



**REQUEST FOR PROPOSALS
FOR
NEW JERSEY HOME VISITING INITIATIVE**

Up to \$400,000

Implementation of Evidence-Based Home Visiting Services

Family Connects/Mercer County

**Funded through the Preschool Development Grant Birth to 5
(PDGB-5)**

There will be no Bidders Conference for this RFP.

Questions are due by January 29, 2021

Bids are due: February 11, 2021 12:00 PM

Christine Norbut Beyer

Commissioner

January 21, 2021

TABLE OF CONTENTS

Section I - General Information

A. Purpose	Page 3
B. Background	Page 3
C. Services to be Funded	Page 4
D. Funding Information	Page 6
E. Applicant Eligibility Requirements	Page 6
F. RFP Schedule	Page 7
G. Administration	Page 7
H. Appeals	Page 9
I. Post Award Review	Page 9
J. Post Award Requirements	Page 9

Section II - Application Instructions

K. Review Criteria	Page 10
L. Supporting Documents	Page 14
M. Requests for Information and Clarification	Page 18

Exhibit A–The State Affirmative Action Policy

Exhibit B–Anti-Discrimination Provisions

Exhibit 1–DCF Evidence Based Home Visiting (EBHV) Quarterly Reporting Form
Family Connects

Exhibit 2–NJ DCF Budget Form

Exhibit 3–Implementation Plan Table

Exhibit 4- Attestation

Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notices:

There will be no Bidders Conference for this RFP. Questions will be accepted in advance of the proposal deadline by providing them via email to DCF.ASKRFP@dcf.nj.gov until **January 29, 2021 by 12PM**. Technical inquiries about forms and other documents may be requested at any time.

All bids must be submitted electronically through our online system (see Section K). Applicants are expected to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) may submit proposals (See Section F). Only a registered AOR or the designated alternate is eligible to send in a submission by submitting an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov

If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty to DCF.ASKRFP@dcf.nj.gov

A. Purpose:

The New Jersey Department of Children and Families (DCF) announces the availability of grant funds for implementation of the Family Connects model, an evidence-based home visiting (EBHV) program. The target population for this program is identified as any family who delivers at Capital Health Medical Center (located in Hopewell/Pennington) and is a resident of Mercer County in New Jersey (NJ).

B. Background:

DCF oversees a network of home visiting programs that encompass several nationally recognized evidence-based models which includes Healthy Families (HF), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Home Instruction for Parents of Preschool Youngsters (HIPPY).

This RFP is a joint initiative between the New Jersey Department of Children and Families, the Burke Foundation and the Trenton Health Team and the Preschool Development Grant Birth- 5 (PDGB-5) Federal Grant CFDA 93.424.

DCF shall release 25% upon contract execution. Within 30 days of execution DCF and the Clinical Agency shall agree upon written quarterly contract deliverables for the project. Subsequent payments shall be made upon DCF review and approval of the applicant acceptable delivery of the quarterly deliverables.

This federal grant complements DCF's work over the past ten years to expand its commitment to prevention and evidence-based home visitation. National research on EBHV programs for at-risk parents/families affirms that structured home visits that offer health and parent education, supportive relationships, and links to other needed services from pregnancy and birth through the first few years of life, strengthen parent-child relationships and promote the physical, social-emotional and cognitive growth of infants and young children. This work contributes to healthy child development and improved family functioning and ultimately reduces the risk of child abuse and neglect.

NJ has expanded the availability of EBHV services in all of the state's 21 counties; with the desire to reach families with three core models—Healthy Families, Nurse-Family Partnership, and Parents As Teachers. New Jersey is committed to the success of multiple EBHV models, believing that a combination of successful models ensures a range of prevention services that will meet the varied needs of infants, children and their families beginning from pregnancy through early childhood. It is with this commitment in mind that DCF is participating in this pilot to explore the addition of Family Connects to the range of home visiting models for NJ families

The Protective Factors¹ and the NJ Standards for Prevention Programs²: DCF funded programs must demonstrate a working knowledge and integration of research driven principles and practices as embodied in the Protective Factors and the New Jersey Prevention Standards. EBHV models have these principles woven into program design and content, therefore awarded providers implementing the EBHV models as intended will be aligned with factors and standards.

C. Services to be Funded:

Note: Family Connects applicants shall contact Trenton Health Team, as Trenton Health Team is funded separately from this RFP to lead the Community Alignment component of the model.

