

2017 FAMILY VIOLENCE OPTION
PROGRAM

REQUEST
FOR
PROPOSALS

Issued By:

**Department of Human Services
Division of Family Development
Natasha Johnson, Director**

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1.0 General Information

1.1 Purpose and Intent

This Request for Proposals (“RFP”) is issued by the Department of Human Services (“DHS”), Division of Family Development (“DFD”) for the purpose of soliciting proposals from qualified vendors (“Applicants”) to meet the following project goals:

- (1) Implement a statewide research based family violence risk assessment;
- (2) Implement and monitor the Continuous Quality Improvement (“CQI”) performance measures in Attachment P for evaluating the effectiveness of the statewide risk assessment and the Work First New Jersey (“WFNJ”) program waiver granting process;
- (3) Provide consultation and technical assistance (“TA”) services to the County and Municipal Welfare Agency (“CWA/MWA”) staff on creating WFNJ service plans and granting WFNJ waivers for victims of family violence;
- (4) Develop individualized safety and service plans consistent with the needs identified in the risk assessment;
- (5) Refer victims to counseling, alternative interventions, supportive services and follow up on the results of the victim’s engagement in these services; and
- (6) Re-assess the need for WFNJ program waivers at a minimum every six (6) months.

DFD intends to award up to five (5) regional contracts for the services specified in this RFP, divided into the following five (5) regions:

- (1) Upper Northern (Bergen, Passaic, Sussex, and Warren)
- (2) Lower Northern (Hudson, Essex, Morris, and Union)
- (3) Central (Hunterdon, Somerset, Mercer, Middlesex, and Monmouth)
- (4) Central Southeast (Burlington, Ocean, Atlantic, and Cape May)
- (5) Lower Southwest (Camden, Gloucester, Salem, and Cumberland)

In 2016, there were 1,825 risk assessments completed statewide. Details of the number of risk assessments completed for each of the five (5) regions and funding allocations are summarized in Attachment O.

1.2 Background

DFD has a strong commitment to safely providing Temporary Assistance for Needy Families (“TANF”) and General Assistance (“GA”) to victims of family violence in an effort to achieve economic self-sufficiency. DFD established the Family Violence Option (“FVO”) program based on the Work First New Jersey Act (“WFNJ”), the Personal Responsibility and Work Opportunity Act (“PRWORA”) of 1996 and the updated Federal TANF regulations 45 CFR §260.50-59 of 1999.

To make individuals aware of family violence resources and the FVO program, brochures containing a self-screening questionnaire and other information about the FVO program are available to every individual who enters the CWA/MWA, including employees. The CWA/MWA staff screen TANF and GA for potential family violence at multiple points in WFNJ benefit eligibility, redetermination and work activity process. TANF and GA individuals who self-disclose family violence are referred for an individualized risk assessment, safety plan and service plan. Based on the individual’s needs identified in the risk assessment, and, if the individual qualifies, the CWA/MWA may grant a temporary WFNJ program waiver that meets federally recognized standards.

Eligible individuals for the FVO program include: (1) adult recipients of TANF and GA benefits; (2) adult applicants that have been deemed to meet the financial and non-financial eligibility criteria for TANF and GA benefits; and (3) Supplemental Security Income (“SSI”) recipients for emergency assistance time limit waiver only.

The standards for federally recognized WFNJ program waivers incorporate three (3) components: (1) individualized risk assessments and safety and service plan strategies consistent with the needs of the person; (2) temporary waivers of program requirements that are appropriately granted and re-evaluated at a minimum every six (6) months; and (3) safety and service plans that include counseling, alternative interventions and supportive services consistent with the risk assessment findings.

States identify victims of family violence so that they can receive appropriate services that could lead to increased independence. The FVO program promotes the goals of WFNJ by confirming that TANF and GA family violence victims are given the opportunity to safely comply with work participation, child support and time limit program requirements. Family violence victims are best served when safety and service plans maintain the integrity of the work requirements and promote appropriate interventions and supportive services, especially in cases where individuals can work. Organizations that work closely with victims of family violence recognizes that employment is often a key factor in helping victims escape their violent circumstances.

