

# **NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

## **Division of Aging Services**

### **Request for Proposals**

**Enhancing Services and Decreasing Stress for Caregivers and the  
Persons Living with Dementia (PLWD) in their Care**

**Louise Rush, Assistant Commissioner  
Division of Aging Services**

**June 26, 2025**

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**State of New Jersey  
Department of Human Services  
Division of Aging Services  
Request for Proposals  
2025 Enhancing Services and Decreasing Stress for Caregivers and the Persons Living  
with Dementia (PLWD) in their Care**

## **I. Purpose and Intent**

The New Jersey Department of Human Services (DHS), Division of Aging Services (DoAS), is publishing this Request for Proposals (RFP) to enhance services and decrease stress for Persons Living with Dementia (PLWD) and Dementia caregivers by expanding the Stress-Busting Program for Family Caregivers (the Program or SBP) statewide. The Stress-Busting Program for Family Caregivers aims to improve the lived experience of PLWD and their caregivers by making New Jersey more dementia-capable.

A total of three hundred and sixty thousand dollars (\$360,000) is available through this grant. DoAS will provide up to three (3) grants in the amount of up to one-hundred and twenty-thousand dollars. The anticipated grant period is **October 1, 2025 to September 29, 2026**. All grants are contingent upon funding availability. A bidder may not apply for, nor be awarded, more than one grant. Bidders who apply for multiple regions will have both proposals rejected.

The three (3) grants will be distributed based on regions as follows:

Northern- Sussex, Passaic, Bergen, Warren, Morris, Essex, Hudson (1 grant)

Central- Monmouth, Mercer, Middlesex, Hunterdon, Somerset, Union, Ocean (1 grant)

Southern- Burlington, Camden, Gloucester<sup>1</sup>, Salem, Cumberland, Atlantic, Cape May (1 grant)

The following summarizes the **anticipated** RFP schedule:

June 26, 2025	Notice of Funding Availability
July 2, 2025	Deadline for submission of Letter of Interest (3:00 p.m. ET)
July 3, 2025	Opening of applications in SAGE (3:00 p.m. ET)
July 10, 2025	Deadline for submission of questions (3:00 p.m. ET)
July 31, 2025	Deadline for receipt of proposals (3:00 p.m. ET)
TBD	Preliminary grant award announcement
TBD	Appeal deadline

## **II. Background and Population to be Served**

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<sup>1</sup> Since Stress-Busting classes are already offered in this county in English, DoAS is only permitted to fund Spanish speaking classes in this county.

Caregivers provide assistance with daily care, health care visits, and future planning to PLWD and are integral to the dementia care system. Despite this, the vast majority of caregivers come into this difficult role with minimal training and understanding of the disease, as well as unstable social support. DoAS is seeking to improve meaningful mental health outcomes for caregivers and, consequently, PLWD.

To accomplish this, DoAS desires to expand its stress reduction intervention program statewide to provide caregivers with the tools, information, and help that they need to decrease burnout and provide high quality living environments for PLWD.

The 2020 Census recorded that New Jersey's population of adults aged 60 or older has rapidly grown from previous years. The percentage of older adults who live beyond the age of 80 has also risen in the past decade. This population is expected to continue to grow, as New Jersey has a large middle-aged cohort who will reach age 60 in the coming decades. To effectively deal with this upcoming demographic shift, and the subpopulation who may need dementia care, the State must continue to expand its ability and capacity to support family caregivers by reinforcing and growing the dementia care network and support systems.

The SBP was developed at the University of Texas Health Science Center – San Antonio with grant support from the National Institutes of Health, Veterans Administration, and Administration on Aging. In 2016, the Program was brought to New Jersey via the Health Resources and Services Administration Geriatric Workforce Enhancement Program grant to Rowan University's New Jersey Institute for Successful Aging, and is one of DoAS' five nationally recognized evidence-based wellness programs.

The SBP is often facilitated through an agency that provides similar services. Dissemination of the Program was decelerated by the SARS-CoV-2019 (COVID-19) public health emergency, which limited the available staff to be trainers and recruiters due to staff shortages. This grant intends to expand the existing Stress-Busting network through new Master Trainers and Facilitators.

### **Stress-Busting Programs for Family Caregivers Information**

The Program consists of 90-minute sessions that occur once per week for nine (9) weeks. The Program is conducted in a small group setting of 4-8 participant caregivers with two trained group Facilitators. Participants are provided with resources including a handbook covering class material, a meditation CD, and relaxation strategies DVD.

During these sessions caregivers learn information about the disease process, and new skills including stress management techniques and a variety of other content. These sessions also provide caregivers with an opportunity to share their experiences and learn from each other. It is designed to improve the quality of life for family caregivers who provide care for PLWD.

<b>Week</b>	<b>Title and Content</b>	
<b>1</b>	<b>Getting Started: Group introductions, purpose, and expectations of program.</b>	<b>Relaxation Breathing</b>
<b>2</b>	<b>Stress: Effects on Mind, Body, and Spirit: Causes of stress, mind-body-spirit connections to stress.</b>	<b>Meditation</b>
<b>3</b>	<b>Caregiver Stress and Relaxation: Effects of stress, relaxation response, creating a relaxation environment.</b>	<b>Imagery</b>
<b>4</b>	<b>Facing Challenges: Understanding and managing difficult and challenging situations when caring for someone with dementia or a chronic illness.</b>	<b>Hand Massage</b>
<b>5</b>	<b>Grief, Loss, and Depression: Grieving process and losses related to caring for someone with dementia or a chronic illness.</b>	<b>Art</b>
<b>6</b>	<b>Coping with Stress: Discussion of changeable and unchangeable stressors. Changing roles and relationships. Use of coping strategies.</b>	<b>Aromatherapy</b>
<b>7</b>	<b>Positive Thinking: Changing the way one can think (cognitive restructuring) and how to view situations in a more positive framework. Twisted thinking is discussed.</b>	<b>Journaling</b>
<b>8</b>	<b>Taking Care of Yourself: Healthy Living: Integrating the strategies learned in earlier sessions to help develop a healthier lifestyle. Emphasis on incorporating good nutrition and sleep habits, exercise, and hobbies into daily routines.</b>	<b>Music</b>
<b>9</b>	<b>Choosing a Path to Wellness: Final integration of first 8 sessions and applying it so caregivers will be empowered to take care of themselves.</b>	

Week	Title and Content
	<b>Caregivers create a plan to do this and focus on healthy living. Discuss assertiveness skills.</b>

### **Master Trainer Trainings**

The Master Trainer training course is held over two (2) full-day or four (4) half-day sessions and includes:

- Subject matter content;
- Role of the Facilitators;
- How to administer the program; and
- How to train group Facilitators.