Family Connects is a national model that serves families of infants with an in-person nurse visit at 3 weeks postpartum, and additional follow up as needed. Nurses trained in the Family Connects model conduct a clinical assessment on the infant and birth parent, and address any social needs of the household, including older siblings and other household members. Nurses refer families to appropriate resources and program support specialists follow up to ensure connections to services were successful. While the home visit is the core of the model; Family Connects sites also include a robust Community Alignment function; with a Community Alignment Specialist leading a Community Advisory Board and ensuring that data, learnings, and best practices from the model are fed back to providers and used to improve the continuum of care for children and families in the region.

¹ Strengthening Families Protective Factors Framework, developed by the Center for the Study of Social Policy, <http://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>

² Standards for Prevention Programs: Building Success through Family Support; developed by the NJ Task Force on Child Abuse and Neglect, 2003. The training can be accessed at <http://www.nj.gov/dcf/about/divisions/dhcp/>

Family Connects-trained nurses use a high inference approach to assessing family needs and risk. FCI nurses utilize an assessment tool and referral platform to guide their visits with parents and ensure that families have linkages and referrals to other needed community networks and resources. For additional information, go to the Family Connects website: <https://familyconnects.org>

Measurable Outcomes and Program Evaluation: Interested applicants should note that they are required to adhere to 1) the state DCF; 2) Burke Foundation, and 3) federal PDGB-5 reporting requirements that include tracking performance data using the state HV (Home Visiting) Program Objectives for Family Connects and the federal and state Benchmarks (Exhibit 1). *Exhibit 1* provides an outline of the standard set of process and outcome objectives established for DCF funded EBHV programs. In addition, this federal funding from HRSA includes a requirement for participating HV programs to work on achieving an additional set of benchmarks as summarized in *Exhibit 1*. All HV grantees are required to actively track performance data and participate in local evaluation activities. All HV grantees shall also provide the attached Attestation containing as Exhibit 4.

Training and Technical Assistance (TTA), Continuous Quality Improvement and Data Management Systems: New Jersey Family Connects programs receive training and technical support from Trenton Health Team, the implementing partner in this effort. As the Family Connects model developer, Family Connects International is responsible for providing ongoing TTA to ensure implementation with fidelity and quality assurance for NJ's Family Connects program. The Family Connects awardee must comply with the program standards and data tracking requirements established for New Jersey, as well as those set-in place by Family Connects International.

In addition to support from Family Connects International DCF will provide ongoing guidance and oversight to the Grantee and THT; which may include program start-up, implementation, data tracking, reporting, performance, and overall continuous quality improvement.

Grantee is expected to participate in periodic Home Visiting meetings, trainings, and program evaluation activities required of DCF and the Trenton Health Team.

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology through DCF.

Applicants are also advised that any data reports collected or maintained through the implementation of the proposed program shall remain the property of DCF and the Burke Foundation. Applicants are further advised that any and all information obtained during such evaluation must be kept confidential in compliance with federal and state law and regulation. The State of New Jersey reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish or otherwise use any work or materials developed with State or federal funding under a Department funded contract or subcontract. The State of New Jersey also reserves the right to authorize others to reproduce, publish or otherwise use any work or materials developed under a contract or subcontract.

D. Funding Information:

For the purpose of the New Jersey Home Visiting (NJHV) Initiative, the Department will make the following grant funds available in **the amount of up to \$400,000 per year for up to 3 years** to implement Family Connects services within Mercer County. It is important to note that DCF grant funds are contingent upon the annual renewal of the PDGB-5 federal grant funding from The US Department of Health and Human Services, Administration for Children and Families.

Grant funds will cover the cost of direct service personnel (home visitor and supervisor, limited medical oversight, data support), as well as related direct program expenses. Grant funds will not cover more than 10% of an agency's G & A costs. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations. Annual audits or reviews of the funding and the allocation of G & A expenses can be expected.

Funds awarded under this program may not be used to supplant or duplicate existing funding. Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

There are private philanthropic dollars committed by our partner, the Burke Foundation, to support additional components of the pilot; budgets need not include Family Connects Contract expenses, Community Alignment staff and expenses, or Program Support Specialist staff. Burke Foundation support is in addition to the DCF award.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit, not for profit corporations and/ or Universities that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating

standards as outlined in this document.

9. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at <http://www.dnb.com>
10. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application

F. RFP Schedule:

January 29, 2021	Deadline for Email Questions sent to DCFASKRFP@dcf.nj.gov
February 11, 2021	Deadline for Receipt of Proposals by 12:00PM

Proposals received after **12:00 PM on February 11, 2021** will **not** be considered.