DFD provides resources and support to help WFNJ recipients experiencing family violence achieve economic self-sufficiency. In 2015, DFD partnered with Rutgers University, School of Social Work on a project to improve the consistency and effectiveness of the FVO program. As a result of the project, a new FVO program risk assessment tool for TANF and GA recipients experiencing family violence was created and validated. With the implementation of this new research based risk assessment tool, DFD is building a more consistent and effective FVO program infrastructure for identifying family violence, referring victims of family violence to

counseling, alternative interventions and supportive services and appropriately granting temporary WFNJ program waivers that meet federal and state standards.

1.3 RFP Timetable

The anticipated time frames for completion of the RFP process are as follows:

September 5, 2017 Public Notice of Availability of funds published on the DHS website

September 15, 2017 Deadline Date for Pre-Registration for the Mandatory Technical Assistance Conference

September 19, 2017 Mandatory Technical Assistance Conference

October 3, 2017 Deadline for Receipt of Proposals (No later than 4:00 PM)

November 3, 2017 Notification of Contract Awards (Subject to Funding Availability)

November 9, 2017 Appeal Deadline

December 1, 2017 Contract Start Date (Subject to Funding Availability)

1.4 SUBMISSION OF PROPOSAL

1.4.1 Proposal Submission and Content Requirements

Proposals must be submitted electronically in PDF format to the New Jersey Department of Human Services, Division of Family Development/Contracts Unit File Transfer Protocol site no later than 4:00 p.m. EST on the due date. All proposals must be submitted electronically. DFD will not accept facsimile (faxes) transmission of proposals.

Proposals will be marked by filename, date and time, electronically on the system, in the order in which they are received. Proposal submissions received past the deadline will be marked late and will be ineligible. In addition, proposal submissions that are missing the requested information required documents will be disqualified.

Applicants that can successfully demonstrate the capacity to serve more than one (1) region can submit a proposal for one (1) or more regions. Applicants that submit proposals to serve multiple regions must submit a separate proposal package that is specific to each region the Applicant is proposing to serve.

1.4.2 Eligible Applicants

In order to be eligible to submit a proposal, the Applicant must be a fiscally viable for-profit or non-profit organization or governmental entity that can demonstrate the organizational and technological infrastructure to directly provide services required under this RFP through a private virtual video risk assessment conference and/or in-person risk assessment at the CWA/MWA or a location near the CWA/MWA. The Applicant must demonstrate the capability

for providing services within 72 hours from the date of referral. Risk assessments conducted on the date of referral promote safety and facilitate interagency collaboration, consultation and TA.

Applicants must be able to demonstrate a history of providing effective and outcome proven quality assessments, service planning and coordination, collaboration with CWA/MWA staff and other service agencies, and knowledge of community resources and services for the multiple needs of family violence victims.

Applicants must have written policies and procedures for supervision of clinical staff providing assessments and service plans and CQI strategies for the consistency and effectiveness of the risk assessment and waiver granting process. The CQI client and program outcomes will inform the Applicants' consultation and TA provided to the CWA/MWA and the development of best practices.

No Applicant shall own, operate, subcontract or have an interest in any supplier of goods or services to the Applicant, or any organization that is engaged in doing business with or serving the Applicant. No Applicant shall own, operate or provide housing, transitional housing, shelter and/or counseling services which are reimbursed with DFD funding either directly or through a subcontract or a related third party for the DFD FVO population. This restriction is intended to eliminate any real or perceived conflict of interest between the successful Applicant(s) and agencies eligible for referrals and/or reimbursement for services for the DFD FVO population.

Applicants from private, non-profit entities must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501(c) (3) regulations, as applicable.

Applicants from for-profit entities must obtain a business registration certificate from the New Jersey Department of the Treasury prior to the time the contract is awarded. For-profit organizations may obtain this certificate at:

<http://www.state.nj.us/treasury/revenue/busregcert.html>

Applicants must currently meet or be able to meet the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Contract recipients 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). Applicants may review and download the DHS contract rules and regulations including the CRM and CPIM from:

<http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/index.html>

Through a written proposal, Applicants must develop a detailed plan with timelines to deliver the services described in this RFPCQI and TA.