At the end of the training, participants who successfully demonstrate knowledge and ability to facilitate groups will:

- Acquire provisional certification as Stress-Busting Program Master Trainers;
- Be qualified to facilitate Stress-Busting Program groups; and
- Be qualified to train group Facilitators.

Master Trainer certifications will remain with the licensing agency. If a Master Trainer leaves the licensed agency, they will no longer have certification to hold Stress-Busting classes or Facilitator trainings. Master Trainers must administer one (1) Stress-Busting class series or one (1) Facilitator training each year to maintain their certification. If the Master Trainer does not administer any classes within a year, they must attend WellMed's refresher training to revive their certification. The Provider Agency shall contact WellMed to arrange trainings for new Master Trainers.

### **Facilitator Training**

The Facilitator Training is held over two (2) full-day sessions and includes:

- Subject matter content;
- Role of the Facilitators; and
- How to administer the Program.

At the end of the training, participants who successfully demonstrate knowledge and ability to facilitate groups will be qualified to host Stress-Busting Program groups.

A Facilitator must complete one Stress-Busting class series each year to maintain the ability to facilitate Stress-Busting classes. If a Facilitator does not host one class series per year, they must reenroll in Facilitator training in order to facilitate Stress-Busting classes again.

For more details on the Program, visit <https://www.wellmedcharitablefoundation.org/caregiver-support/caregiver-stress-busters/>.

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

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

- The applicant must be a nonprofit or governmental entity with the ability to be trained and subsequently offer SBP classes in one of the three geographical areas listed. Priority will be given to applicants able to offer SBP classes in both English and Spanish;
- Funds may be used to support collaborations or consortia between multiple organizations. Each proposal shall identify the primary applicant and any partners that will be funded by this grant, if awarded;
- The applicant must be in good standing with DHS if it has an existing grant or contract in place. If applicable, the applicant must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DHS for approval prior to submission;
- The applicant must be fiscally viable based upon an assessment of the applicant's audited financial statements. If an applicant is determined, in DHS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DHS will deem the proposal ineligible for grant award;
- The applicant must not appear on the State of New Jersey Consolidated Debarment Report at <https://www.nj.gov/treasury/revenue/debarment/> or be suspended or debarred by any other state or federal entity from receiving funds; and
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the applicant shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include agency staff members, officers and Governing Board Members. An applicant must have written policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 Circular.

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

Upon award, successful applicants shall:

- A. Purchase a Nationwide License for the Stress-Busting Program for Family Caregivers from WellMed;
- B. Within 45 days of contract execution, train a minimum of four (4) Master Trainers;

- i. Provider Agency must have a minimum of four (4) Master Trainers through the duration of the agreement; and
    - 1. If offering Spanish and English classes, Provider Agency shall train at least two (2) Master Trainers in Spanish.
  - ii. If a Master Trainer leaves the Provider Agency or is otherwise unable to continue being a Master Trainer, the Provider Agency shall fill the vacancy within 30 days.
    - 1. If the Master Trainer was Spanish speaking, the replacement shall be Spanish speaking as well.
- C. Ensure Master Trainers are providing the Facilitators with Stress-Busting Program updates, which will be provided to Master Trainers by WellMed during quarterly Master Trainer calls or via the Master Trainer Portal;
- D. Ensure Stress-Busting classes are being offered both during and outside of regular business hours (M-F 8 a.m.-5 p.m.) including weekends;
- E. Utilize DoAS resources to assist Stress-Busting class participants to receive respite care for the PLWD in their care when they attend classes;
  - i. Agencies are encouraged to work with Adult Day Centers that are willing to provide care to the PLWD while their caregiver attends the Stress-Busting class.
- F. Attend and participate in routine meetings/calls with DoAS and partnered Stress-Busting agencies, as required by DoAS;
- G. Submit to DoAS the Facilitator training schedule and number of enrolled participants via Qualtrics;
- H. Submit to DoAS the names of participants who complete Facilitator training via Qualtrics within one (1) business day of training completion;
- I. Submit quarterly fiscal and programmatic reports via the State's System for Administering Grants Electronically (SAGE) as required by DoAS;
- J. Advertisement of the Stress-Busting Program shall be limited to New Jersey for the duration of the grant period;
- K. Monitor and document their ability to provide funded programs and services to the target population and adherence to the grant Scope of Work, outlined herein;
- L. Ensure a minimum of 50% of the funding is spent on direct services throughout the grant period: costs incurred while hosting the Stress-Busting classes themselves;
  - i. Examples of direct services: Master Trainer or Facilitator pay while administering the 90-minute Stress-Busting class, room rental fees, books and materials used during Stress-Busting classes; and
  - ii. Examples of non-direct services: Master Trainer and Facilitator trainings, supervision of new Facilitators, recruitment of Facilitators, data entry, reporting, meeting attendance, travel to and from classes, and general staff/admin time.
- M. All successful applicants who are not governmental entities are required to register with NJSTART, the State of New Jersey's eProcurement system, which enables agencies to be paid. To register, go to [www.njstart.gov](http://www.njstart.gov).

## **Quarterly Training Requirements**

### **A. First Quarter**



- i. Train at least four (4) Master Trainers; and
- ii. Host at least two (2) Stress-Busting class series.

**B. Second Quarter**

- i. Host at least four (4) Stress-Busting class series;
- ii. Host at least two (2) in-person Facilitator Trainings;
  - 1. Class series shall take place in at least two (2) separate counties within the awarded region; and
  - 2. If the Provider Agency is offering both English and Spanish classes, one (1) shall be in Spanish and one (1) shall be in English.

