



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

The Division of Family and Community Partnerships (FCP) & The Office of Family Preservation and Reunification (OFPR)

2026 RFP - EnlightenMENT, Peer2Peer Mentoring

VIRTUAL CONFERENCE

February 10, 2026



Agenda & Objectives

- Welcome & Introductions
- RFP Timeframes
- 2026 RFP - EnlightenMENT, Peer2Peer Mentoring Overview
- RFP Requirements
- Organizing the RFP Application
- Technical Assistance (TA)
- Q & A



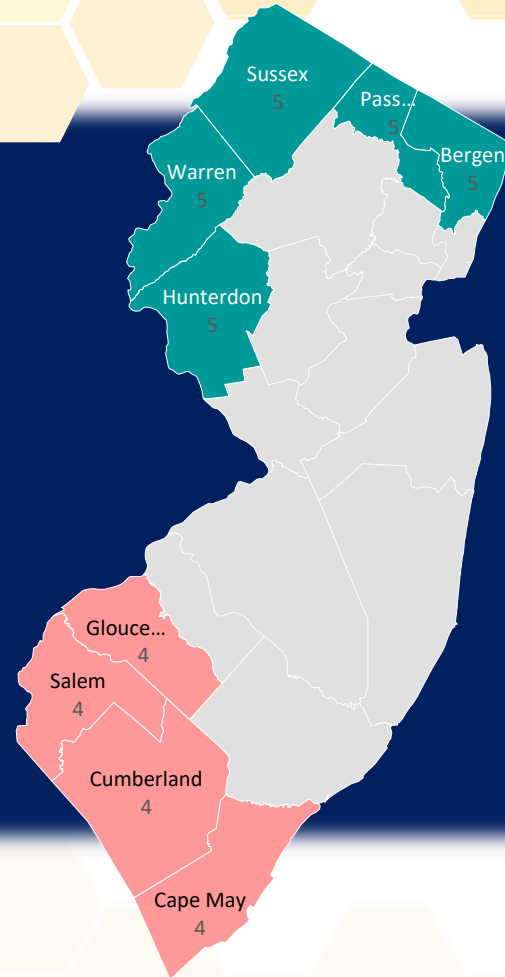
RFP Timeframes

Date	Event
Monday, February 2nd	RFP Published
Tuesday, February 10 th , at 10:00am	Virtual Conference
Friday, February 13 th	Program Related Questions Due
Thursday, February 26 th (earlier if possible)	Authorized Organization Representative (AOR) Form Due
Thursday, March 5 th at 12:00PM (<i>SHARP</i>)	Response Deadline

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



The RFP Initiative



2026 RFP EnlightenMENT, Peer2Peer Mentoring

Region 4 Counties	Region 5 Counties
Cumberland	Bergen
Gloucester	Passaic
Salem	Sussex
Cape May	Hunterdon
	Warren



Family and Community Partnerships (FCP)

DCF's Division of Family and Community Partnerships (FCP) promotes the health, well-being and personal safety of New Jersey's children and families by working with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent child maltreatment. The Division's work is housed across four offices:

- The **Office of Early Childhood Services** supports development and implementation of programs and activities related to pregnancy and parent support for families with infants and children to age five.
- The **Office of Family Support Services** contracts and works in partnership with organizations throughout the state, including school districts, to build a continuum of family-centered, holistic, and preventive services for New Jersey's children and families that touch across the lifespan.
- The **Office of Housing** works to ensure DCF's network of housing and related services are accessible, high quality, culturally competent, and effectively meet youth and family needs.
- The **Office of Family Preservation and Reunification** is committed to providing an array of high-quality, evidence-informed, family, child and youth services to promote stability, permanency and well-being for our most vulnerable children and families. This office services family and youth who are currently or formerly DCP&P involved.



FCP Programs and Offices

Office of Early Childhood Services

Evidence-Based Home Visiting
(NFP, PAT, and HFA)

Adolescent Pregnancy
Prevention Intervention (APPI)

Parent Linking Program (PLP)

County Councils for Young
Children (CCYC)

Connecting NJ

Universal Home Visiting (UHV)
/Family Connects NJ

Office of Family Support Services

NJ Family Success Center
Network (FSC)

Kinship Navigator Program
(KNP)

School Linked Services (SLS)

NJ Student Support Services
(NJ4S)

Outreach to At-Risk Youth
(OTARY)

NJ Child Assault Prevention
(NJCAP)

Office of Housing

Youth Supportive Housing

Keeping Families Together
(KFT)

Transitional Living Programs
(TLP & STLP)

Street Outreach

Adolescent Housing Hub

Office of Family Preservation & Reunification

Peer-2-Peer (P2P)/ EnlightenMENT

Pathways to Academic and Career
Exploration to Success (PACES)