Proposals that do not meet all of RFP requirements or are not received by DFD prior to the proposal deadline specified in this RFP will not be evaluated. Any documents that arrive under separate cover will not be included as part of the Applicant's proposal.

Applicant(s) will be notified of their proposal award status on or after **November 3, 2017**. All awards will be contingent upon subsequent contract negotiations with the selected Applicant(s).

DFD reserves the right to reject any and all proposals when it is determined by DFD to be in its best interest, including, but not limited to, loss of funding, inability of the Applicant to provide adequate services, indication of misrepresentation of information, and/or non-compliance with State and Federal laws and regulations and/or any DFD or New Jersey Department of Human Services (“DHS”) contract policies.

1.4.3 Proposal Narrative Submission Requirements

A. Applicant Organization

Provide a brief summary of the Applicant’s capabilities, background and experience in implementing the type of services specified in this RFP. The written summary should include at a minimum:

- (1) A description of the Applicant’s history, mission and record of accomplishments in working in collaboration with similar government agencies;
- (2) A summary of the Applicant’s administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the services specified in this RFP;
- (3) A description of the Applicant’s commitment to cultural competency and diversity consistent with the New Jersey Law Against Discrimination, N.J.S.A. 10:5-1et seq. and accessible, culturally responsive services and supports. This should include, but not be limited to, affiliations with language services, governmental agencies, community based service provider, and treatment programs;
- (4) A description of the Applicant’s background and experience in implementing the services specified in this RFP and related types of services, including the reason that the Applicant is qualified to implement the FVO program in the target service area;
- (5) A one (1) page copy of the Applicant’s organizational chart; and
- (6) If the Applicant operates other similar assessment, service planning and technical assistance programs, provide a description of the Applicant’s capacity to expand and provide the services specified in this RFP.

B. Collaboration and Coordination Activities

Describe the Applicant’s plan to partner with the CWA/MWA on the FVO program risk assessment and program waiver process. In addition, describe the Applicant’s plan to collaborate with community based service and treatment providers.

Describe how the Applicant will coordinate with the community based service providers to ensure individuals are enrolled and participating in counseling, treatment and/or alternative

interventions, including how the Applicant will identify, collect and disseminate best practices for the FVO program.

C. Data Collection, Management and Reporting

Describe the Applicant's Management of Information System ("MIS") technology that collects, manages, stores and evaluates client and program data, including how CQI data will be used to inform consultation and TA and evaluate the assessment and waiver granting process. Identify and describe any unique capabilities of the Applicant in data collection, monitoring, management and reporting.

Applicants' shall meet the State and federal confidentiality regulations for protecting program information and clients' personal information. All of Applicant's staff shall receive training on State and federal confidentiality regulations and its limits. The Applicant shall have written policies on the storage and maintenance and sending and receiving of all confidential electronic and physical records and information that meet State and federal confidentiality regulations. As the "Funding Agency," DFD is the owner of all client and program data and records and has authority to monitor, evaluate and audit all data and records.

D. Timeline

In table format, outline the action steps and timeline for program implementation. Include all administrative and core program planning activities initiated and implemented. These shall include, but are not limited to, affiliations with language services, governmental agencies, community based service providers, and treatment programs.

E. Budget Narrative

DFD will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services. Therefore, Applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. In addition to the required budget forms (Attachment G1-G4), the Applicant must provide a budget narrative for the total annual costs of the proposed project.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this RFP. The budget should reflect the twelve (12) month contract and program operating schedule.

All costs associated with the completion of the project must be delineated and the budget narrative must clearly articulate budget items including a description of all expenses. Applicants should note that charges for General and Administrative expense may not exceed ten percent (10%) of the total direct service costs of the project.

1.4.4 Required Documents

All proposals must be submitted electronically as specified in section 1.4.1 of this RFP. All narrative information must not exceed fifty (50) pages, one-sided and single spaced. The narrative must include all information described in the proposal narrative requirement section. The font size for the written narrative must not be smaller than twelve (12) point size font in Times New Roman font.