**C. Third Quarter Through End of the Grant Period**

- i. Host a total of at least 14 Stress-Busting class series;
  - 1. At least one (1) class series shall be held in each county in the awarded region.
    - If applying for the southern region, only Spanish classes may be offered in Gloucester County.
- ii. Additional Master Trainer trainings and Facilitator trainings shall be held as needed to ensure the Provider Agency has an adequate number of Facilitators and Master Trainers to meet the minimum Stress-Busting classes required.
- iii. The last Stress Busting class series shall be started by July 19, 2026.

**Master Trainer Training Requirements**

- A. Attend four (4) half-day trainings or two (2) full-day trainings;
- B. Host the first Stress-Busting class series within 30 days of attending Master Trainer training;
  - i. At least two (2), but no more than three (3) Master Trainers shall administer the initial Stress-Busting class series; and
  - ii. Master Trainers **must** administer a complete Stress-Busting class series prior to hosting Facilitator trainings.
- C. Sign “Master Trainer Agreement and Authorization” form, submit to WellMed for countersignature, and provide DoAS with the fully executed agreement within three days of receipt;
- D. Within 30 days of receiving the fully executed Master Trainer Agreement and Authorization, the Master Trainer shall begin a Facilitator training; and
- E. Attend quarterly WellMed Master Trainer calls.

**Stress-Busting Classes Requirements**

- A. Administer a nine (9)-week, in-person class series;
  - i. Classes shall have a minimum of four (4), but no more than eight (8) participants; and
    - 1. If a class series does not meet the minimum number of participants for two (2) classes in the class series, the class series must be canceled, cannot count towards the class series requirements listed herein, and the

- expenses incurred as a result of the previous classes cannot be included as direct service costs.
- ii. Classes shall be conducted by two (2) Facilitators; and
    - 1. If the class series is hosted in Spanish, both Facilitators must be fluent in Spanish.
  - iii. Classes shall be administered in-person, unless otherwise approved by DoAS on a limited case-by-case basis.
- B. Facilitators shall administer WellMed screening questions to potential Participants prior to registration to determine eligibility;
- C. Administer a pre and post-test, as provided by DoAS or The College of New Jersey (TCNJ);
- i. The Master Trainer or Facilitator shall submit the results of the pre-test to the Provider Agency within one (1) business day of the first class completion;
  - ii. The Master Trainer or Facilitator shall submit the results of the post-test to the Provider Agency within one (1) business day of the last class completion; and
  - iii. The Provider Agency shall submit the results to TCNJ each week via Qualtrics.
- D. Materials must be provided to class participants and available throughout the class series, in accordance with WellMed;
- i. Material vendor is determined by the applicant, unless otherwise specified.
- E. Facilitators shall record and submit to DoAS the number of participants who complete the Stress-Busting class series;
- i. Participants must attend seven (7) of the nine (9) classes to complete the class series.
- F. Facilitators shall allow TCNJ to conduct observations throughout the class series;
- G. Master Trainers shall closely observe at least three (3) of the nine (9) classes of the initial class series a newly-trained Facilitator administers and shall conduct further observations as required; and
- H. All Stress-Busting classes shall be hosted in compliance with WellMed requirements.

### **Facilitator Trainings**

- A. Master Trainers shall administer a two (2)-day training;
- i. Classes must have a minimum of four (4), but no more than eight (8) facilitators; and
  - ii. Classes shall be held by two (2) Master Trainers;
    - 1. If the training is hosted in Spanish, both Master Trainers must be fluent in Spanish.
- B. Facilitator training shall provide all of the materials listed herein, as required for the Stress-Busting classes;
- C. WellMed shall provide more information regarding necessary materials for Facilitator trainings during Master Trainer trainings;
- D. Master Trainers shall allow TCNJ to conduct observations of Facilitator training classes;

- E. Ensure Master Trainers provides Facilitator training schedule and the number of participant's who complete the training within one (1) business day of training completion;
- F. The Provider Agency must then provide copies of the class schedule and participant completion to DoAS each week;
- G. Master Trainers must have the capacity to facilitate trainings via commonly used virtual platforms (ex. ZOOM); and
  - i. NOTE: The trainings held during quarter two (2) shall be in-person. Subsequent trainings may be held virtually.
- H. All Facilitator trainings shall be hosted in compliance with WellMed requirements.

### **Established Stress-Busting Costs**

- A. Provider Agency costs associated with starting a Stress-Busting Program and trainings include, but are not limited to:
  - i. One-thousand dollars (\$1,000) licensing fee per Provider Agency;
    - 1. Provider Agency license is valid for three years.
    - 2. Note: This is not a direct service expense and cannot be counted towards the 50% direct service cost requirement.
  - ii. \$600 Master Trainer training fee, per attendee;
    - 1. Certification is good for up to three (3) years.
    - 2. Note: This is not a direct service expense and cannot be counted towards the 50% direct service cost requirement.
  - iii. Stress-Busting Handbook;
    - 1. Available for purchase through WellMed, \$20 per handbook;
    - 2. The handbook must be provided by the Provider Agency to all Master Trainers, Facilitators, and class Participants to keep; and
    - 3. The Spanish version of the Handbook is available for purchase for \$20 through WellMed and must be provided to all Spanish speaking Master Trainers, Facilitators, and participants.
  - iv. Group Facilitator Training Booklet;
    - 1. Physical copies must be purchased through Allegra Printing for \$15 per Booklet;
    - 2. If the Provider Agency is planning to host Facilitator trainings virtually, they must purchase or download the Virtual Training Booklet; and
    - 3. Digital copies of the Training Booklet and Virtual Training Booklet are free to download.
- B. The following materials are needed during all Facilitator trainings and Stress-Busting classes. Unless otherwise specified, the Provider Agency is able to purchase materials from their choice of vendor:
  - i. Laptop/Projector/TV with HDMI;
  - ii. A speaker or audio projector;
  - iii. WellMed CD/DVD set, three dollars (\$3) per CD/DVD;
  - iv. Other materials required for administrating Facilitator trainings and Stress-Busting classes;

1. Individual bottles of unscented lotion for each participant to take home;
  2. Essential oils;
    - a. Five (5) unique scents minimum.
  3. Art supplies;
  4. Wooden block letters;
  5. Cardstock paper for name tents;
  6. Tissues; and
  7. Seashells, only needed for Facilitator training.
- C. All costs are to be incurred by the Provider Agency;
- i. Master Trainers, Facilitators and Stress-Busting class participants shall not be responsible for any expenses associated with the classes or trainings.

