

#### **NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**

DCF Children's System of Care

# Summer Camp and One-To-One Support Services INFORMATION SESSION

October 29, 2025

### Agenda & Objectives

- Welcome & Introductions
- Children's System of Care (CSOC)
- Summer Camp and One-To-One Support Services
- RFQ Requirements
- Organizing the RFQ Application
- Q & A



### **RFQ Timeframes**

Date	Event
Thursday, October 9 <sup>th</sup>	RFQ Published
Wednesday, October 29 <sup>th</sup>	Virtual Conference
Thursday, October 30 <sup>th</sup>	CSOC Camp and One-to-One Related Questions Due
Wednesday, November 12 <sup>th</sup>	Authorized Organization Representative (AOR) Form Due
Wednesday, November 19th @ 12:00PM	Response Deadline

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



### Children's System of Care (CSOC)

- Serves youth under 21 with emotional and behavioral health care challenges, diagnoses, intellectual/developmental disabilities including autism, and/or substance use challenges.
- PerformCare, the Contracted Systems Administrator for CSOC, is the single point of access for children, youth, and young adults up to the age of 21
- CSOC structure and foundational values ensure that services provided are based on the needs of the youth and family; are family-centered, culturally competent, and community-based.
- These services include in-home services, community-based services, out-of-home residential services, and family support services.



#### **Summer Camp Description**

- DCF CSOC will provide financial support towards summer camp for eligible families of children, youth, adolescents, and young adults under the age of twenty-one (21) with intellectual/developmental disabilities (I/DD)
- A qualified summer camp will fall under one of these three (3) separate components:
  - <u>Traditional Day Camp</u> recreational activities offered in daily episodes
  - <u>Alternative Recreational Sessions</u> (ARS)-recreational activities offered with a shorter daily duration, minimum of two-hour sessions.
  - Overnight Camp recreational activities offered in daily episodes, must include overnight hours
- Providers may apply for one (1) or all components but must submit separate program forms for each
- Camps must be physically located within the State of New Jersey



#### Alternative Recreational Sessions (ARS)

- The goal of ARS is to provide youth an opportunity to engage in recreational activities within the community and offer more flexibility than traditional day camps
- ARS may benefit youth who would do well with a brief structured period compared to a longer traditional camp day
- ARS provides families with more options to meet their youth's needs during the summer season
- Each session of ARS must be a minimum of two (2) hours
- Camp providers applying to offer Traditional Day Camp or Alternative Recreational Sessions are <u>strongly encouraged</u> to apply to become a One-to-One Support Qualified Provider.



## **Program Description Form**

	Program Description Form for Camp and Alternative Recreational Session Programs				
	for the				
	New Jersey Department of Children and Families				
	Children's System of Care (CSOC)				
	Provide a separate Program Description Form for each type of service. (Traditional Day Camp, Overnight Camp and/or Alternative Recreational Sessions).  Please enter the requested information into this form and include it in the third PDF submission in your Request for Qualification response packet that is to be labeled:				
	PDF 3: Section III – Documents to Be Submitted with This Response, Subsection B. Additional Documents to Be Submitted in Support of This Response.				
Type of Service (select one):					
	Traditional Day  Overnight  Alternative Recreational Sessions				
1.	Provide a narrative of the activities offered by your program and include details explaining how each activity will be delivered and the level of participation intended for youth.				
2.	<ol> <li>Identify the intended skill/benefit to be obtained from the activities by the youth attending the program.</li> </ol>				
3.	Provide information on the staffing of the program				
4.	Identify the specific program location(s):				
	☐ Atlantic     ☐ Cumberland     ☐ Hunterdon     ☐ Morris     ☐ Somerse       ☐ Bergen     ☐ Essex     ☐ Mercer     ☐ Ocean     ☐ Sussex       ☐ Burlington     ☐ Gloucester     ☐ Middlesex     ☐ Passaic     ☐ Union       ☐ Camden     ☐ Hudson     ☐ Monmouth     ☐ Salem     ☐ Warren       ☐ Cape May				



#### One To One Support Services

- DCF/CSOC will provide financial support towards One-to-One (1:1) support services for youth with higher acuity needs that require direct physical assistance from a 1:1 support services staff to successfully participate in summer camp activities.
- CSOC-funded 1:1 support services may only be provided at a CSOC
   Qualified Traditional Day Camp or ARS provider.
- Providers interested in providing 1:1 support services for youths attending their Qualified Camp/ARS program MUST apply to the currently posted One-to-One Support Services RFQ:





#### **Camp Application Process**

Qualified camp providers must meet with the family and register the youth for camp before the family applies for camp services through PerformCare, CSOC's Contracted System Administrator (CSA).