Intercept

Positive Parenting Program (PPP)

Brief Strategic Family Therapy
(BSFT)

Supportive Visitation Services
(SVS)

Family Preservation Services (FPS)

Exchange Parent Aide (EPA)

Primary Prevention Services

Tertiary Prevention Services

Secondary Prevention Services



EnlightenMENT (RFP pages 1-3)

- **Number of Awards: 2**
- **Award Amount: \$484,200**
 - Start up; one-time up to **\$95,000**
 - FY26: pro-rated operational expenses for April 1st – June 30th, 2026; up to **\$77,900**
 - *FY27+: annualized operational expenses up to **\$311,300***
- Intended funding period for the contract is: **April 1st, 2026 – June 30th, 2027.**
- Start-up costs shall include but are not limited to, two vehicles (one per Peer Navigator), laptops or tablets equipped with broadband to utilize in the field; upgrades to Electronic Health Records (EHR's) to align with documentation expectations. Start-up costs may also include staff recruitment and a percentage of administrative staff costs.



Overview

- Through this RFP, the EnlightenMENT Program will expand beyond its current ten counties of service to provide statewide services to youth and young adults.
- This program provides young people, who are ages 14 to and including 21-year-olds, and in the care of the DCF's Division of Child Protection and Permanency (CP&P), with peer support through trained professional staff and credible messengers with lived experience in the state's child welfare system.
- The EnlightenMENT program delivers supportive services, including advice, guidance, and empowerment strategies, that assist young people to navigate and thrive while involved in New Jersey's foster care system. Generally, youth engage in direct services for up to a year and are eligible for up to three months of after care services.



Research Based & Evidence Informed (RFP pages 7-8)

- Children and youth in out-of-home care face numerous challenges, including negative impacts on mental health, physical health, and social-emotional well-being.
- Adolescents in out-of-home care often experience poorer academic outcomes, such as lower achievement, higher truancy rates, and lower high school completion compared to peers not in care.
- Those who age out of the child welfare system frequently struggle with transitioning to adulthood, facing difficulties in securing stable housing, employment, and community integration.
- Having at least one positive adult connection is linked to better outcomes for adolescents transitioning from out-of-home care to adulthood.
- Mentorship programs, especially those with committed, goal-oriented, and empathetic mentors, are beneficial for youth in out-of-home care.
- Credible messenger programs, where mentors have personal experience in similar systems, have shown positive effects on adolescents in care.



Program Goals and Prevention Focus (RFP pages 8-9)

- EnlightenMENT is intended to help increase youth's ability to articulate and work toward their goals, interact with professionals, and be able to initiate connections to resources on their own. To support youth in achieving their goals and successfully completing the program, a three-phased approach is utilized which includes teaming with youth and the systems they interact with.
- EnlightenMENT will be focusing on the prevention of the following:
 - Reduction in the number of youth who age out of the system without permanent connections or support.
 - Reduction in the length of time that children/youth spend in foster care.
 - Reduction in the number of moves or disruptions experienced by children in out-of-home care.



EnlightenMENT Target Population (RFP pages 9-10)



Youth ages 14 through 17 who are in CP&P Out of Home Care **and** Young Adults 18 through 21 years old (up until their 22nd birthday) who have agreed to receive voluntary adolescent services from CP&P are eligible.



This would include young adults attending college, in their own or shared apartment, and/or receiving the Independent Living Stipend.



Exclusionary Criteria for EnlightenMENT (RFP pages 12)

- Any youth with significant impairment in their ability to meet goals as a result of chronic mental health issues (e.g., frequent hospitalizations), psychotic behavior not controlled by medications (e.g., hallucinations, delusions, paranoia), developmental or intellectual disabilities, or other mental illness that is not stabilized or precludes youth's ability to function daily.
- The program shall utilize clinical judgement to determine appropriateness.
- For youth in any CSOC setting, acuity and setting restrictions are discussed along with discharge/transition timing to make an informed decision about timing/appropriateness of enrollment.



Level of Service (RFP Page 11)

- Each region will serve up to 20 unduplicated youth at any point in time (PIT) and at minimum 20 youth per contract year.
- Length of service is approximately 12 months.
- The minimum number of unduplicated youth served is based on needs data and specified by the county, detailed below:

Region 4: Cumberland, Gloucester, Salem and Cape May	Counties	Approximate Percentage of Caseload	Estimated Youth Served PIT = 20
	Cumberland	34%	7
	Gloucester	45%	9
	Salem	9%	2
	Cape May	12%	2

Region 5: Bergen, Passaic, Sussex, Hunterdon and Warren	Counties	Approximate Percentage of Caseload	Estimated Youth Served PIT = 20
	Bergen	37%	7
	Passaic	40%	8
	Sussex	8%	2
	Hunterdon	6%	1
	Warren	9%	2

EnlightenMENT Referral Process (RFP Page 11-12)

- Referrals will primarily be generated by DCP&P in partnership with OFPR. Other stakeholders may recommend youth, such as Law Guardian, Resource Parent, CASA, CMO, or self-referrals, however, DCP&P casework staff will complete and submit the referral. Eligibility will be assessed by the provider in partnership with DCP&P.
- Referrals must be initiated prior to the youth's 21st birthday to receive a full year of services. Youth can receive services until their 22nd birthday, however, CP&P must continue to remain open.
- Upon receipt of the referral, provider agencies will complete a review and consultation with CP&P to confirm the youth is eligible for services.