## **V. General Contracting Information**

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

All successful applicants will be required to comply with the Affirmative Action requirements of N.J.S.A. 10:5- 32 et seq.; N.J.A.C. 17:27; P.L. 2005, c.51 and 271 (N.J.S.A. 19:44A-20.13 et seq. and N.J.S.A. 40A:11-51); Executive Order 117 of 2008; and N.J.S.A. 52:34-13.2, Source Disclosure 11 Certification (replaces Executive Order 129). Source Disclosure Form and Ch. 51 Pay-to-Play Certification must be provided upon final award.

Applicants must currently meet the terms and conditions of the DHS contracting policies and procedures as set forth in Standard Language Document, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. These documents are available at: <https://www.state.nj.us/humanservices/olra/contracting/policy/>.

Contract(s) awards as a result of this RFP will terminate September 29, 2026. 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. These resources may not replace existing DoAS funding allocation.

Successful applicants 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 State upon request.

In accordance with DHS Policy P1.12 available on the web at: <https://www.state.nj.us/humanservices/olra/assets/documents/CPIManual.pdf>, funds awarded pursuant to this RFP will be kept separate from existing programs in place between the applicant and DoAS until DoAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation. Should service provision be delayed through no fault of the successful applicant, funding continuation will be considered on a case-by-case basis.

Should services not be rendered, any funds which have been provided pursuant to this agreement shall be returned to DoAS.

Awards under this RFP will be clustered separately from other existing components for contract application and reporting. All application and expenditure data pertaining to these contract funds must be presented independently of any other DoAS or non-DoAS funded program of the applicant/contractor.

## **VI. Letter of Interest and Question Submission**

Applicants shall submit a letter of interest as well as the completed SAGE Registration form (Attachment B) by **3:00 p.m. ET on July 2, 2025**. Both documents must be submitted in a single email to Jennifer Rutberg at [Doas@DHS.NJ.Gov](mailto:Doas@DHS.NJ.Gov).

Any questions regarding this RFP should be directed via email to [Doas@DHS.NJ.Gov](mailto:Doas@DHS.NJ.Gov) no later than **3:00 p.m. ET on July 10, 2025**. All questions and responses will be compiled and posted on the DHS website at [www.state.nj.us/humanservices/providers/grants/rfprfi](http://www.state.nj.us/humanservices/providers/grants/rfprfi). Applicants are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

All proposals must be submitted through the SAGE online system. Paper and email submissions will not be considered. Applicants may begin submitting their proposals after **3:00 p.m. ET on July 3, 2025**.

## **VII. Required Proposal Content**

All applicants shall submit a written narrative proposal that addresses the following topics and adheres to all instructions, including the submission of required supporting documentation, as noted below.

Note: Only documents uploaded to SAGE in PDF file format will be accepted. This includes, but is not limited to, images, narratives, and spreadsheets. Any non-PDF documents will be disregarded and classified as missing/nonresponsive.

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

Within SAGE, upload as a PDF document to the Miscellaneous Attachments page.

### **Proposal Narrative (10 Page Limit)**

Within SAGE, upload as a PDF document to the Miscellaneous Attachments page.

#### **Organizational Capacity, History, and Program Sustainability**

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

- Describe the applicant's history, mission, purpose, current group services, and record of accomplishments which are relevant to support of caregivers, PLWD, and/or people whose primary language is Spanish, if offering Spanish classes. Describe the applicant's experience hosting trainings and the applicant's ability to host on a virtual platform (ex. ZOOM) if necessary.
- Summarize the applicant's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
- Explain any work or experience the applicant has with the target population.
- Describe why the applicant is the most appropriate and best qualified to implement this program in the target service area. If this is a new area of work for the applicant, describe how this project is relevant to the overall mission of the applicant's agency.
- Describe the applicant's sustainability plan for the project beyond the grant period.
- NOTE: National statistics will be disregarded and should not be included.

#### Program Implementation

- Describe the current and anticipated needs and challenges of the region and how the applicant will overcome these challenges. Identify and address specific barriers that may impede the target population from seeking and accessing SBP.
- Describe the applicant's facilities and potential hosting sites accessibility features. This may include, but is not limited to: facility's Americans with Disabilities Act (ADA) compliance, safety, and proximity to public transportation.
- Describe the applicant's initial plan to implement Stress-Busting classes as described in the Scope of Work and, if applicable, build off the applicant's experience with caregivers and PLWD. This shall include, but is not limited to:
  1. Arrangement of Master Trainer training from WellMed;
  2. Recruitment of Facilitators;
  3. Training of Facilitators;
  4. Outreach and advertising for class participants;
  5. Oversight and support of Facilitators;
  6. Data collection;
  7. Partnering with other grantees for unified processes; and
  8. Participation in DoAS coordination activities.
- Describe the applicant's willingness to participate with the Project's Independent Evaluation Team, including the applicant's commitment to comply with required data collection and reporting, as well as collaboration with the project's independent evaluator to allow observations of classes and trainings.

- Describe all tools and activities the applicant will use to monitor their adherence to the grant Scope of Work.
- Describe the applicant's plan to assess, review, implement, and evaluate quality assurance and quality improvement recommendations, particularly noting any barriers in access, quality, and program outcomes.
- Provide a Work Plan Table (Attachment G) for the anticipated grant period, outlining an estimated timeline to complete Master Trainer trainings, occurrence of the applicant's first Stress-Busting class, the anticipated total number of SBP class series to be provided as well as the number of Spanish Stress-Busting class series the applicant will offer throughout the grant period.

#### **Program Outreach, Recruitment, and Staffing**

- Describe the applicant's plan to advertise the Stress-Busting Program and Facilitator trainings in their designated region, specifically noting community partnerships, community engagement activities, and the applicant's social media presence.
- Describe any history working with county Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs, also known as County Office on Aging) and the greater aging network.
- Describe the applicant's efforts to recruit, hire and train staff who are from or have experience in working with PLWD, caregivers of PLWD, and/or personal caregiving experience. Estimate of the number of potential Facilitators and Stress-Busting participants the applicant could advertise and outreach to in their designated geographic region per year.
- Describe the applicant's strategy to maintain an appropriate number of trained Facilitators to meet the quarterly benchmarks of Stress-Busting classes as described in the Scope of Work.
- Identify the applicant's recruitment and management structure for inquiries from interested caregivers. Provide a flow process detailing how inquiries will be managed by the applicant.

