

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

**Whole Health Learning Collaborative  
for  
Wellness/Self-help Centers**

August 15, 2022

Valerie L. Mielke, Assistant Commissioner  
Division of Mental Health and Addiction Services

## TABLE OF CONTENTS

I.	Purpose and Intent .....	3
II.	Background and Population to be Served .....	5
III.	Who Can Apply?.....	6
IV.	Contract Scope of Work .....	7
V.	General Contracting Information.....	12
VI.	Written Intent to Apply and Contact for Further Information.....	13
VII.	Required Proposal Content .....	13
VIII.	Submission of Proposal Requirements.....	18
IX.	Review of Proposals.....	19
X.	Appeal of Award Decisions.....	20
XI.	Post Award Required Documentation.....	20
XII.	Attachments.....	22
	Attachment A – Proposal Cover Sheet.....	23
	Attachment B – Addendum to RFP for Social Service and Training Contracts...	24
	Attachment C – Statement of Assurances .....	25
	Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions .....	27
	Attachment E – Mandatory Equal Employer Opportunity Language.....	<b>Error!</b>
	<b>Bookmark not defined.</b>	

## I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to develop a state-wide Whole Health Learning Collaborative (WHLC) that serves the NJ Wellness/Self-help Center Peer Workforce and member participants. The WHLC will be supported by a one-time award of \$375,000 that is made available through Mental Health Block Grant supplemental funding. All funds must be expended by March, 2023. By providing access to trained peer practitioners that are focused on the concept of whole health and the eight dimensions of wellness, the award will support a state-wide learning initiative for Wellness/Self-help centers. It will function both in-person and virtually.

The proposed initiative will successfully train and provide technical assistance to the Wellness/Self-help Center Peer Workforce on the whole health approach. DMHAS is looking for a provider that will operationalize the training, resources and technical support that is involved in developing and implementing the WHLC, in addition to collecting data on the effectiveness of the approach. The learning collaborative will not only help individuals develop coping skills and facilitate shared learning, but will also provide a unique opportunity to increase social connectedness, provide new meaning and purpose in life as well as support service to others—all cornerstones of a wellness and recovery-oriented life.

The WHLC will encourage and empower Wellness/Self-Help centers to assist individuals with getting the information, support, motivation, and guidance they need to either develop or re-initiate healthier life-styles, in addition to learning how to work with their peer community, healthcare and behavioral healthcare providers to better self-manage their own medical-related conditions and needs. The work of the learning collaborative should encourage Wellness/Self-Help centers to facilitate their members in obtaining accessible health screenings and primary health care. The initiative shall, for example, help individuals learn about diabetes self-care, improve money management skills, enhance social connectedness, and/or promote smoking cessation by connecting center members to the CHOICES Program, the Quit-line and Quit Centers.

The successful bidder awarded the WHLC funding will promote and provide access to innovative, best and promising practices to train centers' peer leaders on how to utilize strategies and resources and that will make a direct impact on the significant medical comorbidities that have resulted in a decreased life-span of persons with serious mental illness of 10-25 years when compared to the general public (World Health Association<sup>1</sup>). While the strategies and resources chosen will be developed by the successful bidder, it is expected that these will include tools such as Whole Health Action Management (WHAM) and the Wellness and Recovery Action Plan (WRAP), and shall incorporate training in Motivational Interviewing, the "Stages of Change" model, active listening skills and engagement strategies, as well as other evidence-based and promising approaches and materials that may be chosen for implementation.

---

<sup>1</sup> [https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1)

The successful bidder may use some of the funding from the award for subscriptions and the rights to use proprietary tools. While funding will primarily support peer wellness coaches and mentors, who will support wellness activities onsite at the Wellness/Self-help centers, the successful bidder will also be responsible for distributing a portion of the award funds directly to the Wellness/Self-Help Centers to allow them to organize and implement related activities. With these funds, the centers shall implement a whole health project/initiative of their choosing pending approval. Funding for the initiative will also be used for sponsoring some regional and one statewide conference/event to showcase the outcomes, opportunities and successes and challenges of healthy-life-styles and chronic disease self-management within the NJ peer community.