Service Delivery (RFP Pages 12-14)

Relationship Building and Engagement

Systems Education and Navigation

Skill Development and Youth Empowerment

Social Connection and Community Integration

Resource Linkage and Concrete Supports

Resilience and Positive Identity Development

Discharge and Aftercare Support



Type, Frequency & Duration of Services (RFP Page 14)

- **Frequency:**
 - Youth will participate in the three-phase model over a 12-month period, with a minimum of two (2) contacts per month.
- **Duration:**
 - Contact frequency and duration will be individualized based on the youth's developmental stage and needs.
 - At least one (1) contact per month will be conducted in person; the second contact may be in person, virtual, or by phone.



Community Partnerships (RFP Pages 14-15)

- Awarded respondents are expected to participate in advisory councils/boards in their local community/area of service to be aware of additional supports available to families, during service intervention and post discharge from Peer2Peer services.

Specific advisory councils and boards include but are not limited to:

Connecting NJ
Advisory Board

Human Service
Advisory
Council

Children's
Interagency
Coordinating
Council

NJ4S Advisory
Boards



EnlightenMENT Staffing Requirements

Read all staffing requirements on pages 19-21

Position	Qualifications	Responsibilities
Program Director	<ul style="list-style-type: none">• Candidate must be a licensed clinical professional (e.g., LSW, LCSW, LAC, LPC)	<ul style="list-style-type: none">• Responsible for overall oversight of the program to ensure quality program delivery, team development, management and successful program outcomes.
Clinical Coordinator (0.25 FTE)	<ul style="list-style-type: none">•Candidate must be a licensed clinical professional (e.g., LSW, LCSW, LAC, LPC) and have at least 3 years working the youth/young adults in out-of-home placement•May or may not have lived experience in child welfare.	<ul style="list-style-type: none">•Provides oversight of day-to-day operations, in addition to providing guidance, structure, supervision and coaching to the Coach Supervisor;•Responsible for providing and/or ensuring training and coaching is provided to all newly hired program staff;•Supports the Coach Supervisor by providing additional individual support to Peer Navigators, as needed. Group clinical support is provided at least monthly, to include but not limited to; discussing and identifying triggers, mindfulness, and self-care.
Coach Supervisor (0.5 FTE)	<ul style="list-style-type: none">•Graduation from an accredited college or university with a Bachelor's degree. Preference for individuals with lived experience.•Must have at least 2 years of experience in working in the community-based services field.	<ul style="list-style-type: none">•Provides daily guidance and coaching, and weekly supervision to Peer Navigators;•Responsible for providing training, coaching and modeling to all newly hired program staff;•Assists Clinical Coordinator with administrative duties related to daily operations.
Peer Navigator (2 FTE) Minimum Salary \$43,500 (commensurate with education and/or experience)	<ul style="list-style-type: none">•Must have at least a GED or High School Diploma with lived experience in the child welfare system.•P2P navigators are considered "near peers" and are required to be relatable to the youth.•License: Required to possess a valid driver's license in good standing or willingness to obtain a driver's license.	<ul style="list-style-type: none">•Young adults with lived experience must have demonstrated the ability to effectively advocate within the system while maintaining the appropriate level of diplomacy and model these skills to youth being served;•Young adults who can harness their lived experiences in navigating foster care goals to engage, empower and connect with youth currently involved with the child welfare system;•Serve as credible messengers that may be better positioned to authentically and meaningfully engage with youth experiencing a range of feelings as they enter the foster care system;

Staff Training & Implementation Support

(RFP Pages 15-16)

Awarded respondents shall use the EnlightenMENT Program Manual as a guide for successful implementation to achieve desired outcomes. The Program Manual is available on the DCF webpage:

Implementation Support and Consultation:

- **OFPR Operations Calls**: Monthly calls with OFPR Program Lead, awarded agency supervision team, and others, as needed, to discuss relevant topics regarding EnlightenMENT implementation.
- **OFPR Partnership Meetings**: Quarterly calls with OFPR Program Lead and Supervisor, awarded agency supervision team, Peer Navigators, and others, as needed, to discuss relevant topics regarding EnlightenMENT statewide implementation.
- **Case Consultation**: High-risk cases to be discussed with DCP&P regularly to include OFPR, as needed.
- **Evaluation/CQI Team**: Monthly calls, or as needed, for all involved parties to develop CQI dashboards, KPIs, fidelity tools and advise on evaluation analysis and findings. Refine program manual and model training, as needed.
- **Technical Assistance**: Program staff will also meet with assigned OFPR Program Lead for technical assistance related to program development, implementation and/or contracting deliverables.