#### **Staffing Plan and Budget Narrative (3 Page Limit)**

Within SAGE, upload as a PDF document to the Miscellaneous Attachments page.

##### **Staffing Plan (1 page or less)**

- Provide the names and qualifications of the person or persons who will be the primary Stress-Busting Program coordinator/contact, the supervisor and recruiter of grant personnel, a fiscal contact, such as the Chief Financial Officer or Grant Manager, the first four (4) Master Trainers, and whether the applicant plans to recruit Facilitators. If the Master Trainers have not been selected, please note how the applicant will fill the positions.

Please note if the Program Coordinator will be designated to attend meetings and trainings with DoAS and, if not, provide the name of the staff member will attend meetings with DoAS.

#### Budget Narrative (2 pages or less)

- Describe the proposed budget methodology, estimates, and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the applicant's budget projections from the information presented in the proposal.

#### **Budget**

- The standard budget schedules in SAGE for expenses include:
  1. Schedule A. Full-Time Personnel Costs;
  2. Schedule A. Part-Time Personnel Costs;
  3. Schedule B. Consultant Services Costs;
    - a. Upload Consultant Agreements under "Attachments", if applicable.
  4. Schedule C. Other Cost Categories, Funds and Program Income from Other Sources related to this Application (if applicable);
  5. Cost Summary, which SAGE will populate based on information entered into Schedule C; and
  6. Schedules A, B, and C should reflect the grant period's full operating costs and one-time costs, in accordance with the Scope of Work provided herein.
- Provide a Cost Allocation Plan (Attachment H) which details the applicant's budget for all direct service expenses, as described in the Scope of Work, and upload as a PDF under "Required Attachments" in SAGE.
- Provide a budget for all outreach and advertising activities for the Stress-Busting Program and the recruitment of Master Trainers and Facilitators in Schedule C.
- Ensure the applicant's staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, is consistent with the applicant's current fringe benefit package. The fringe benefit percentage factor cannot exceed 63.19%.
- NOTE: Incentives are not permissible under this grant.

#### **Certification Pages/Schedules/Attachments**

- In SAGE, there are several pages that require the certification of a person listed on the Standardized Board Resolution ([DHS Policy Circular P1.06](#)) as an Authorized Signatory. On such pages, the name listed **MUST** match the name of the last person to save the page, thereby conferring the person's electronic signature. These pages include:) as an Authorized Signatory. On such pages, the name listed **MUST** match the name of the last



person to save the page, thereby conferring the person's electronic signature. These pages include:

1. Standard Language Document for Social Service and Training Contracts;
2. DHS Organization Information Review Page;
  - a. This page requires a checkmark by an Authorized Signatory; and
  - b. If information on this page is incorrect, click "Organization(s)" in the upper black bar on any page, go to Organization Details, and correct the DHS page. Go back to Home or Documents, re-open the application, and check the DHS Organization Information Review Page. The page may need to be refreshed to update.
3. Schedules D, G, H, I, K, L, M, and N;
  - a. Schedule D requires personal addresses of officers and directors of the agency. The agency's address is not sufficient. Multiple pages may be created as needed.
4. FFATA Certification;
  - a. This page requires a checkmark by an Authorized Signatory.

### **Required Attachments**

The Required Attachments page lists a number of documents, not all of which will apply to this RFP. After the applicant initiates the application in SAGE and completes the Organizational Details page, DoAS staff will mark any of the unnecessary documents as N/A (not applicable). **Do not upload documents that are marked "not applicable".**

- **All uploaded documents MUST be Portable Data Format (PDF) files.** Photo (.jpg or other), spreadsheet (.xls, .xlsx, .cmv, or other), or editable document (.doc, .docx, or other) files will NOT be accepted. The applicant may be required to upload some or all of the following documents, and should reference their SAGE account for further detail on which documents they are required to submit:

1. Organizational Chart: All levels of the agency in the path(s) impacting this RFP, including fiscal. Staff names with title and function are required. Note the staff who will be dedicated to this project;
2. [NJ Charities Registration](#): If applicable, EITHER a copy of the NJ Charities Registration or web page showing the bidding agency is in compliance is required;
3. Proof of Non-Profit Status (501c3): If applicable, a copy of the IRS determination letter is required;
4. Certificate of Incorporation: A copy of the applicant's Certificate of Incorporation and any addenda, showing the legal name of the agency is required;
5. Certificate of Employee Information Report (AA302): A copy of the AA302 certificate is required. An application form is NOT acceptable. Information regarding the AA-302 can be found here: [aa302.pdf](#)
6. Standardized Board Resolutions: A signed copy of the [DHS Policy Circular P1.06](#) is required, including the HIPAA declaration page is required, including the HIPAA declaration page;
7. Business Associates Agreement (BAA): A signed copy of the BAA is required;