The training, technical assistance, and peer services funded by this initiative are to be provided by a bidder that is proactive and has demonstrated an ability to address the true needs of individuals living with serious mental illnesses in New Jersey. The successful bidder will have a strong, competent and caring peer workforce with a proven track record of providing empowering, person-centered and innovative peer-to-peer services/programs related to the health and well-being of participants in our DMHAS-funded community wellness centers across the state. Bidders applying for the RFP are encouraged to collaborate and/or subcontract with other resourceful organizations to deliver the services.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support individuals progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope. (Davidson, Bellamy, Guy and Miller, 2012).

The successful bidder will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder will continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder will analyze data to implement strategies to increase program participation.

Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

**The following summarizes the RFP schedule:**

August 15, 2022	Notice of Funding Availability
August 22, 2022	Questions on RFP due – no later than 4pm EST
September 6, 2022	Deadline for written intent to apply and request for DHS secure file transfer protocol (SFTP) site login credentials
September 13, 2022	Deadline for receipt of proposals – no later than 4pm EST
October 19, 2022	Preliminary award announcement
October 26, 2022	Appeal deadline – no later than 4pm EST
November 2, 2022	Final award announcement

December 1, 2022 Anticipated contract start date

## II. Background and Population to be Served

DMHAS is awarding one-time funding for the WHLC to provide a state-wide, multi-agency, in-person and virtual training, technical assistance and peer delivered services center on the whole health approach. The successful bidder awarded the funding will develop individual, peer-driven, learning communities for the state's 30 Wellness/Self Help centers that are focused on the eight dimensions of wellness. The whole health-focused trainings will be predominantly peer-driven, peer-delivered and peer-led, and the initiative will address the identified needs to the centers and their members. The target population of the initiative are individuals with mental health diagnoses, those with a mental health and a co-occurring substance use disorder and/or a chronic medical condition, who serve as peer providers and the members who attend any one of DMHAS funded Wellness/Self-help Centers.

The whole health approach that will be promoted and delivered to the target population shall include a focus on those medical and socio-economic conditions that affect individuals with mental health diagnoses disproportionately. The WHLC initiative shall have a focus on priority populations among the center membership, which include individuals who are living with serious mental health issues, and in particular, persons who have been negatively affected or traumatized by the pandemic such as battling with issues around grief, loss, social isolation, and/or poverty. During the COVID-19 pandemic, the Wellness/Self-help center members have experienced social isolation and have had limited access to needed behavioral health and physical healthcare services. The initiative should also address the fact that these individuals who are likely to have pre-existing mental and physical health conditions, often have self-stigma, lack self-worth and motivation to practice personal self-care and experience stigma from others in accessing medical and other available community-based services.

Several health-related risk factors prevalent among individuals who have mental illness will be addressed within the WHLC. People encounter side effects associated with use of psychiatric medications, and they may not routinely receive or use preventive healthcare and other related services. Some conditions that result in disproportionate mortality and morbidity in individuals with mental health conditions are frequently associated with lifestyle habits such as smoking, poor diet, physical inactivity, poor sleep, and lack of self-care. **The learning collaborative is expected to inspire, cultivate and enhance a culture of healthy living and positive well-being among leaders and members.** Specific activities will address the conditions that have the greatest effect on peer mortality and morbidity, which include diabetes, metabolic syndrome, smoking, and/or co-occurring alcohol use and other addictive behaviors in the target population. The social determinants of health, particularly social isolation experienced by members throughout the pandemic must also be addressed. Some chronic diseases increase the immediate and long-term risks with COVID-19 infection. Understanding the condition in which a person has lived, addressing behaviors at an early stage, and managing stress can not only prevent multiple diseases, but also help restore health and stop the progression to disease across a person's lifespan.

The whole health approach promotes healthy behaviors, environments, and policies to maintain health and prevent, treat, and reverse chronic diseases and harmful conditions and environments. The Veterans Administration adopted the Whole Health approach to help individuals it serves to “focus on life goals...why they want to be healthy...they are able to, with the help of a support team, develop a personal health plan based on their goals, preferences and needs”.<sup>2</sup> While many whole health approaches are now operating, this RFP endorses training and tools that have demonstrated effectiveness with mental health individuals impacted by mental illness, including WHAM and WRAP.