EnlightenMENT Staff Training & Consultation

(RFP Pages 16-17)

**EnlightenMENT
Program Model
Training**

**EnlightenMENT
Supervisor's
Training**

**Youth Thrive
Training**

**Got Adolescents
Training**

**Adolescent
Legal System
Overview**



Service Delivery Area (RFP Pages 17)

- **Service Delivery Setting:** Services are to be provided where the young person feels comfortable and/or is available to meet which can include their resource home, family home, school, or locations within the community.
- **Geographic Area:** Awarded respondents are required to serve all counties listed in each region.

<u>Region</u>	<u>Counties</u>
<u>4</u>	<u>Cumberland, Gloucester, Salem and Cape May</u>
<u>5</u>	<u>Bergen, Passaic, Sussex, Hunterdon and Warren</u>

- **Service Site:** Agencies must have a presence in each of the counties within their region. This may be their own agency's physical location, a partner agency location with an agreement, or a pre-established public location that can be accessible for youth sessions, meetings, or events, as needed.



EnlightenMENT Availability and Accessibility

(RFP Pages 18-19)

Operating Hours:

- Due to the varying schedules of the young adults being served, EnlightenMENT staff will sometimes need to work flexible hours to meet those needs. Supervisors should ensure that staff are scheduling their week to meet the needs of the youth. This will require the staff to work non-traditional work hours which could include evenings and weekends.

Language Services:

- Providers shall demonstrate the capacity to communicate effectively with youth by prioritizing the recruitment and retention of bilingual or multilingual staff who reflect the linguistic and cultural makeup of the communities served. Providers must make every effort to hire staff from the local community who meet the language needs of participating youth. When bilingual staff are not available, providers shall utilize qualified translation services or live interpreters to ensure meaningful engagement and communication.
- All providers delivering DCF-purchased services must actively assess and respond to the linguistic diversity of the target population, including documenting bilingual recruitment strategies within their staffing plans. Differential compensation for bilingual or multilingual staff is encouraged to support recruitment and retention.

Transportation:

- Providers shall implement strategies to ensure that agency policy, procedures and service delivery practices promote equitable access and minimize barriers to service, as much as possible. Providers will assess and address any access obstacles related to transportation.
- Awarded respondents are permitted to request funds towards the purchase or leasing of vehicles in their proposed start-up budgets. Vehicles are primarily used by Peer Navigators and intended to alleviate transportation barriers for youth served by the program.



Data Collection Systems

(RFP Page 23 & 26)

- All data collection systems are provided by DCF and is no cost to the agency. These include NJ Spirit Extension for NYTD Data Collection, Tableau, MS Excel, Survey Monkey and myNewJersey Document Library for data collection, reporting and evaluation purposes.
- Adaptations to existing Electronic Health Record systems may be required to meet the reporting expectations of EnlightenMENT. In addition, awarded respondents may be required to use a DCF approved data collection and reporting system
- **Client Data:** Data will be collected to capture real-time EnlightenMENT client information. Providers will be responsible to maintain this data on a HIPPA-compliant computer and submit the data in regularly dedicated intervals. These will be submitted through a DCF-licensed data collection system and can include youth status reports, Navigators' reports of sessions attended, goal pursuits, and levels of engagement, per youth.



Assessment and Evaluation Tools

(RFP Pages 24-26)

- **Evaluation:** Quantitative data will be used to examine characteristics of youth who enroll or decline the program, as well as how many youth complete the program. Qualitative data will be collected via interviews. Surveys will be given to youth as the time of enrollment, as well as at 3-, 6-, and 12-month intervals, and 3 months post completion of the program. Surveys will also be administered to Navigators at baseline and 6-month timepoints to assess for changes in Navigator's psychological and emotional wellbeing. Youth and Navigators will be asked to complete a survey that assesses the quality of the youth-navigator relationship after six months of working together. Additionally, evaluations will include interviews from both Navigators (individually) and youth (group format) to attain an in-depth understanding of the program.
- **Monthly OFPR Program Report:** Providers will be required to submit a P2P Program Report to their OFPR Program Lead monthly that will capture staffing updates, trainings, programmatic successes and challenges, as well as any recruitment efforts and justification of extra funds spent on youth and/or Navigators.
- **Monthly CP&P Report:** Providers will be required to submit a monthly progress summary to the youth's assigned CP&P worker and CP&P supervisor that summarizes the monthly visits with enrolled youth, any concerns, requests, referrals made, as well as overall youth progress in the program.