8. Copy of Interest-Bearing Account: A copy of the bank statement for the account into which the RFP-related funds will be deposited, showing interest, is required;
  9. Audit Engagement Letter: Pursuant to [DHS Policy Circular P1.11](#), 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; 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;
  10. Staff Resumes: Current vitae of staff who will be immediately supervising the Project is required;
  11. Insurance Policy: A copy of the applicant's insurance certificate(s) inclusive of the Project period is required. The certificate MUST reflect insurance in compliance with [DHS Policy Circular P8.14](#), including but not limited to workers compensation, bodily injury by occurrence, and DHS as additional insured, including but not limited to workers compensation, bodily injury by occurrence, and DHS as additional insured;
  12. Cost Allocation Plan (Attachment H): A copy of the applicant's budget for the Project is required. Staffing and consultants are detailed in Schedules A and B, and C has other costs such as office supplies, training, and travel. As a result, this information is NOT required on the Cost Allocation Plan. The required elements of the Cost Allocation Plan are: a budget for all Direct Service costs, specifically the costs associated with the SBP classes themselves (ex: class supplies, participant workbooks, instructor time during the 90 min class);
    - **NOTE: If the direct service costs provided in Attachment H DO NOT meet the 50% required threshold, or contains costs for non-direct services, the bid will be deemed non-responsive and will not be forwarded for review.**
  13. Computer Security Policy: A copy of the bidding agency's computer security policy is required;
  14. Consultant Agreements: If applicable, if the applicant anticipates utilizing consultants for any function, a copy of the agreement(s) for services is required; and
    - Consultant Agreement may also be uploaded in Schedule B.
  15. Annex B Schedule 4 (Attachment D);
  16. [MacBride Principles](#);
  17. [Disclosure of Investigations and Other Actions Involving Bidder](#);
  18. All interim financial statements prepared since the end of the applicant'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;
  19. Annual Audit Report: A copy of the audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
  20. Department of Human Services Commitment to Defend and Indemnify Form (Attachment F).
- The following will be listed under "Required Attachments" and will be marked "N/A". They do not need to be uploaded by any applicant:
    1. Proof of Indirect Rate;
    2. Program Income Statement: No cost sharing or donations will be accepted for this Project;

3. Salary Ranges;
4. Salary Policy;
5. Travel Policy;
6. Telephone Policy;
7. Maintenance Agreements;
8. Lease or Mortgage Document;
9. Estimates for Equipment: Any equipment or technology services (e.g. Zoom) should be listed under Schedule C, Other Cost Categories, and estimates attached on that page;
10. Statement of Gross Revenue; and
11. Tax Clearance Certificate.

The collective Required Attachments #1 through #17 are limited to a total of 50-pages. Required Attachments 18-20, including audits and interim financial statements, do not count towards the 50-page limit. Attachment information exceeding 50-pages will not be reviewed.

### **Miscellaneous Attachments**

The documents listed below shall be uploaded in SAGE to the Miscellaneous Attachments page. **All uploaded documents MUST be Portable Data Format (PDF) files.** No photo (.jpg or other), spreadsheet (.xls, .xlsx, .cmv, or other), or editable document (.doc, .docx, or other) files will NOT be accepted.

1. Cover Sheet (Attachment A);
2. Proposal Narrative;
3. Staffing Plan and Budget Narrative; and
4. Work Plan (Attachment G).

### **VIII. Submission of Proposal Requirements**

DoAS assumes no responsibility and bears no liability for costs incurred by the applicant in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should be no more than 10 pages, single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font. DoAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

Proposals must be submitted no later than 3:00 p.m. ET on **July 31, 2025**.

1. Upon approval of the Letter of Interest submitted by the applicant, an account will be created for the applicant, if the applicant does not already have an active account. Then on **July 3, 2025**, at 3:00 p.m. ET applicants will be granted access to the Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care proposal on SAGE.
2. Log in to SAGE at <https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE> with username and password specified at the time of SAGE registration.

3. Once logged-in and on the HOME page, click Organization(s), listed in the black bar near the top.
  - i. Review, update if required, and click Save;
  - ii. Click the Organization Details tab. Scroll to and choose the option for Additional Profile Information – Required for applicants to the NJ Department of Human Services. Complete this page and click Save;
  - iii. If there are other members of the applicant's agency requiring access to the application, click the Organization Members tab, click the name(s), add a start date, and click Save. **NOTE:** Before adding, the members must go to the login page for SAGE and create a profile; and
  - iv. Click the Home tab at the top.
4. On the HOME page, see "View Available Opportunities" and click View Opportunities.
  - a. On the list look for **Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care**; and
  - b. Click on Apply Now.
5. **Agreement** form will appear. When asked "Are you sure you want to create an Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care application", click "I Agree".
6. On "**Applications/Grants**" tab you will find the forms necessary to complete the application by hovering over, or clicking on, the **FORMS MENU**. The following forms are listed:
  - a. Standard Language Document for Social Service and Training Contracts;
  - b. DHS Organization Information Review Sheet;
  - c. Application Summary;
  - d. Project Location;
  - e. Needs and Objectives of Project;
  - f. Methods and Evaluation of Project;
  - g. Schedules A – N;
  - h. Required Attachments; and
  - i. Miscellaneous Attachments.
7. Click on Standard Language Document for Social Service and Training Contracts. This page will have a link to the contract agreement for the Department of Human Services containing the terms and conditions of the grant. Once the agreement is read, the certification box must be checked, and the certifying official's name and title inserted and saved on the page. **NOTE:** The certifying official on this document must be the same individual named on the DHS Standardized Board Resolution Form.
8. Click on **DHS Organization Information Review Sheet**. Questions are self-explanatory. Check the "Certification Box" and Click "Save" when completed. **NOTE:** The certifying official on this document must be the same individual named on the DHS Standardized Board Resolution Form.

9. Click on **Application Summary**:

- a. Select Payment Plan as **“Cost Reimbursement”**;
- b. Certificate of Need is **“not required”**;
- c. Name of NJDHS Program Manager: **Jennifer Rutberg**;
- d. Type of Request: select **New**;
- e. Project Period: **10/1/2025 to 9/29/2026**; Budget Period: **10/1/2025 to 9/29/2026**
- f. Funds requested: Enter **\$120,000**; and
- g. Funds from Other Sources: **none required**.

**IMPORTANT:** Click “Save” after completing each form, then click “Next”. Your application will now show under your “My Tasks” as “Application in Process”. You can log off SAGE and return to edit application at any time while application is in this status.

10. Click on **Project Location**: List all of the counties in your chosen region (Northern, Central, Southern) where the Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care outreach and enrollment activities will be offered by your agency. If a county or counties are not selected in your chosen region, it will be assumed services cannot be provided in those counties and you will not be eligible for this grant. Click “Save” when completed and click “Next”.

11. Click on **Needs and Objectives**:

- i. **Assessment of Need:** Provide a brief (1-2 paragraphs) overview of the applicant’s assessment of need for Stress Busting classes for Family Caregivers in their selected region and the applicant’s assessment of the need for Stress Busting for Family Caregivers classes, specifically in the proposed service area.
  - i. The applicant’s local expertise with dementia caregivers in their communities must be clearly described.
- ii. **Objectives of the Project:** Provide a brief (1-2 paragraphs) overview of the Objectives, which must align with the Scope of Work included in this RFP;
- iii. **Cost of Project:** Cost must not exceed the budgeted amount of \$120,000; and
- iv. Click “Save” when page completed and then click “Next”.