WHAM is a nationally recognized best practice program available through the National Council for Wellbeing that could be utilized by the learning collaborative. Specialized learning communities can provide training on the skills needed to improve the health of consumers living with serious mental illnesses by promoting self-management to counter the effects of chronic physical conditions. WRAP is another tool that can help individuals develop a daily plan to meet their life, health, and wellness goals, as well as prevent and effectively deal with mental health crises. With the capability to use WHAM, WRAP, and a myriad of existing and other available self-help tools and approaches, such as the “Stages of Change” model, Motivational Interviewing and active listening and engagement strategies, the most promising and evidence-based resources shall be made available and supported. There is no “one-size fits-all” approach to leading a healthier and more personally satisfying life.

Per Substance Abuse and Mental Health Services Administration (SAMHSA), “Learning Communities are highly interactive, multi-session virtual events that bring together small groups (20 people or less) of state and territory interagency team members and other key stakeholders knowledgeable on a given topic.” As participants in the WHLC, the Community Wellness/Self-Help centers will learn new ideas about how to provide wellness-related, practical and innovative activities and events and will share their experiences with each other in an “on-going, reflective, collaborative, inclusive, learning-oriented, growth-promoting way.” During learning community sessions, trained peers and other subject matter experts will provide tailored content, which will be followed by discussion. Homework and follow-up tasks may be assigned to help individuals advance their implementation of planning goals. The model is designed in a way that fosters extensive knowledge and resource sharing, allowing participants to build beneficial relationships with their peers across the state.<sup>3</sup>

The funding will support innovative approaches, such as to sponsor activities and projects focused on wellness within each Wellness/Self-help Center to encourage and facilitate individual goal-setting and positive self-care practices. This is an acceptable use of funding. These training and supportive resources and activities will be delivered within the whole health learning communities serving the participating wellness/self-help centers. DMHAS expects the successful bidder to develop its own assessment and

---

<sup>2</sup> <https://www.va.gov/wholehealth/>

<sup>3</sup> <https://www.samhsa.gov/smvf-ta-center/activities/webinars-learning>

approach to delivering training, resources and technical support, and to do so in a way that best meets the identified needs of the centers' leadership and its members. The successful bidder shall provide a detailed plan for all costs for such innovative practices. The successful bidder is also responsible for the development and oversight of an application process with the expectation to collect quantitative and qualitative data that demonstrates the effectiveness of this initiative, while also maintaining privacy protections for consumer specific health data. The lessons learned from the WHLC will inform training and technical support needs and opportunities for peer providers working in other programs operating in the public mental health and social service systems.

### **III. Who Can Apply?**

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

- Bidders must describe how the Whole Health Learning Collaborative to be developed will provide a peer-based program that is primarily peer-led and peer-delivered (e.g., will deploy peer specialists as trainers).
- The bidder who is proposing to offer training and other services of the program must demonstrate how they provide services in accordance with the RFP, particularly in being peer lead and delivered. If the bidder plans to subcontract with one or more agencies, full details about this plan must be provided.
- The bidder may be a non-profit or for-profit entity or governmental entity;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)<sup>4</sup> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

### **IV. Contract Scope of Work**

The project is responsible for:

1. Developing and organizing a statewide WHLC in NJ that will provide evidence-based, best and promising practices on "whole health" self-management for peers

---

<sup>4</sup> <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

who are leaders and/or members of the 30 community-based wellness centers across the state. The mission of this newly founded entity is to engage, motivate, educate and support individuals with serious mental health challenges, who are participants of the DMHAS-funded Wellness/Self-help Centers, to re-engage with peers and support others to understand and implement healthy life-style changes. The WHLC will facilitate access to medical and socio-economically related services that will reduce the severe impact of medical co-morbidity and life-span disparities of individuals living with serious mental illnesses and/or co-occurring disorders.

