Recently Approved Board Minutes</p>
25	<input type="checkbox"/>	<p>Personnel Manual and Employee Handbook (include staff job descriptions)</p>
26	<input type="checkbox"/>	<p>Affirmative Action Policy/Plan</p>
27	<input type="checkbox"/>	<p>Conflict of Interest Policy and Attestation https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</p>
28	<input type="checkbox"/>	<p>Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</p>