All proposals must be delivered ONLINE:

Bidders are expected to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov.

- Registration for the Authorized Organization Representative (AOR) Form

We recommend not waiting until the due date to submit your proposal in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

Submission Requirement:

It is required that you submit your proposal as one PDF document. If the Appendices file is too large, it can be separated into more pdf parts, such as Part 3, Part 4, etc..... Please do not upload separate documents.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- The application was received prior to the stated deadline

- The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- The application is complete in its entirety, including all required attachments and appendices
- The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time- constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

Requested information was covered-	10 Points
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Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements-	25 Points
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Background of organization and staffing explained-	15 Points
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The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination as attached as **Exhibit B.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

Office of Legal Affairs Contract
Appeals
50 East State Street 4th Floor
Trenton NJ 08625

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCFASKRFP@dcf.nj.gov

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy

and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

K. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. There is a 25-page limitation for the narrative portion of the grant application. The font shall be no smaller than 12 points in Arial or Times New Roman. A penalty of 5 points will be deducted for each missing document. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

I. APPLICANT ORGANIZATION CAPACITY

(15 points)

Provide a brief and concise summary of the applicant's background and experience in implementing this or related types of services and qualifications to act as the lead

clinical arm for this project.

- 1) Describe the agency's history, mission and record of accomplishments in working in collaboration with the Department of Children and Families and/or related departments, i.e. Human Services, Health, or Education.
- 2) Summarize the agency's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
- 3) Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1et seq.).
- 4) If your agency is not located in or currently providing services in Mercer County, describe clearly how you will overcome this as an obstacle.
- 5) Describe the applicant's background and experience in implementing this or related types of services. Describe why your agency is the most appropriate and best qualified to implement this program in the target community.
 - **As an appendix, attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.**
- 6) If the agency operates other home visitation programs, demonstrate the effectiveness of these by indicating a) current caseload capacity, b) current percent (%) of capacity; and c) current HV completion rate.

II. HV DELIVERY OF SERVICES (Overall Points for this section - 55 Points)

1) Knowledge of the Family Connects Model (15 points)

State the proposed EBHV model for this application. And the expected and the anticipated number of families the proposed program will serve. Describe the key components/domains of the model and specific standards or mandates to ensure fidelity and quality of the care delivered.

Briefly describe how the Family Connects model aligns with the Protective Factors and the Standards for Prevention within your agency.

2) Recruitment and Participation (20 points)

Discuss steps your agency will engage in to establish a working relationship between the proposed program and the Central Intake (CI) lead agency. New Jersey has a statewide network of central intake hubs encompassing all 21 counties.

Central Intake provides pregnant women, families and providers with easy access to resource information and referrals to local community services that promote

child and family wellness. The range of services include— prenatal care, infant/child health, family planning, nutrition/WIC, home visiting (Healthy Families, Parents As Teachers, Nurse-Family Partnership), Head Start/Early Head Start, child care services, preschool programs, Family Success Centers, early intervention, special child health services, behavioral health, domestic violence support, financial needs/public assistance services, substance use/addiction treatment and much more.

The primary focus of central intake is to facilitate linkages from pregnancy to age five. The county-level hub is a single point of entry that helps to simplify the referral process, improve care coordination, and ensure an integrated system of care. Local central intake staff remains up to date on the local array of available services and works closely with families and provider partners to ensure that referrals best match a family's needs based on program eligibility, language/culture and other considerations.

- **As an appendix, attach an MOU or Letter of Collaboration with the Central Hub in Mercer County in the application.**
- **In addition, attach an MOU or Letter of Collaboration with the Trenton Health Team.**

Identify your relationships (existing or new) with key providers and community organizations that will support the development of this new service component and refer new families for Family Connects services

- **As an appendix, attach at least two (2) Letters of Commitment.**

3)Linkage to Other Community Based Services (10 points)

Describe in the Narrative the relationship of the program with local community services, and the plan for linking parents and families with community-based services.

- Health Care (prenatal, reproductive health, adult and pediatric)
- Behavioral Health (mental health, addiction, tobacco cessation)
- Domestic Violence Shelters and Support Services
- Family Social Support / Fatherhood Support Programs
- Financial Assistance / Employment Training / Life Skills Development
- Infant-Child Care / Early Childhood Services / Early Intervention
- Educational Attainment – Literacy, GED, ESL, Vocational, College
- Other available community services and supports

4)Staff Recruitment and Training - In Kind Services (10 points)

Note: Detail about program staffing will be addressed in the Budget Narrative section below.