2. Appointing and supporting an advisory body to the WHLC who will be comprised of qualified peers and non-peer subject matter experts who will assess, make recommendations, and provide constructive feedback on key components of the proposed initiative.
3. Organizing, facilitating, and supporting specialized peer learning communities around the whole health approach and the Eight Dimensions of Wellness to enhance the Wellness/Self-help centers' capacity to address the many health and wellness challenges faced by those living with serious mental illness, co-occurring mental illness and an addiction disorder. The peer learning collaborative will provide a structure where individuals can work towards a shared wellness-oriented purpose and mission. It will also provide access to trained peer practitioners, community resources, subject matter experts and practical strategies, through shared learning, to achieve a healthier and improved quality of life for participants.
4. Recruiting, training, supervising and compensating peer coaches, mentors and/or facilitators, to provide a strengths-based and empowering approach to support the peer staff and the members of the community-based and on-grounds community wellness centers. The newly trained and hired peer practitioners will also serve as coaches, mentors and/or facilitators to support the peer learning communities and to role-model positive self-care practices to their peers.
5. Developing and disseminating learning opportunities and resources for peers on adapting healthier life-styles and managing chronic, co-morbid medical conditions incorporating principles of engagement, hope, empowerment and self-responsibility. These efforts will also include practical assistance for individuals on how to access needed and desired preventative, treatment and supports from the health care and social service communities.
6. Utilizing a portion of the funding to purchase subscriptions or the rights to utilize proprietary and non-proprietary resources and tools for the learning community, including WHAM, WRAP, Motivational Interviewing, the "Stages of Change" model and active listening and engagement strategies.
7. Distributing up to \$5,000 per Wellness/Self-help Center (\$90,000 total distribution) to promote and support a whole health initiative or project to support the healthy life-styles of the membership. The statewide center will be responsible for developing an appropriate application and approval process for this component of the initiative.
8. Affiliating with the CHOICES program to have this peer-delivered program support in tobacco cessation, as well as promoting the smoking cessation therapies in collaboration with the Quit Centers and Quitline.



9. Sponsoring several regional and one statewide conference/event to showcase the outcomes, opportunities and successes and challenges of adapting healthy-life-style habits, routines and self-care practices to address chronic disease and other wellness-oriented self-management techniques within the NJ peer community.
10. Identifying outcomes that will be reported to the peer community and to DMHAS. Include examples of outcomes to be measured including: the effectiveness of activities related to diversity, inclusion, equity, and cultural/linguistic competence.
11. Describing how it will encourage the sustainability of the wellness practices that are incorporated into the Wellness/Self-help Centers' operations so these can continue after the learning collaborative officially ends.
12. The initiative will also seek feedback from centers about how benefits of the WHLC and the work of the learning communities can be sustained after the project ends.

It is expected that service delivery should begin as soon as possible and no later than three (3) months after grant award.

The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National Culturally and Linguistically Appropriate Standards (CLAS). The plan should include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, the successful bidder will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their system partners will work together to identify and combat barriers that impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The successful bidder will:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care
- Deliver services in a culturally competent manner that exemplify National CLAS Standards
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes

Budget:

The total budget for Whole Health Learning Collaborative is one-time funding of \$375,000, which shall be used by March, 2023 to provide training, resources and technical support

to all of the multi-agency peer staff and memberships of the 30 DMHAS-funded wellness/self-help centers throughout the State of N.J. Out of the total funds, the entity receiving the award for the WHLC will be funded at \$275,000 to support its work, which includes paying peer staff to provide training, resources and technical assistance to the learning communities and the centers.

It is expected that \$90,000 would be used to directly support group activities at the 30 community-based centers to implement a whole health project/initiative of their choosing pending approval, and that \$10,000 would be set-aside for a statewide conference/event on the achievements and other outcomes of this project.

Eligible expenses unique to the operation of the WHLC include the following:

- Program staff; peer practitioners;
- Scholarships for adjunct peer staff and fees for subject matter experts and trainers (can be subcontracted with other agencies);
- Fees for consultant peer trainers/national virtual forums;
- Subscription fees or other costs associated with appropriate use of Whole Health related training modules or interventions;
- Supplies and equipment to support the activities and programs at the centers;
- Wellness activities/projects at the thirty (30) community wellness centers, and;
- Other costs needed to promote the initiative or to insure positive outcomes.

