|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **Exhibit D**  **CSOC Post-Award Documents**  **Required to be Submitted for Contract Formation**  **if the Response to the OOH RFP Results in an Award** | Rev. 9-24-19 |
|  | ▶ | **contract documents to be submitted after award with the initial contract:** | | |
| 1 |  | **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 |  | **Annex A Addendum** (for each program component) - submitted online in CYBER (signed/dated) | | |
| 3 |  | For Programs that Submitted a Proposed Annex B in Response to the RFP:  **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 |  | For Fee for Service Contracts [other than those formed by an RFQ] **Annex B-2**  (DCF.CRM 5.2 and 5.3)  CSOC Form: Provided by contract administrator if applicable | | |
| 5 |  | For Cost Reimbursement Contract Components Including Startup: **Schedule of Estimated**  **Claims** (SEC) (signed/dated)  CSOC Form: Provided by contract administrator, if applicable | | |
| 6 |  | **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 |  | **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 |  | For Each Site Hosting Youth: **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 |  | For Each Site Hosting Youth: 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 |  | 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](mailto:njstart@treas.nj.gov) | | |
| 11 |  | For Medicaid Paid Programs: **Medicaid Provider Enrollment Application** (signed/dated)  Form: Provided by CSOC, if applicable | | |
| 12 |  | For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP: **Updated PSSR Form**  Form: ProgramStaffingSummaryReport.xlsm  Website: <https://nj.gov/dcf/providers/contracting/forms/csoc.html> | | |
|  | ▶ | **contract documents to be submitted after award & annually updated thereafter:** | | |
| 13 |  | **Annual Report to Secretary of State**  Website: <https://www.njportal.com/dor/annualreports> | | |
| 14 |  | **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. Note: The $50,000 threshold  includes fee-for-service reimbursements made via Medicaid. | | |
| 15 |  | **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 |  | For Each Site Hosting Youth: 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 |  | **Liability Insurance** (Declaration Page/Malpractice Insurance) Note: 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 |  | **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. Note: 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 |  | For Each Site Hosting Youth: 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 |  | Most recent **Audit -or- Financial Statement** (certified by accountant or accounting firm)  Audit: For agencies expending over $100,000 in combined federal/state awards/contracts -or-  Financial Statement: 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] | | |
| 21 |  | For Cost Reimbursement Contract Components Including Startup: **Report of Expenditures**  (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](mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us) | | |
| 22 |  | For Each Site Hosting Youth - 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. | | |
|  | ▶ | **contract documents to be maintained onsite by provider:** | | |
| 23 |  | **Agency Organizational Chart** | | |
| 24 |  | Copy of Most Recently Approved **Board Minutes** | | |
| 25 |  | **Personnel Manual** and **Employee Handbook** (include staff job descriptions) | | |
| 26 |  | **Affirmative Action Policy/Plan** | | |
| 27 |  | **Conflict of Interest Policy** and **Attestation**  <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf> | | |
| 28 |  | **Procurement Policy**  <https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf> | | |