Provide a brief overview of the proposed staffing structure for the Family Connects program. Describe any in-kind services or support to the program.

Describe how the proposed program will meet the needs of various and diverse cultures within the target community. Describe bilingual/bicultural staffing needs

and capacity (specify languages). Do you anticipate any problems recruiting culturally diverse staff and/or staff with experience in working with culturally diverse populations? Describe in your proposal how you will overcome any obstacles to barriers to communication or transportation.

Discuss the orientation and training needs of program staff. Specify the prerequisite credentials and training requirements for this Family Connects model. What is the expected timeframe for hiring and training?

5) Transportation (5 points)

Provide in the narrative your plan to provide transportation for your employees. If reimbursement, provide the mileage costs and how insurance will be handled for employees and participants. If a vehicle is leased or purchased, provide information of how you will finance this expense.

III. OBJECTIVES AND EVALUATION

(10 points)

All DCF grantees will be required to participate in continuous quality improvement and local evaluation activities of the NJ Home Visiting Initiative. These continuous quality improvement activities will study the effectiveness and cost-benefit of Family Connects services to determine their value to families as a prevention service.

In this section, applicants should use the prescribed objectives in **Exhibit 1** and set reasonable measures (numbers/percentages) for the proposed program. Applicants shall also indicate their understanding of the requirement to submit timely NJHV Quarterly Reports, and to collect data for the NJHV PDGB-5 outlined in **Exhibit 1**. In addition, applicants must describe their willingness and ability to participate in any state and national evaluation research activities and audits that are undertaken for this project.

The MOU requires that the Clinical Agency submit aggregated data associated with pilot implementation and be documented in the quarterly report.

IV. PROJECT TIMELINE

(5 points)

In table format as per **Exhibit 3**, outline the action steps and timeline for program implementation. Include all administrative and core program planning activities initiated and implemented from the time the grant is awarded through the end of the grant period, e.g. hiring, orientation, training, participant recruitment, onset of services, etc.

V. BUDGET NARRATIVE

(15 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services. Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements.

Complete the attached one-page DCF Budget Form (Exhibit #2) that reflects

program implementation for a 12-month period. The Budget Form also includes a column for Start-up Funds.

- **Attach the completed DCF Budget form to your proposal as an Appendix.**

All costs associated with the completion of the project must be delineated and the budget narrative must clearly articulate budget items including a description of miscellaneous expenses or “other” items

NOTE: Charges for General & Administrative (G&A) expense may not exceed 10% of the direct service costs of the project. Charges for Startup funds may not exceed 10% of total DCF grant amount.

Personnel: In the narrative, list all staff names (if known), role/title, qualifications/credentials, annual full-time salary, and percent of time/full-time equivalent (FTE) in the designated role. The Family Connects model assumes roughly 3 Nurse Home Visitors for every 1,000 births served (assuming 6-8 new clients per week; 46 weeks per year), a .1FTE physician providing medical oversight and a Nurse Supervisor (can also be performing home visits).

Other Expense: Provide the itemized detail for all other proposed budget expenses, e.g. supplies, travel, training, facility, etc.

Leveraged Funds: **Note:** Matching funds are not required for these grants, but applicants are always encouraged to leverage additional funding, agency resources or partner support for a proposed project. Applicants shall describe and quantify in-kind or supplemental funding sources, if any. **If leveraged funding is included, this must be a verifiable, multi-year commitment of in-kind or cash support for the program.** An example of an in-kind commitment would be office space, utilities, insurance, cell phones or other direct program costs. An example of a cash match would be agency funds for direct services or funds from another agency partner or co-funder.

- **Outside funding support should be described in the narrative and documented by a formal Letter of Commitment from each funder, as an Appendix.**

The grantee is expected to adhere to all applicable State cost principles:

L. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit all the documents in PDF or Word format. The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman. There is a 25-page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements.

A penalty of 5 points will be deducted for each missing document. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP.