#### Staffing:

Staffing will consist of adequate numbers of staff needed to provide whole health training, resources, technical assistance and peer counseling and mentoring to all DMHAS funded Wellness/Self-help Centers. Bidders must include peer-staff who are knowledgeable, trained and can “role model” the “Whole Health Approach” in their own lives, and who can also effectively offer peer-to-peer instruction in evidence-based, best and promising practices and empirically-based curricula. The costs of peer services provided under this funding implementation shall be clearly delineated and shall be distinct from peer services funding received from other sources.

Successful bidder may use adjunct peer staff from other DMHAS-funded agencies and/or credible subject matter experts in some of the program facets.

Successful bidder will identify the activities, services and projects proposed length of time that such adjunct services are required throughout the operation of the state-wide WHLC. The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the successful bidder will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

The successful bidder must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

Location:

The Whole Health Learning Collaborative is envisioned to operate in a combination of in-person and virtual forums. The proposed model will require peer practitioners to conduct some health and wellness promotional activities and programs and/or training onsite at the wellness/self-help centers. The funding is not designed to offer rental support for a physical “site.”

Program Design:

At varying levels, the staff of all thirty (30) current Wellness/Self-help Centers are to be trained for participation in the initiative during the funding period ending in March, 2023. It is expected that the successful bidder will include a proposed plan, indicating how they intend to do outreach to the leadership of agencies that operate DMHAS-funded wellness/self-help centers to discuss their plan to train and support peer staff in their programs. Specific health promotion activities shall address health-related issues such as diabetes and metabolic syndrome, tobacco use and alcohol use. There will also be opportunities to provide individuals with tools as to how to improve one’s sense of self-worth, self-efficacy and self-esteem. The initiative will provide learning opportunities that enable peer staff to develop the skills needed to educate Wellness/Self-help members about their health and wellness needs using these tools and how to best assist members in securing needed healthcare screening, prevention and treatment services.

Cultural appropriateness and sensitivity shall be evident at all levels of this proposal. It is important that the WHLC staff are ethnically and culturally diverse. The successful bidder will be expected to recruit, retain and train staff from cultural, economic, and linguistic backgrounds that complement the individuals to be served. Moreover, the bidder is to articulate how Learning Collaborative services will equip Wellness/Self-Help Center staff to provide services to their members in a fashion that are culturally and linguistically appropriate.

Data Collection/Evaluation/Reporting:

The successful bidder will be required to comply with DMHAS’ program design components for the operation of the WHLC and will report on activities every three months during the operating year, concluding in March 2023 concurrent with funding period. Bidders are also expected to collect data that demonstrates the effectiveness of the WHLC as well as the efficacy of the learning communities and the direct impact on the well-being of both staff and member participants, while maintaining privacy protections for consumer specific health data. The bidder will propose specific program outcomes to demonstrate the effectiveness of the model in the Whole Health approach. The outcome data will include data directly provided by the Wellness/Self-Help Centers that describe how benefits of the WHLC have impacted their members in meeting their wellness goals and in restoring and maintaining their health and overall sense of personal well-being.

The qualitative and quantitative data shall include indicators such as the percentage of individuals who have met goals showing measurable improvement in personal health metrics (e.g., to quit smoking, lose weight, maintain normal blood glucose levels, financial stability, employment etc.). Measuring the perceived quality of life of individuals in the program shall also inform the benefits of the program. The outcome data shall be capable of informing how these benefits can be sustained and transferred to other peer-service settings after the project ends.

## **V. General Contracting Information**

Bidders must meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual .These documents are available on the [DHS website](#)<sup>5</sup>.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should accurately reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of DHS' intent to award a contract.

The total contract award of this RFP is \$375,000. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS website](#)<sup>6</sup>, programs awarded a contract pursuant to this RFP will be separately clustered until DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should the provision of services be delayed through no fault of the contractee, funding continuation will be considered on a case-by-case basis dependent upon the circumstances creating the delay. In no case shall DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

---

<sup>5</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

<sup>6</sup> <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of the Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)<sup>7</sup>.