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| ATTACHMENT A | Statement of Assurances |
| ATTACHMENT B | Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion |
| ATTACHMENT C | Addendum to Request for Proposal for Social Service and Training Contacts – Conflict of Interest |
| ATTACHMENT D | SIGNED/DATED N.J.S.A. 52:34-13.2 (Formerly Executive Order 129) Certification Source Disclosure Form |
| ATTACHMENT E | Signed/Dated P.L. 2005, Chapters 51 & 271 & Executive Order 117, Pay-to-Play Certification and Disclosure Instructions Form |
| ATTACHMENT F | Disclosure of Investment Activities in Iran |
| ATTACHMENT G1-G4 | Budget Information Summary |
| ATTACHMENT H | Proposal/Authorization Cover Sheet |
| ATTACHMENT I | Request for Proposals Checklist |
| ATTACHMENT J | Directions to Access the File Transfer Protocol System |
| ATTACHMENT K | Directions to Mandatory Technical Assistance Conference Site |
| ATTACHMENT L | Technical Assistance Conference Pre Registration Form |
| ATTACHMENT M | Ownership Disclosure Form |
| ATTACHMENT N | Certification of Employee Information Report AA302 Instructions and Certification of Employee Information Report – AA302 form |
| ATTACHMENT O | Regions and Funding Allocations |
| ATTACHMENT P | Continuous Quality Improvement (CQI) Performance Measures |
| ATTACHMENT Q | Sample Program Reports |

Other required documents:

- Copy of the Contractor's organization chart
- Copy of the most recent organization-wide audit report or financial statement
- Copy of the Contractor's Code of Ethics/Conflict of Interest Policy
- List of the Board of Directors, Officers and their terms (if applicable)
- Resumes and or/job descriptions of designated staff
- New Jersey Business Registration
- Charitable registration status (non-profits entities only)
- Contractor's Certificate of Incorporation
- Collaboration agreements (if applicable)

1.4.5 Subcontracting

The Applicant may not subcontract any of the services specified in this RFP without the advanced written consent of DHS/DFD. If the Applicant receives DHS/DFD consent to subcontract, the Applicant shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this RFP.

1.4.6 Contracting Negotiations

Upon award notification, DFD will negotiate a contract with the selected Applicant(s) and proceed with the process of preparing and finalizing formal contract(s) with the selected Applicant(s), as appropriate.

1.4.7 Funding

Funding and issuance of this proposed contract is contingent upon the availability of sufficient funding. DFD shall have no legal responsibility for payment unless and until funds are made available to DFD and incorporated in the DFD budget for this purpose.

DFD assumes no responsibility or liability for the costs incurred by a Contractor for the planning or preparing of a proposal in response to this RFP.

DFD reserves the right to not award a contract for any reason, including, but not limited to, the unsatisfactory work of the Applicant, failure to meet agreed upon performance benchmarks, or the failure to submit required documentation in the timeframes requested.

1.4.8 Mandatory Technical Assistance Conference

DFD will conduct a mandatory Technical Assistance Conference (“TA Conference”) that will provide clarifying information about this RFP and related proposal procedures. Attendance at the TA conference is mandatory. A representative of the Applicant must attend and sign in at the TA Conference. Proposals submitted by any Applicant that did not attend the TA Conference will be considered non-responsive. The TA Conference will provide Contractors an opportunity to ask questions regarding this RFP and receive technical information regarding this RFP from DFD representatives.

NOTE: No further technical assistance on the programmatic aspects of this RFP will be provided after the TA Conference is held.

Applicants must pre-register for the TA Conference no later than [September 15, 2017] by emailing DFD at dfdcontracts@dhs.state.nj.us or by fax at (609) 588-4683, attn.: Penelope Casarico. Each Applicant will be limited to two (2) representatives at the TA Conference. Please advise if special accommodations for someone with a physical disability will be required.

The TA Conference will be held at:

NJ Division of Family Development
Quakerbridge Plaza, Building 7
Room 200, Conference Rooms A-C
Quakerbridge Road
Mercerville, New Jersey 08619

September 19, 2017

Time: 1:00 P.M.

Directions to the TA Conference site are provided as Attachment K to this RFP.