The narrative must be organized appropriately and address the key concepts outlined in the RFP. Attachments do not count towards the narrative page limit.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal	
1	<input type="checkbox"/> Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices.
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation I. Applicant Organization Capacity II. HV Delivery of Services III. Objectives & Evaluation IV. Project Timeline V. Budget Narrative
Part II: Appendices	
4	<input type="checkbox"/> Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Board of Freeholders of Responsible Governing Body). List must be Dated and include the following: a. Names b. Titles, c. Emails d. Phone Numbers e. Address and f. Terms
5	<input type="checkbox"/> Professional Licenses related to job responsibilities for this response If not applicable, include a signed/dated written statement on agency letterhead
6	<input type="checkbox"/> Job Descriptions that include all educational and experiential requirements
7	<input type="checkbox"/> Resumes of any existing staff who will perform the proposed services (please <u>do not</u> provide home addresses or personal phone numbers)

8	<input type="checkbox"/>	MOU or Letter of Collaboration with the Central Hub in Mercer County in the application
9	<input type="checkbox"/>	MOU or Letter of Collaboration with the Trenton Health Team
10	<input type="checkbox"/>	Letter of Commitment from each funder
11	<input type="checkbox"/>	A least two (2) Letters of Commitment from key providers
12	<input type="checkbox"/>	One-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization
13	<input type="checkbox"/>	NJ DCF Budget Form- Exhibit 2
14	<input type="checkbox"/>	Agency's Conflict of Interest policy
15	<input type="checkbox"/>	<p>Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last 2 years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement.</p> <p>Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.</p>
16	<input type="checkbox"/>	<p>Standard Language Document (SLD) (signed/dated) [Version: Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</p>
17	<input type="checkbox"/>	<p>Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA) Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711</p>
18	<input type="checkbox"/>	<p>System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220</p>
19	<input type="checkbox"/>	Applicable Consulting Contracts, Affiliation Agreements related to this RFP. If not applicable, include a written statement
20	<input type="checkbox"/>	<p>Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Version: Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx</p>
21	<input type="checkbox"/>	Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury

		<p>Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Any agency previously contracted through DCF is required to submit an Affirmative Action Certificate.</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf</p>
22	<input type="checkbox"/>	<p>Certificate of Incorporation</p> <p>Website: https://www.nj.gov/treasury/revenue/filecerts.shtml</p>
23	<input type="checkbox"/>	<p>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 written statement on agency letterhead.</p> <p>Website: https://www.nj.gov/njbusiness/registration/</p>
24	<input type="checkbox"/>	<p>Agency By-laws or Management Operating Agreement if an LLC</p>
25	<input type="checkbox"/>	<p>Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)</p> <p>If not applicable, include a signed/dated written statement on agency letterhead</p> <p>Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml</p>
26	<input type="checkbox"/>	<p>Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 3-15-19]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</p>
27	<input type="checkbox"/>	<p>Disclosure of Investment Activities in Iran (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-19-17]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</p>
28	<input type="checkbox"/>	<p>For Profit: Ownership Disclosure Form (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-8-18]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf</p> <p>See instructions for applicability to your organization. If not applicable, include a written statement.</p>
29	<input type="checkbox"/>	<p>For Profit: Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions (signed/dated) [Version: Rev 4/1/19]</p> <p>See instructions for applicability to your organization. If not applicable,</p>

		include a signed/dated written statement on agency letterhead. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf
30	<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
31	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
32	<input type="checkbox"/>	Tax Forms: Non Profit Form 990 Return of Organization Exempt from Income Tax or- For Profit Form 1120 US Corporation Income Tax Return or-LLC Applicable Tax Form and may delete or redact any SSN or personal information
33	<input type="checkbox"/>	As a co-funder and partner in this effort, the Burke Foundation requires the following documents be included with this application: -An organization-wide operating budget for the current fiscal year
34	<input type="checkbox"/>	Most recent Audited financial statement
35	<input type="checkbox"/>	Exhibit 4 Attestation

Requests for Information and Clarification:

Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period. Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCF.ASKRFP@dcf.nj.gov must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus,

colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

EXHIBIT B
TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).

Exhibit 1 –DCF EBHV Quarterly Progress Reporting Form

Please see the accompanying Excel Document

Exhibit 2 – NJ DCF Budget Form

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week)				
Fringe (% rate)				
B. Consultants & Professional Fees				
C. Materials & Supplies				
D. Facility Costs				
E. Specific Assistance to Clients				
F. Other				
G. Gen. & Adm. (G&A) Cost Allocation				
H. Total Operating Costs				
I. Equipment				
J. Total Cost				
K. Revenue (deduct)*	()	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
Other Funding Amounts:	0	0	0	

Exhibit 3—Implementation Plan Table

TRACKING PROGRESS – IMPLEMENTATION PLAN (Year 1 only)

The chart below represents the **implementation plan** for your proposed project. It provides a detailed outline of key objectives – listed chronologically – along with targeted completion time periods and deliverables **for the first year only**. The successful applicant will be expected to produce similar implementation plans for Year 2 and Year 3 of the grant; precise due dates TBD but some time towards the end of Years 1 and 2, respectively.