12. Click on **Methods and Evaluation of Project**:

- a. Provide a brief (1-2 paragraphs) overview of the methods and evaluation the applicant will implement in their region to meet the services described in the Scope of Work, including;
  - i. A Methods statement, which shall outline the initial plan for implementation of Stress Busting classes, including but not limited to: Arrangement of Master Trainer training from WellMed, recruitment of Facilitators, and outreach and advertising to class participants; and
  - ii. An evaluation statement, which shall describe both the applicant’s self-monitoring strategy and participation with the project’s independent evaluation team.

- b. Click “Save” when the page is completed and then click “Next”.
- 13. Click on Schedules A – N (See page 17);
- 14. Click on Required Attachments (See page 17-19); and
- 15. Click on Miscellaneous Attachments (See page 19).

## **CONFIDENTIALITY/COMMITMENT TO DEFEND**

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Applicant should submit a completed and signed Confidentiality/Commitment to Defend Form with the proposal. In the event that Applicant does not submit the confidentiality form with the proposal, DHS reserves the right to request that the applicant submit the form after proposal submission.

After the opening of the proposals, all information submitted by an applicant in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by an applicant. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Applicant has a good faith, legal/factual basis for such assertion.

As part of its proposal, an applicant may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Applicant must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by an applicant to designate its price sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with an applicant’s designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the applicant. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the applicant’s assertion of confidentiality that is contrary to the DHS’s determination of confidentiality, the applicant shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the applicant. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS’s response to a request for documents, DHS requires that the applicant respond to any request regarding confidentiality markings within the timeframe designated in DHS’s correspondence regarding confidentiality. If no response is

received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

## **IX. Review Criteria**

Administratively complete proposals shall be reviewed in accordance with the following criteria:

1. Organizational Capacity, History, and Program Sustainability (25 points)
  - a. The applicant's experience, organizational capacity, and capability to provide services throughout the chosen geographical area;
  - b. An overview of the applicant's experience engaging with individuals whose primary language is Spanish;
  - c. The applicant's experience engaging with PLWD and dementia caregivers;
  - d. Demonstrates the applicant's understanding of the unique needs of communities within their designated region; and
  - e. The applicant's willingness to continue to administer and disseminate the Stress-Busting Program and Facilitator trainings after the grant period has ended.
2. Program Implementation (30 points)
  - a. The applicant's plan to assist caregivers wanting to attend Stress-Busting classes. This may include, but is not limited to: providing services to the PLWD during classes, transportation, and offering classes outside of business hours;
  - b. The applicant's facilities and potential hosting sites accessibility features. This may include, but is not limited to: ADA compliance and proximity to public transportation, experience and capability to administer virtual trainings.
  - c. An overview of the applicant's plan to implement services, building upon the applicant's experience with dementia caregivers;
  - d. The applicant's ability and willingness to comply with all required data collection, reporting, and observations as required by DoAS; and
  - e. Thoroughness and feasibility of applicant's initial Work Plan Table for the anticipated grant period, which must include, but is not limited to:
    - i. Estimation of the timeline of the first 4 Master Trainer trainings;
    - ii. Estimation of the occurrence of the first Stress-Busting class; and
    - iii. Estimation of the number of total class series to be provided.
  - f. If offering Spanish classes, the thoroughness and feasibility of the applicant's initial Work Plan Table regarding Spanish classes, which must also include:
    - i. Estimation of the number of class series to be offered in Spanish.
3. Program Outreach, Recruitment, and Staffing (25 points)
  - a. The applicant's plan to advertise the Stress-Busting Program and Facilitator trainings to caregivers and potential Facilitators in their region. The applicant shall include current and potential community partnerships, community engagement activities, and the applicant's social media presence;

- b. The applicant's plan to recruit and train Master Trainers and Facilitators throughout the grant period;
- c. The applicant's estimation of the number of individuals the applicant could advertise and outreach to in their region per quarter, noting the anticipated number of participants to be enrolled in a Stress-Busting Program;
- d. The applicant's proposed number of staff to be dedicated to this project; and
- e. The applicant's Organizational Structure chart and, if applicable, the applicant's plan to incorporate new Project staff and volunteers as necessary.

4. Budget (20 points)

- a. Provides a detailed budget, which includes appropriate administrative costs, supplies, staffing, community outreach and support, and service provision costs associated with this program; and
- b. Fund allocation is consistent with the applicant's organizational capacity and the services outlined in the Scope of Work.

## **X. Review of Proposals**

There will be a review process for responsive proposals. DoAS will convene a review committee of public employees to conduct a review of each responsive proposal. No applicant shall be awarded a grant unless it achieves a minimum total score of 60. In the event no applicant obtains the required minimum scores, DoAS shall have discretion to award the contract to the highest scoring applicant(s).

The applicant is advised that the contract award will be conditional upon final contract and budget negotiation as well as funding availability.

Additionally, if an applicant is determined, in DoAS' sole discretion, to be insolvent or to present insolvency for this project, DoAS will deem the proposal ineligible for grant award.

DoAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DoAS' best interests in this context include, but are not limited to, loss of funding, inability of the applicant(s) to achieve performance, 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 DHS Policy Circular P1.04 (<http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>).

DoAS will notify all applicants of grant awards, contingent upon the satisfactory final negotiation of awards.

## **XI. Appeal of Award Decisions**

Appeals of any award determinations may be made only by the respondents to this RFP. All appeals must be made in writing and must be received by the DoAS at the address below no



later than the date and time set on the DHS Website  
<https://www.nj.gov/humanservices/providers/grants/rfprfil/>.