#### **Eligibility for Camp Services:**

- Youth must be DD-eligible.
- Youth must be under the age of 21.
- Youth must reside in their own home with a legal guardian/caregiver.
- Youth must be registered for a Qualified Camp.

#### **Applying for Camp Services:**

- Apply online via the Perform Care Family Portal or by mail with a paper application:
- Completed applications must be received or postmarked by June 30, 2026.
- PerformCare reviews submissions and provides authorizations.





### **Funding Information**

Qualified providers of summer camp services for youth with DD will be reimbursed according to the maximum rates in the below rate table for authorized eligible youth:

Type of Service	Authorized Units of Service	Maximum Rate per Unit
Traditional Day Camp (TDC)	Up to 10 days per youth per summer season	\$128.57 / day
Overnight Camp	Up to 6 nights per youth per summer season	\$213.76 / night
Alternative Recreational Services (ARS)	Up to 20 sessions per youth per summer season	\$64.28 / session (each session must be a minimum of 2 hours.
Hybrid – Traditional Day Camp and Alternative Recreational Services	5 days of TDC and 10 sessions of ARS per youth per summer season	\$128.57 / day for TDC and \$64.25 / session for ARS.



### Request For Qualifications (RFQ)

Summer Camp and One-To-One Support
Services

RFQ Requirements



#### **Qualification Process**

- All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses received after 12:00 P.M. on Wednesday, November 19, 2025, will not be considered.
- To submit online, respondent must complete an Authorized Organization Representative (AOR) form by <u>Wednesday, November 12, 2025</u>. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to <u>DCF.ASKRFP@dcf.nj.gov</u>
- AOR Registration forms must be received no less than five (5) business days prior to the response due date.
- After receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response.



To S	ubmit a Grant Applica	ization Representative (AOR) tion Electronically
Organization Name: Example 2	mple, Inc.	
Type of Organization: 🖬 No	POTENTIAL STATE OF THE PROPERTY OF THE PARTY	
Organization Mailing Addre	ss: 123 Main Stree	et, Cherry Hill, NJ 08002
Organization Email Address	s: main@exam	pleinc.org
Organization Phone Number		
AOR Contact Name: John		
AOR Contact Phone Number	r: (856) 555-55	555
AOR Contact Email Addres	john@exam	pleinc.org
RFP/RFQ: ENTER County/Region/Location to		ENTER HERE
Note: You need to register for and password the same. This		provided access. You may keep the nam ined.
Signature of Organization A	Authority (CEO/Preside	ent)
	Permission and access	s the authority to permit the submission of information will be provided by email to the
Print Name/Title: John S	Smith	Date: 5/5/2025
Signature: SIG	N HERE	
CEO Email Address: john	@exampleinc.	org

#### **Pre-Submission Instructions: AOR**

- Submit a completed AOR form to <u>DCF.ASKRFP@dcf.nj.gov</u> at least 5 business days before the response deadline.
- Ensure the form is <u>filled out completely</u> and signed.
- Please enter the name of the RFQ on the line RFP/RFQ. 2026 Summer Camp and ARS or 2026 Summer Camp One-To-One Support Services.
- Please <u>enter the County</u> 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 and Submitting Your Application

For both CSOC Summer Camp and One-to-One Support Services RFQs

Each application must be organized and submitted as two (2) separate PDFs.

PDF 1:	Section II – Required Performance and Staffing Deliverables (ending with a Signed Statement of Acceptance)		
PDF	Submit a signed <i>Statements of Acceptance</i> . Your PDF 1 must include the <u>entire Section</u> <u>II content</u> , along with the final completed and signed page.	Pages 6-17	
PDF 2:	Section III – Documents Requested to be Submitted with This Response, Subsection A		
PDF	Summer Camp RFQ requires ten (10) organizational documents.	Pages 17-19	

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:** 

PDF

**Section II – Required Performance and Staffing Deliverables** 



### Organizing Your Application

#### 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.



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 Statements of Acceptance (fill in fields and sign – on pages 16-17 on both RFQs)
- Submit a PDF of the entire content of Section II, 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 determined a qualified provider, will comply with all the deliverables, terms and conditions included in the RFQ.