Assessment and Evaluation Tools

(RFP Pages 26-27)

- **Case Notes:** Providers will maintain documentation from any case consultations with DCP&P staff regarding potential referrals of youth, as well as consultations with enrolled youth. All enrollment packets and intake information related to the youth will be kept in the youth's file. All service plans, goal setting documents, session notes, and enrollment information shall be maintained in the agency's electronic system. Any critical incidents during the program that involve enrolled youth will be documented and kept in the youth's file and submitted to DCF as per policy. Providers shall organize, collect, and maintain their data in their own database system or have capacity to track and keep confidential data and narrative reports through another process that they outline.
- **Satisfaction Surveys:** Providers will complete and maintain satisfaction surveys to assess satisfaction with services and allow for the Coach Supervisor to follow up with any dissatisfaction a young adult may have. Satisfaction surveys should be completed minimally at the time of discharge and maintained in the youth's case record.
- **NYTD Reporting** - To comply with federal reporting requirements, the contracted EnlightenMENT agency will report on NYTD Independent Living Services funded by the Department of Children and Families.



Key Deliverables & Expected Outcomes

(RFP Pages 24-25)

Short Term Outcomes:

- Youth enrolled in the program will:
 - show interest in building a trusting relationship with their Peer Navigator;
 - begin to develop knowledge of what soft skills are and can begin identifying skills to achieve;
 - begin to develop knowledge of social emotional well-being;
 - begin to express interest in developing new social opportunities and connections.

Mid Term Outcomes:

- Youth enrolled in the program will have increased their:
 - trusting relationship with their Peer Navigator through the engagement phase;
 - soft skill capacity with Peer Navigator's support;
 - social emotional well-being (self-esteem, self-efficacy, self-advocacy, perceived resilience, and empowerment);
 - social support, connections, and their capacity to work with and relate to peers and professionals.

Long Term Outcomes:

- Youth enrolled in the program will have:
 - fully established a trusting relationship with their Peer Navigator;
 - utilized learned soft skills in achieving goals;
 - increased their social emotional well-being and are able to apply these tools to care for their future selves;
 - established and maintained their social supports and connections.



Request For Proposals (RFP)

2026 RFP

EnlightenMENT, Peer2Peer Mentoring

RFP Proposal 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

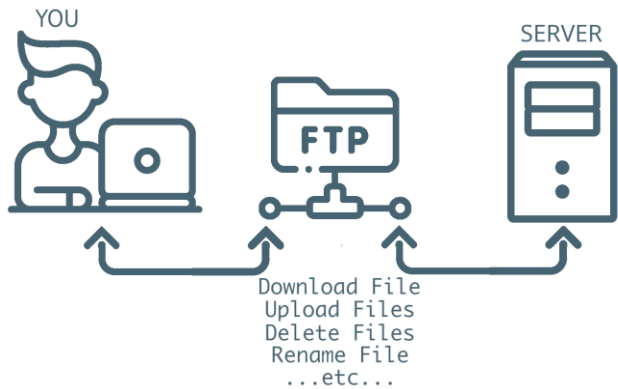
CEO Email Address: john@exampleinc.org

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. **2026 RFP EnlightenMENT, Peer2Peer Mentoring**
- Please enter the **Region** that you plan on serving on the line County/Region/Location. (Select only one)
 - Region 4: Cape May, Cumberland, Gloucester, and Salem
 - Region 5: Bergen, Hunterdon, Passaic, Sussex, and Warren
- **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.



Uploading Proposals on the FTP Site



- The identified respondent contact will be provided with instructions on how to access the FTP Site.
- Files may be uploaded and/or updated, if needed, up to the RFP proposal deadline.
 - Start uploading your proposal submission EARLY, to ensure sufficient time and a successful transmission of all required documentation.
- If you encounter any difficulties or require assistance, please submit questions to DCF.ASKRFP@dcf.nj.gov



Request For Proposals (RFP)

2026 RFP





EnlightenMENT, Peer2Peer Mentoring

RFP Requirements



Organizing & Submitting Your Application

- The application must be organized and submitted as four (4) separate PDFs.

PDF 1	Section II – Required Performance and Staffing Deliverables	
	Submit a signed <i>Statements of Acceptance</i> . Your PDF 1 must include a PDF of the <u>entire Section II content</u> , along with the final, signed and completed page.	Pages 7-28
PDF 2	Section III A – Documents Requested to be Submitted with This Response	
	Twenty-five (25) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	Pages 29-32
PDF 3	Section III B – Additional Documents Requested to be Submitted with This Response	
	Five (5) additional program related documents. If any are N/A for your organization, please explicitly say so.	Pages 32-33
PDF 4	Section IV – Respondent Narrative Responses	
	A narrative response must be completed, answering ALL questions posed within Section IV. Responses should mirror the RFP format by section and sequence of questions included.	Pages 33-36



Organizing Your Application

PDF 1:

Section II – Required Performance and Staffing Deliverables



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 – Required Performance and Staffing Deliverables

Complete and sign **Signature Statement of Acceptance** (fill in fields and sign on pages 27 and 28)

Submit a **complete PDF of the entire content of Section II, pages 7-28, 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 - 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.