The written request must set forth the basis for the appeal. Appeals must be emailed to [Doas@DHS.NJ.Gov](mailto:Doas@DHS.NJ.Gov) for consideration by Louise Rush, Assistant Commissioner. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

## **XI. Attachments**

Attachment A – Cover Sheet

Attachment B – Instructions for Adding a new Agency/Organizations into SAGE

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

Attachment D – Annex B Schedule 4

Attachment E – Mandatory Equal Employment Opportunity Language

Attachment F – Commitment to Defend and Indemnify Form

Attachment G – Work Plan Template

Attachment H – Cost Allocation Plan Template

# ATTACHMENT A

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
Division of Aging Services  
Cover Sheet

Name of RFP: **Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care**

Region of Grant Award: \_\_\_\_\_

Incorporated Name of Applicant:

\_\_\_\_\_

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

Federal ID Number: \_\_\_\_\_

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

Address of Applicant:

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Authorization: Chief Executive Officer (printed name):

\_\_\_\_\_

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

## ATTACHMENT B

### **New Jersey Department of Human Services (DHS)** **Instructions for Adding a new Agency/Organizations into SAGE** **APPLICANT**

All applicants, even those who have used SAGE previously need to complete this form and submit it to DHS. DHS staff will verify certain information to ensure you satisfy DHS requirements. When DHS requirements are met, your agency will be validated in SAGE.

**NOTE:** This does not give you access to an application. Contact the granting agency to be made eligible for the program.

#### **Instructions:**

1. Complete Form for Adding Agency Organizations Into SAGE.
2. Identify your Authorized Official.
  - a. In SAGE, an Authorized Official (“AO”) has the broadest abilities. The AO is responsible for management of the organization’s grants and other documents in SAGE. The AO can add and remove staff access to SAGE. The AO is typically a staff member who is identified on the Standardized Board Resolution as having the authority to contract on behalf of the organization.
3. If the Authorized Official does not have current access to this version of SAGE (<https://njsage.intelligrants.com/Login2.aspx?APPTHEME=NJSAGE>), the Authorized Official will use this web page and complete the New User request page. The new Authorized Official will be validated and assigned to the applicant when the organization is validated.
4. Sign a hard copy of the Form for Adding Agency/Organizations into SAGE and submit it, along with the Letter of Intent, via email to Jennifer Rutberg at [Doas@DHS.NJ.Gov](mailto:Doas@DHS.NJ.Gov) by 3 p.m. ET on **July 2, 2025.**

**Attachment B Cont.****Form for Adding Agency Organizations Into SAGE**

To be approved by DOAS, your agency must have a (please verify below and attach):

\_\_\_ W-9 Vendor Identification Number in the State Treasury System (to create or manage this, go to Treasury's NJSTART system at <https://www.njstart.gov/bsa/>)

<b>Exact Legal Name of Organization*</b>	
<b>Federal Tax I.D. Number*</b>	
<b>NJ Vendor ID Number (NJ Treasury ID Number)*</b>	
<b>UEI Number*</b>	
<b>Type of Organization (circle one)</b>	<u>Not-for-Profit</u> <u>State/County/Municipal Gov't</u>
<b>Address*</b>	
<b>City*</b>	
<b>State*</b>	
<b>Zip Code*</b>	
<b>County*</b>	
<b>Phone Number*</b>	
<b>Fax Number</b>	
<b>Email*</b>	
<b>Website</b>	
<b>Authorized Official Name*</b>	
<b>Authorized Official Title*</b>	
<b>Authorized Official Email*</b>	

\* required information.

The signature below certifies that the Authorized Official is duly authorized by the governing body of the applicant to submit any and all grants on behalf of this agency; and that, to the best of your knowledge, all information provided is true and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

# **ATTACHMENT C**

## **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 which 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 which 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.

NOTE: A separate signature is not required for this form. By submitting an application, the bidder is agreeing to the above.

## ATTACHMENT D

### Annex B Schedule 4

The purpose of the Annex B: Contract Information Form is to provide general information about the provider agency, the contracts it has with the Department and other organizations and agencies, and the services it provides.

Report on Schedule 4 any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members; and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

Additional explanation and all forms related to the Annex B are located at <http://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html> under SECTION 5- Standard Contract Fiscal Annexes.

**NOTE:** Submit a completed Schedule 4 only if applicable.





## **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 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 Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

## ATTACHMENT F

### Department of Human Services Commitment to Defend and Indemnify Form

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for Enhancing Services and Decreasing Stress for Caregivers and the Persons Living with Dementia (PLWD) in their Care (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”).

The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA. The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company’s request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Entity Represented

\_\_\_\_\_  
Date

# ATTACHMENT G

## Work Plan Table

Add as many rows to the Work Plan Table as needed.

<b>Applicant Name:</b> _____				
<b>Service Area:</b> _____				
<b>WORK PLAN – October 1, 2025- September 29, 2026</b>				
Date of Completion	Goal/Milestone	Total Stress-Busting Class Series	Spanish Classes	Staff Responsible
List the anticipated date of completion for each Goal/Milestone.	Specify the steps to reach goals/milestones leading to the completed project.	Specify the anticipated total number of Stress-Busting class series to be completed.	Specify the number of class series that will be administered in Spanish (no more than 60% of the total number of class series can be Spanish).	List name and title for staff directly working on each goal. If Applicant plans to hire staff, please list the position title(s) and the expected date(s) of hire.

## ATTACHMENT H

### Cost Allocation Plan Template

List all direct service expenses, as described in the Contract Scope of Work.

NOTE: The total cost must add up to 50% of the applicant's total requested budget. Ex: If the applicant is requesting \$120,000, the total cost listed below shall be a minimum of \$60,000.

Direct Service Expense	Units Needed	Unit Cost	Total Cost
Facilitator class time **		\$	\$
Room Rentals		\$	\$
Stress-Busting Handbooks*		\$ 20.00	\$
WellMed CD/DVD Sets, 1 set per Facilitator		\$ 3.00	\$
Class Supplies, including:			
Individual Bottles of Scented Lotion*		\$	\$
5 Scents of Essential Oils and Cotton Balls		\$	\$
Art Supplies		\$	\$
3 (letters A, B, and C) Wooden Block Letters, 1 set per Facilitator		\$	\$
Cardstock paper for nametags		\$	\$
Tissues		\$	\$
<b>Total Direct Service Costs</b>	N/A	N/A	\$
<b>Total Requested Budget</b>	N/A	N/A	\$

\*Item to be kept by participant

\*\*Two facilitators are required for each of the nine (9) ninety (90) min classes per session