#### How to fill in and sign PDF 1?

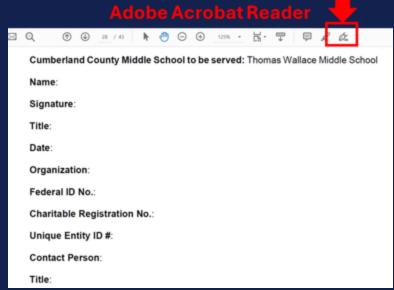
Technical Support

#### Options to create PDFs include:

- 1. Print, fill out, and scan pages 6-17 into a PDF file
- 2. Use software such as Adobe Acrobat Reader (free)
- 3. Web browsers such as Edge and Firefox

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







### Organizing Your Application

#### **PDF 2:**

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





#### Organizing Your Application

#### PDF 2: Section III - Documents Requested to be Submitted with This Response

- There are 10 documents in the Summer Camp and ARS that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
  - If any document is not applicable to your agency, please submit a brief statement of nonapplicability.
- There are 9 documents in the Summer Camp One-To-One Support Services that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
  - If any document is not applicable to your agency, please submit a brief statement of nonapplicability.



#### Required Documentation: Summer Camp and ARS

#### **Requested documents include:**

- 1. Corrective action plans, performance improvement plans, or reviews in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.
- 2. Certification Regarding Debarment
- 3. Disclosure of Investigations & Other Actions Involving Respondent
- 4. System for Award Management (SAM)
- 5. Organizational Chart of Respondent
- 6. Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards
- 7. Trauma Informed Practices
- 8. Program Description Form
- 9. Three (3) Letter(s) of Support

Supporter must include their contact information:

- Name
- Telephone Number and/or Email
- 10. Summary of Reduction of Seclusion and Restraint Use (maximum 3 pages)



#### Required Documentation: Summer Camp One-To-One Support Services

#### **Requested documents include:**

- Corrective action plans, performance improvement plans, or reviews in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.
- 2. Certification Regarding Debarment
- 3. Disclosure of Investigations & Other Actions Involving Respondent
- System for Award Management (SAM)
- 5. Organizational Chart of Respondent
- 6. Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards
- 7. Trauma Informed Practices

Supporter must include their contact information:

8. Three (3) Letter(s) of Support



- Telephone Number and/or Email
- 9. Summary of Reduction of Seclusion and Restraint Use (maximum 3 pages)



#### **Common Questions & Errors**

PDF 2 – Document #4

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

23 Main Street

Cherry Hill, NJ 08002

Expiration Date: October 2025

Purpose of Registration:

All Awards

#### 4. System of Award Management (SAM)

- Submit a printout showing your 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.



### Helpful Links

DCF | Trauma Informed Practices



Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards "Sexual Abuse Safe-Child Standards"





#### Technical Assistance (TA)

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

dcf.askrfp@dcf.nj.gov



### Questions & Answers

- Respondents may not contact the Department directly, in person, or by telephone, concerning this RFQ. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov
- Technical inquiries about forms, documents, and format may be requested at any time prior to the RFQ response deadline, but questions about the content of the response must be submitted by Thursday, October 30, 2025.
- Responses to content questions will be posted before the AOR due date to the Department website at <u>DCF | Requests for Proposals, Qualifications/or Information</u> and Funding Opportunities (nj.gov)



### **RFQ Timeframes**

	Date	Event
<b>/</b>	Thursday, October 9 <sup>th</sup>	RFQ Published
<b>/</b>	Wednesday, October 29th-	Virtual Conference
	Thursday, October 30 <sup>th</sup>	CSOC Camp and One-to-One Related Questions Due
	Wednesday, November 12 <sup>th</sup>	Authorized Organization Representative (AOR) Form Due
	Wednesday, November 19 <sup>th</sup> @ 12:00PM	RFQ Response Deadline

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



## Questions