How to fill in and sign PDF 1

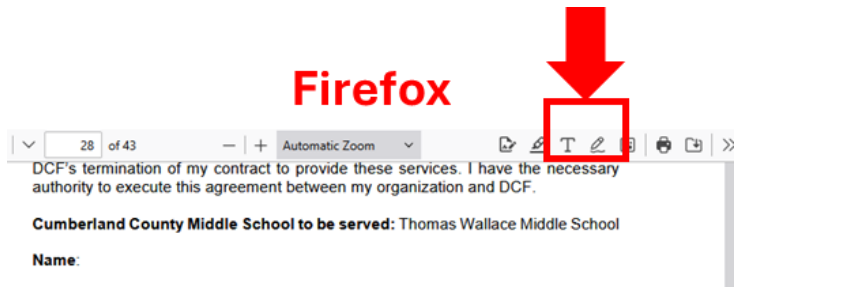
Technical
Support Tip

Options for fill in/sign and save PDF #1, include:

- A. Print, fill out, and scan pages 7-28 into a PDF file, or
- B. Use software such as Adobe Acrobat Reader (free), or
- C. Use web browsers such as Edge and Firefox

Note: Copy-pasted text will **not** be accepted.

Firefox



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DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

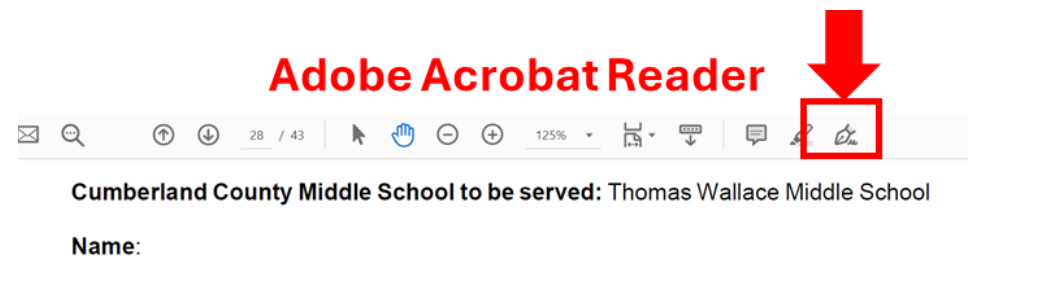
Email:

Mailing Address:

Instructions:

1. Open the PDF in Firefox.
2. At the top of the screen, find the Type tool (T).
3. Click and enter text as appropriate in the form.
4. Use the pen tool (next to the T) to sign.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Adobe Acrobat Reader



28 / 43 125%

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Instructions:

1. Open the PDF in Adobe Acrobat Reader.
2. Locate the Signature tool at the top (looks like a fountain pen)
3. Use the Type subtool (Ab) to enter text where appropriate.
4. Use the Sign tool to record and add your signature.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Organizing Your Application

PDF 2:

Section III A – Documents Requested to be Submitted with This Response



Organizing Your Application – PDF 2 Documents

■ PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) organizational documents** that should be combined into **PDF 2**:

Section III A documents include:

1. Description of Accounting System
2. Employee Information Report (Affirmative Action Certificate)
3. Internal Governance:
 - Agency By-Laws – or –
 - Management Operating Agreement
4. Statement of Assurances
5. Governing Body:
 - Board of Directors – or –
 - Managing Partners (LLC) – or –
 - Board of Trustees
6. NJ Business Registration Certificate (for Profit/LLC) or Non-profit (N/A)
7. Business Associate Agreement—HIPAA *
8. Organization's Conflict of Interest Policy (not the DCF policy)

Q&A

Question: What if the document does not apply to my organization?

Answer: If a request does not apply, you are required to submit a **Statement of Non-Applicability** on your agency letterhead.

* = Signature required.



Organizing Your Application - PDF 2 Documents *Continued*

PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

9. Compliance and Quality Assurance

- Corrective Action Plan(s)/Review(s) and/or Performance Improvement Plan(s) (PIP) – or –
- N/A Signed Statement of Non-Applicability

10. Certification Regarding Debarment *

11. Disclosure of Investigations and Other Actions *

12. Disclosure of Investments in Iran *

13. Ownership Disclosure Form

14. Disclosure of Prohibited Activities in Russia and Belarus *

15. Source Disclosure Form *

16. System for Award Management (SAM)

17. Business Entity Filing

- Certificate of Incorporation – or –
- LLC Formation

18. Notice of Standard Contract Requirements, Processes, and Policies *



Required Signature

Requested documents with an “*” require the organization’s leadership signature.



