

EXHIBIT C
CSOC Pre Award Documents
Required to Be Submitted with a Response to a CAMP RFQ

Rev 9-24-19

| ▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE: | |
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| 1 | <input type="checkbox"/> Standard Language Document (SLD) (signed/dated) [Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc |
| 2 | <input type="checkbox"/> Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx |
| 3 | <input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of Board of Directors -or- Managing Partners , if a LLC/Partnership -or- Chosen Freeholders of Responsible Governing Body |
| 4 | <input type="checkbox"/> Disclosure of Investigations and Other Actions Involving Bidder (signed/dated) [Rev. 3-15-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf |
| 5 | <input type="checkbox"/> Disclosure of Investment Activities in Iran (signed/dated) [Version 6-19-17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf |
| 6 | <input type="checkbox"/> For Profit: Ownership Disclosure (signed/dated) [Rev. 9-24-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf |
| 7 | <input type="checkbox"/> Subcontract/Consultant Agreements related to this response If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply. |
| 8 | <input type="checkbox"/> For Profit: Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating the Chapter 51 form is not required and include a brief explanation as to why. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf |
| 9 | <input type="checkbox"/> Agency By Laws -or- Management Operating Agreement if a LLC |
| 10 | <input type="checkbox"/> Certificate of Incorporation Website: https://www.nj.gov/treasury/revenue/filecerts.shtml |
| 11 | <input type="checkbox"/> Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711 |

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| 12 | <input type="checkbox"/> | For Profit: NJ Business Registration Certificate with the Division of Revenue See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: https://www.nj.gov/njbusiness/registration/ |
| 13 | <input type="checkbox"/> | Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3) If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why. Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml |
| | ▶ | CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE AND ANNUALLY UPDATED THEREAFTER: |
| 14 | <input type="checkbox"/> | Affirmative Action Certificate -or- Renewal Application [AA302] sent to Treasury with payment. <u>Note:</u> The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf |
| 15 | <input type="checkbox"/> | Certification Regarding Debarment (signed/dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf |
| 16 | <input type="checkbox"/> | Tax Forms – Full Return Required <u>Non Profit Form 990</u> Return of Organization Exempt From Income Tax -or- <u>For Profit Form 1120</u> US Corporation Income Tax Return -or- <u>LLC Applicable Tax Form</u> and may delete or redact any SSN or personal information |
| 17 | <input type="checkbox"/> | Proposed Organizational Chart for services required by this response – Ensure chart includes the agency name and current date |
| 18 | <input type="checkbox"/> | Current Professional Licenses and/or Certificates related to job responsibilities If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply. |
| 19 | <input type="checkbox"/> | System for Award Management (SAM) printout showing active status and expiration date Note: Should be obtained free of charge Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220 |
| 20 | <input type="checkbox"/> | Youth Camp Safety Act Certificate of Approval issued by the Department of Health Camp Application: https://www.nj.gov/health/forms/cb-11.dot Camp Standards: https://nj.gov/health/ceohs/documents/phss/youth_camp.pdf |
| 21 | <input type="checkbox"/> | Agency Data Sheet (Attachment 1) |
| 22 | <input type="checkbox"/> | Program Component Form (Attachment 2) Note: Complete one form for each program site location/component that will operate immediately or will achieve full operation within 60 days of qualification. |