NOTE: In the event of an official closing of State offices (e.g., due to an official “State of Emergency,” such as bad weather conditions), the TA Conference will be rescheduled. Announcements concerning the closure of State offices are broadcast on radio stations throughout the State. The rescheduled date will be faxed, phoned or mailed to anyone who has pre-registered for the conference.

1.4.9 Changes to RFP

In the event that it becomes necessary to clarify or revise this RFP, such clarification or revision will be by addendum. Any addendum to this RFP will become part of this RFP and part of any contract awarded as a result of this RFP. All Applicants must sign and submit a form, which acknowledges receipt of any issued addenda with their proposal submission.

1.4.10 Responsibility

The Applicant assumes sole responsibility for the complete effort required in submitting a bid proposal in response to this RFP. No special consideration will be given after proposals are opened because of an Applicant's failure to understand the requirements of this RFP.

2.0 Definitions

Family Violence:

Pursuant to N.J.A.C. 10:90-15.1: "Family Violence" means subjecting an individual(s) to extreme cruelty or physical battering, as defined at 408(a) (7) (C) of the Social Security Act. These behavioral acts of abuse by a perpetrator are behaviors that result in, or threaten to result in, physical or mental injury; threatened or attempted sexual assault; sexual assault activity involving a dependent child; forcing an individual as the caretaker relative of a dependent child to take part in non-consensual sexual acts or activities; and neglecting or preventing the individual(s) from getting medical care. Such harmful physical and controlling behavior(s) by the perpetrator, that may have occurred in the past or is presently taking place, can cause, economic intimidation and isolation of the intimate partner(s) or other family member(s), and may impact that individual's compliance with WFNJ program requirements or in seeking needed services for fear of their own or their children's safety.

Work First New Jersey:

Emphasizes work as the first step toward building a new life and a brighter future. WFNJ's goal is to help people get off welfare, secure employment and become self-sufficient, through job training, education and work activities N.J.A.C. 10:90-1.1.

Temporary Assistance for Needy Families:

WFNJ provides temporary cash assistance and many other support services to families through the TANF program N.J.A.C. 10:90-1.1 A more detailed description of the TANF program is available in the New Jersey State Plan for Temporary Assistance for Needy Families.

http://www.nj.gov/humanservices/dfd/programs/workfirstnj/tanf_state_plan_15-17.pdf

Family Violence Option:

The Department of Health and Human Services Center for Disease Control recognizes that family violence is a well-documented public health issue that can include physical, sexual, economic, emotional, social and/or psychological abuse.

https://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf

The purpose of the WFNJ FVO program is to safely move TANF and GA recipients who may be past or present victims of family violence or are at risk of family violence, from dependency on WFNJ cash assistance benefits to employment and self-sufficiency in accordance with N.J.A.C. 10:90.20.1.

The FVO program grants temporary good cause family violence waivers of WFNJ program requirements to TANF and GA recipients. The program waivers must meet the definition of a federally recognized good cause family violence waiver in accordance with 45 CFR §260.50-59; N.J.S.A 44:10-59d and N.J.A.C. 10:90-20.

The WFNJ FVO program is administered by and audited, monitored and evaluated by DFD. The CWA/MWA:

- (1) Provides information on the FVO program to Applicants;
- (2) Screens for family violence while maintaining confidentiality;
- (3) Refers such individuals identified as at risk to counseling, alternative interventions, treatment, and supportive services; and
- (4) Grants temporary waivers of WFNJ's program requirements when compliance with program requirements would make it difficult to escape family violence or places individuals at further risk.

Continuous Quality Improvement

Continuous quality improvement is a strategy to improve client and program process and impact outcomes. Applicants must collect, monitor and analyze the FVO CQI client and program performance measures in Attachment P and evaluate the FVO risk assessment and waiver granting processes and outcomes for their respective regions. CQI is an ongoing cycle of data collection, data analysis, implementation, and evaluation to improve program performance outcomes. The CQI findings are reported to DFD quarterly and annually.

County and Municipal Welfare Agency

Under the supervision of DFD, the 21 CWAs administer the TANF and GA program with the exception of New Jersey's 32 MWAs that maintain their own welfare offices to serve GA clients.