* = Signature required.

Organizing Your Application - PDF 2 Documents *Continued*

PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) documents** that should be combined into **PDF 2**:

19. Organizational Chart
20. Chapter 271/Vendor – Certification and Political Contribution Disclosure Form *
21. Prevent Child Abuse New Jersey Safe-Child standards
22. Contractual Agreement - Submit one (1)
 - Standard Language Document * – or –
 - Individual Provider Agreement – or –
 - Department Agreement
23. Tax Exempt Organization Certificate / IRS Determination Letter (Non-Profit Only) – or – For Profit/LLC (N/A)
24. Tax Forms:
 - Non-Profit: Form 990 Return of Organization Exempt from Income Tax – or –
 - For Profit: Form 1120 US Corporation Income Tax Return – or –
 - LLCs: Form 1040 (Schedule C, E, F) and may delete/redact any SSN or personal identifying information
25. Trauma Informed Practices

Guidelines & Resources

Follow all RFP
guidelines and
review available DCF
standards and
practices.



* = Signature required.

Helpful Links for Documents #21 and #25

Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards [“Sexual Abuse Safe-Child Standards”](#)



[DCF | Trauma Informed Practices](#)



Common Questions & Errors

PDF 2 – Document #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 FEO-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 <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 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: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> 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 AWARDED 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 (Employee Information Report)

- 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.



Common Questions & Errors

PDF 2 – Document #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.



Common Questions & Errors

PDF 2 – Document #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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

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	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
CITY	STATE ZIP

NAME	
ADDRESS	
ADDRESS	
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? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Ownership Disclosure Form

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



Common Questions & Errors

PDF 2 – Document #16

16. System of Award Management (SAM)

 **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

- Submit a printout showing your Unique Entity ID Number (UEID), Active Status, and Expiration Date.
- This is a two-step process:
 - 1 Apply for a UEID number at sam.gov – this is **FREE**. Once you have the UEID number;
 - 2 Register your UEID number, also at sam.gov. This process may take about two weeks.



22. Please submit only one (1) of the following:

- **Standard Language Document (most common)**
- OR -
- **Individual Provider Agreement**
- OR -
- **Department Agreement (if you are a state agency)**



Organizing Your Application

PDF 3:

**Section III B – Additional Documents Requested to Submitted
with This Response**



Organizing Your Application - PDF 3 Documents

PDF 3: Section III B – Documents Requested to be Submitted with This Response

■ Subsection B. Additional Program Related Documents

There are **five (5) documents** that should be combined into **PDF 3**:

1. Two (2) Proposed Budget Forms
2. Two (2) Budget Narratives (*one for each proposed budget*)
3. Implementation Plan (*should detail timeline for implementing the proposed services*)
4. Total (2) Letters of Support
5. Proposed Respondent Organizational Chart (*specifically reflecting the proposed initiative*)

Please note:

- Letters provided must reference how they will support the RFP initiative.
- Individuals providing the letters must include their contact information.



Organizing Your Application - PDF 3 Budget

BUDGETS

Be sure to review and follow the instructions tab on the proposed budget form.

Two (2) proposed budgets are required with this RFP for the initial 15-month contract term. The initial term includes two fiscal years.

FY 2026 Three (3) Months

One proposed budget for the initial three (3) months beginning April 1, 2026 – June 30, 2026

- up to \$77,900.00 for operating expenses, and
- up to \$95,000.00 for start-up expenses (Within total award limit)
 - NOTE: Start-up funds MUST be expended in FY 2026, before June 30, 2026.

Total: \$172,900.00

FY 2027 Twelve (12) Months

One proposed budget for the twelve (12) months beginning July 1, 2026 – June 30, 2027

- up to \$311,300.00 for operating expenses.
- No Start Up expenses included.

Total: \$311,300.00



Important Reminder!

Budget

Budget
Narrative

Implementation
Plan

RFP program deliverables and goals should be reflected within these.

Common Questions & Errors

PDF 3 - Budget

BUDGETS

Two (2) proposed budgets are required with this RFP for the initial 15-month contract term. The initial term includes two fiscal years.