The implementation plan is intended to facilitate program management, task completion, and adherence to the project timeline in a structured manner that enables you to track the grant's progress. Please note that objectives and deliverables should be measurable and quantified whenever possible. Please add additional rows as needed

Objectives	Start Date or Quarter	Expected Completion Date or Quarter(s)	Deliverables
These action steps and will help achieve the grant's overarching goals. List chronologically; some may occur at the same time.	Please enter anticipated date and/or quarter when the objective will begin.	Please enter anticipated date and/or quarter when the objective will end.	These are measurable actions or products that provide evidence that the objective was met. If an objective has multiple deliverables, please add a new row (see second example below).
Examples:			
<i>Hire a team of 5 nurse home visitors.</i>	Q1	<i>By end of Q1</i>	<i>Offer letters extended, accepted, and signed. Employment contracts finalized and signed.</i>
<i>Develop a phased, multi-pronged communication strategy with multiple mediums (print, radio, social media)</i>	Q2	<i>5/15/2021</i>	<i>A written communications roadmap with timeline.</i>
Q2	Q3	<i>Samples (at least 3 total) of program brochures/posters; contract with local radio station to run ads; Instagram ads; and parent Facebook videos to promote the program.</i>	
<i>Conduct and record results of ACE screening tool on at least 50 new families per month at the Early Years Pediatric Clinic</i>	Q2	<i>Ongoing throughout grant period (Q4)</i>	<i>Submit data four times during the grant period on the number of families screened and the distribution of ACE screening scores for the Early Years Pediatric Clinic in the quarterly report template.</i>

Exhibit 4

PROVIDER AGENCY ATTESTATION REQUEST FOR PROPOSALS FOR NEW JERSEY HOME VISITING INITIATIVE

Up to \$400,000

Implementation of Evidence-Based Home Visiting Services Family Connects/Mercer County
Funded through the Preschool Development Grant Birth to 5 (PDGB-5)

Provider Agency: _____

Provider Representative: _____ Title: _____

Telephone: _____

Email: _____

Background:

DCF oversees a network of home visiting programs that encompass several nationally recognized evidence-based models which includes Healthy Families (HF), Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and Home Instruction for Parents of Preschool Youngsters (HIPPY).

This RFP is a joint initiative between the New Jersey Department of Children and Families, the Burke Foundation and the Trenton Health Team and the Preschool Development Grant Birth- 5 (PDGB-5) Federal Grant CFDA 93.424.

This federal grant complements DCF's work over the past ten years to expand its commitment to prevention and evidence-based home visitation.

Attestation:

I hereby attest on behalf of the Provider Agency to the following statements. I understand that statements on this attestation and the penalties for hiding or giving false information, including but not limited to, criminal penalties for false swearing pursuant to NJSA 2C:28-2, and civil penalties under 45 C.F.R. 79.3 for program fraud. I certify, under penalty of perjury, that information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification.

The Provider certifies that it can meet the following requirements in connection with this project:

1. Monthly or as needed check-in calls with Burke Foundation, Trenton Health Team and DCF on the implementation of the Family Connects Model.
2. Quarterly Home Visiting Supervisors Meetings and Continuous Quality Improvement Meetings.

3. Quarterly Program and Fiscal Reports including deidentified, aggregated data associated with pilot implementation.
4. Additional requirements as identified by the Implementing Agency, Trenton Health Team, to ensure success of the pilot and maintain fidelity to the Family Connects model.
5. The accounts, receipts and records of expenditure must be available for audit. The Provider Agency agrees to cooperate fully in any state or federal review of the expenditures and to provide access to relevant records and documents.
6. The funding for this initiative must be in a segregated account available at all times for review and audit.
7. Staffing will be met for 6 R.N.s, 1 Nurse Supervisor (part time); .1 FTE physician.
8. Agency shall meet the Level of Service of 80% of families who give birth at Capital Health and are residents of Mercer County. (average 2,000 births per year, 80% of families who are Mercer County residents).
9. Agency must accept referrals from Capital Health or other entity as determined by Trenton Health Team, the implementing agency.
10. Agency shall participate in the development of a referral plan to ensure that families are connected to services.
11. Agency shall develop a plan to provide services for non-English speaking families.

Signature of Agency Representative: _____

Date: _____