## **VI. Written Intent to Apply and Contact for Further Information**

Bidders must email [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) no later than 4:00 p.m. EST on September 6, 2022 indicating their agency's intent to submit a proposal for the Whole Health Learning Community RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the August 8, 2022 deadline. If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) no later than 4pm on August 22, 2022. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

## **VII. Required Proposal Content**

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation, noted below:

### **Funding Proposal Cover Sheet (RFP Attachment A)**

#### **Bidder's Organization, History and Experience (15 points)**

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified qualification to fulfill the obligations of the RFP. The written narrative should:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the agency's work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.

---

<sup>7</sup> <http://www.nj.gov/humanservices/providers/rulefees/regs/>

4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation, such as an appendix, to the bidder's proposal.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
6. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
8. Attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.

### **Project Description (30 points)**

In this section, the bidder is to provide an overview of how the services detailed in the contract scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. Describe how the bidder's approach satisfies the requirements as stated in the RFP.
2. Describe the bidder's understanding of the project goals and measurable objectives and outcomes of the proposed initiative.
3. Describe the bidder's specific approach to training, using the WHAM, WRAP, and any other tools to be used, as well as any other costs related to other essential components.
4. Describe the bidders specific approach to support the Wellness/Self-Help Centers' ability to address diabetes, metabolic syndrome, smoking, and alcohol misuse, as well as the social determinates of health.
5. Describe the bidders' capability to conduct virtual training and provide resources, technical assistance and platforms to facilitate shared learning statewide.
6. Provide the number of total duplicated and unduplicated individuals that will be trained and the number of individuals who will receive related services on an annual basis.
7. Attach a flow chart outlining the operational steps and timeline of the proposed program.
8. Description of all anticipated barriers (e.g., transportation, legal concerns, etc.) and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
9. Description of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
10. Provide a draft of bidder's Code of Ethics and grievance policy/procedures.
11. Description of collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP; include affiliation agreements.

12. Description of staff recruitment and how the organization will ensure diversity and ensure an adequate peer workforce to support the initiative.
13. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
14. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.
15. Describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

### **Outcome(s) and Evaluation (15 points)**

Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or setbacks associated with this project:

1. Describe the bidder's approach to measurement of consumer health and well-being.
2. Describe the bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
5. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
6. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment outcomes.

### **Staffing (15 points)**

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed team, including staff qualifications, competencies, and peer support and/or recovery experience.
2. Provide details for the Full Time Equivalent (FTE) and/or Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including certifications, competencies, trainings, professional licensing and related experience (including lived experience). Details should include currently on-board or to be hired staff, with details of recruitment effort. Identify bilingual staff.
3. Provide details on recruiting volunteer staff for the program and how volunteers will be trained to provide program requirements/activities.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.

5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. Identify the number of work hours per week that constitute each staff in the bidder's proposal.
7. Describe the proposed organizational structure, including the submission of an organizational chart in an appendix to the bidder's proposal.
8. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
10. The approach for supervision of clinical staff, if applicable.
11. A list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
12. A list of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

### **Facilities, Logistics, Equipment (5 points)**

The bidder should detail its facilities where its normal business operations will be performed and identify equipment and other logistical issues, including at a minimum:

1. A description of the plan for office space and any needs specific to this project.
2. A description of the locations in which the program will be delivered. Please provide information about accessibility, safety, access to public transportation, etc.
3. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
4. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

### **Budget (20 points)**

DMHAS will consider the cost efficiency of the proposed budget as it relates to the contract scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate the details of all proposed budget items including a description of miscellaneous expenses and other costs.



1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who submit a written intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
  - a. Section 1 – Full annualized operating costs to satisfy the contract scope of work detailed in the RFP and revenues excluding one-time costs; and
  - b. Section 2 - Proposed one-time costs.
2. Budget Notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses, and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this program) and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

## **Appendices**

The enumerated items of Required Attachments #1 through #7 and Appendices #1 through #8 must be included with the bidder's proposal.

**Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #7 below are also required with the proposal unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.**

The collective of Required Attachments #1 through #5 and Appendices #1 through #8, is limited to a total of 25 pages. Audits (Required Attachments #6 and #7) do not count towards the appendices' 25-page limit. Appendix information exceeding 25 pages will not be reviewed.

### **Required Attachments**

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](#)<sup>8</sup>;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)<sup>9</sup>;
5. Pursuant to Policy Circular P. 11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid.

### **Appendices**

1. Copy of documentation of the [bidder's charitable registration status](#)<sup>10</sup>;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support
8. Cultural Competency Plan; and
9. INCLUDE ADDITIONAL ATTACHMENTS THAT WERE REQUESTED IN THE WRITTEN NARRATIVE SECTION.

## **V. Submission of Proposal Requirements**

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should be no more than 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23

---

<sup>8</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>9</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>10</sup> [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities)

it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted **no later than 4:00 p.m. on September 13, 2022**. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Additionally, bidders must request login credentials by emailing [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) **on or before 4pm on September 6, 2022**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, <https://securexfer.dhs.state.nj.us/login> using your unique login credentials.

## **IX. Review of Proposals**

There will be a review process for all responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, points, which includes the review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and

federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)<sup>11</sup>.

DMHAS recognizes the invaluable perspective and knowledge that consumers and family members possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. To that end, DMHAS will assemble an advisory committee of consumers and family members to provide opinions and perspective about proposals or aspects of the proposals to the review committee. Members of the review committee may take the advisory committee's perspective into consideration in scoring the proposals but the advisory committee will not be scoring proposals. Any individual with access to the proposals prior to the final contract award will be screened for potential conflicts of interest and will be required to sign a certification attesting that they do not have any potential conflicts.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract by October 19, 2022.

## **X. Appeal of Award Decisions**

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below **no later than 4:00 pm on October 26, 2022**. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner  
Department of Human Services  
Division of Mental Health & Addiction Services  
5 Commerce Way  
PO Box 362  
Trenton, NJ 08625  
Fax number: (609) 341-2302

Or via email: [alicia.meyer@dhs.nj.gov](mailto:alicia.meyer@dhs.nj.gov)

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

DMHAS will review all appeals and render a final decision by November 2, 2022. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

---

<sup>11</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

## XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)<sup>12</sup>;
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability

---

<sup>12</sup> <https://www.njportal.com/DOR/annualreports/>

- Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
  24. Business Registration (online inquiry to obtain copy at [Registration Form](#)<sup>13</sup>; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)<sup>14</sup>;
  25. Source Disclosure ([EO129](#))<sup>15</sup>; and
  26. Chapter 51 [Pay-to-Play Certification](#)<sup>16</sup>.

## **XII. Attachments**

Attachment A – Proposal Cover Sheet

Attachment B – Addendum to RFP for Social Service and Training Contracts

Attachment C – Statement of Assurances

Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Attachment E – County Mental Health Administrators RFP Submission Preference

Attachment F – Mandatory Equal Employment Opportunity Language

---

<sup>13</sup> [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp)

<sup>14</sup> <http://www.nj.gov/treasury/revenue>

<sup>15</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>16</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

**Attachment A – Proposal Cover Sheet**

\_\_\_\_\_ Date Received

**STATE OF NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES**  
Division of Mental Health and Addiction Services  
Proposal Cover Sheet

Name of RFP: **Whole Health Learning Collaborative**

Incorporated Name of Bidder: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Address of Bidder: \_\_\_\_\_

Chief Executive Officer Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated consumers to be served: \_\_\_\_\_

County in which services are to be provided: \_\_\_\_\_

Brief description of services by program name and level of service to be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: <https://www.nj.gov/treasury/purchase/vendor.shtml> or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Attachment B – Addendum to RFP for Social Service and Training Contracts**

### **STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.



## **Attachment C – Statement of Assurances**

### **Department of Human Services Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 C.F.R. Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 C.F.R. Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 C.F.R part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (N.J.A.C. 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 C.F.R. 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Signature: CEO or equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97

**Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 C.F.R. Part 98, Section 98.510.

## **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## **Attachment E**

### **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 provided by the Division and distributed to the public agency through the Division's website at:  
([www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance))

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**