FY 2026 Three (3) Months

One proposed budget for the initial three (3) months beginning April 1, 2026 – June 30, 2026

- up to \$77,900 for operating expenses, and
 - up to \$95,000 for start-up expenses (Within total award limit)
- NOTE: Start up funds MUST be expended in FY 2026, before June 30, 2026.
- Total: \$172,900

FY 2027 Twelve (12) Months

One proposed budget for the twelve (12) months beginning July 1, 2026 – June 30, 2027

- up to \$311,300 for operating expenses.
 - No Start Up expenses included.
- Total: \$311,300



Common errors include:

- Not completing the budget form correctly and/or not submitting all requested budgets
- Incorporating **Matching Funds/In-Kind Revenue amounts** within the **Total DCF Funding Request** amount
- Not including or specifying the Start-up Funds available.

PROPOSED BUDGET FORM FOR NJDCF – FY2026				Name of Applicant: <i>Prospective Provider Name</i>
PROPOSED BUDGET CATEGORIES	Operational Funding Request (excluding start-up)	Non-DCF Cash or In-Kind Revenue Amounts*	Start-up Funding Request (if applicable)	Total Cost
1. Personnel - Salary	\$90,000.00	\$12,500.00	\$40,000.00	\$142,500.00
2. Fringe for all Personnel	\$18,000.00	\$3,500.00	\$0.00	\$21,500.00
3. Consultants & Professional Fees	\$5,400.00	\$3,500.00	\$0.00	\$15,500.00
Sub Totals	\$113,400.00	\$19,500.00	\$40,000.00	\$172,900.00
TOTAL DCF Funding Request	✗ 172,900.00			

PROPOSED BUDGET FORM FOR NJDCF – FY2026				Name of Applicant: <i>Prospective Provider Name</i>
PROPOSED BUDGET CATEGORIES	Operational Funding Request (excluding start-up)	Non-DCF Cash or In-Kind Revenue Amounts*	Start-up Funding Request (if applicable)	Total Cost
1. Personnel - Salary	\$54,500.00	\$12,500.00	\$75,000.00	\$142,000.00
2. Fringe for all Personnel	\$18,000.00	\$3,500.00	\$0.00	\$21,500.00
3. Consultants & Professional Fees	\$5,400.00	\$3,500.00	\$20,000.00	\$28,900.00
Sub Totals	\$77,900.00	\$19,500.00	\$95,000.00	\$192,400.00
TOTAL DCF Funding Request	✓ 172,900.00			

Organizing Your Application

PDF 4:


Section IV – Respondent Narrative Responses



Organizing Your Application - PDF 4

PDF 4: Section IV – Narrative Responses

(Pages 33-36)

Subsections include:			Page Limitation	Score
A	Community and Organizational Fit Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, social norms and history, and other interventions and initiatives.	???		35
B	Organizational Capacity Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.	???		35
C	Organizational Support Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.	???		30
TOTAL:			20 Total	100



RFP Review and Important Reminders



The Evaluation Committee review the following items:



**PDF 3 Additional Program
Related Documents**



PDF 4 Narrative Responses

Subsections include:

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



Important Reminders:

- Ensure your response follows the RFP format by section and sequence of questions included.
- Your narrative response must convey an understanding of the program deliverables and goals, as well as provider responsibilities stated within the RFP. Remember, your understanding of these should also be evident in the budget(s), budget narrative(s) and implementation plan you submit.
- Answer ALL questions – your response will be carefully reviewed and scored.

Request For Proposals (RFP)

2026 RFP

EnlightenMENT, Peer2Peer Mentoring

Questions & Technical Assistance (TA)



Technical Assistance (TA)

Technical Assistance (TA) is available to prospective applicants. Questions regarding the completion and submission of a DCF Request For Proposals (RFP) must be submitted to DCF.ASKRFP@dcf.nj.gov.

DCF.ASKRFP@dcf.nj.gov



Questions & Answers



Submit all questions to:
DCF.ASKRFP@dcf.nj.gov

- Respondent may not contact the DCF Division of Family and Community Partnerships (FCP) or the Office of Family Preservation and Reunification (OFPR) directly, in person, or by telephone, concerning this RFP. Questions must be sent via email to: DCF.ASKRFP@dcf.nj.gov
- Technical inquiries about required forms, documents, and format may be sent at any time prior to the response deadline, 12:00 PM on Thursday, March 5th.
- Questions about the content and deliverables of the RFP must be sent by Friday, February 13th.



- All answers to content and deliverables related questions will be posted on the DCF website at: [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](http://DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities (nj.gov))

Sign-up for DCF Notifications



<https://www.nj.gov/dcf/providers/notices/requests/>



Click on



[Receive notices announcing funding opportunities by email](#)

1

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.



Subscription Type

Email Address *

2

SMS/Text Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.



Subscription Type

Wireless Number *

RFP Timeframes



Date	Event
Monday, February 2nd	RFP Published
Tuesday, February 10th	Virtual Conference
Friday, February 13 th	Program Related Questions Due
Thursday, February 26 th (earlier if possible)	Authorized Organization Representative (AOR) Form Due
Thursday, March 5 th @ 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.**



Questions