General and Administrative Expenses

Charges for General and Administrative expenses may not exceed 10% of the total direct service costs of the project. The general and administrative (G&A) or indirect costs of the provider agency represent costs which are incurred for common or joint objectives and which are not readily subject to treatment as direct costs.

3.0 Scope of Work

FVO supports the goals of WFNJ and provides TANF and GA recipients who are victims of family violence with an opportunity to safely comply with work participation, child support and WFNJ time limit program requirements.

An Applicant must demonstrate it has the operational and technological capability to implement family violence risk assessments and safety and service plans, CQI and consultation and TA services. Applicants must provide remote virtual video risk assessments and safety and service plans and/or in-person risk assessments and safety and service plans within 72 hours from the date of referral, and have the capability to track and report on rescheduled, late and "no show" assessments. Contractors must document current family violence danger, and recommend safety

and service strategies (e.g. counseling, alternative interventions, substance abuse, behavioral health or other services) based on the individualized risk assessment.

Applicants must track and report on the family violence victims' access, engagement and retention in services, the need for a reassessment of risk (which must occur at a minimum of every six (6) months) and must provide consultation and TA to CWA/MWA case workers on developing WFNJ service plans. The role of the successful Applicant(s) will be to assess and verify family violence. DFD will provide training to the Applicant's assessors on the research based FVO risk assessment. The role of the CWA/MWA is to determine the need for a temporary program waiver based upon the risk assessment outcomes and consultation with the risk assessors.

Applicant(s) must have the administrative and technological capability to implement, monitor, track, analyze and report on the CQI performance measures outcomes in Attachment Q and coordinate with DFD on evaluating the consistency and effectiveness of the risk assessment and program waiver process, identifying best practices and providing consultation and TA to the CWA/MWA on WFNJ service planning.

3.01 Consultation, Technical Assistance and Continuous Quality Improvement

An integrated model of CQI and consultation TA is critical to evaluating and improving the risk assessment and program waiver outcomes and developing best practices. Consultation TA to the CWA/MWA can be provided in multiple formats, including, but not limited to trainings, webinars, remote video conferencing, phone calls, email, case conferencing, and forums. At a minimum, consultation and TA must include:

- (a) Semi-annual trainings to the CWA/MWA staff on the FVO program and CQI findings;
- (b) Semi-annual regional or county forums to discuss best practices, consistency and effectiveness of the assessment and waiver process; and
- (c) Case conferencing and collaboration with the CWA/MWA and DFD staff to: (1) ensure individualized risk assessments and safety and service plans strategies are consistent with the needs of the victim, (2) ensure temporary waivers of program requirements are appropriately granted and reevaluated at a minimum every six (6) months and (3) ensure victims of family violence are appropriately served, rather than exempted from program requirements that could lead to increased independence, economic and otherwise. The frequency and format of case conferencing may vary based on the number of TANF and GA recipients receiving assessments and program waivers.

3.02 Administrative and Staffing Requirements and Qualifications

The Applicant's organizational staff experience must include, but not be limited to the following:

- (a) Training in family violence, trauma informed care, confidentiality, motivational interviewing, and community resources and services available to family violence victims;

- (b) Conducting assessments on TANF and GA recipients with a current or past history of physical, emotional and sexual abuse and other complex barriers;
- (c) Ability to provide quality and outcome proven remote virtual video and in-person assessments and safety plans and service plans as required under this RFP;
- (d) Ability to identify the signs and symptoms of substance abuse and behavioral health disorders, and address these barriers in service planning and service referrals; and
- (e) Ability to create individualized service and safety plans.

3.03 The Licensing Requirements for Risk Assessors

The Applicant's risk assessor must meet the following requirements:

- (a) Licensed by the State of New Jersey, in good standing, as a Psychiatrist, Psychologist, Advanced Practice Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist or a Licensed Professional Counselor; or
- (b) Licensed by the State of New Jersey, in good standing, as a Licensed or Certified Social Worker, Certified Alcohol and Drug Counselor, Licensed Certified Alcohol and Drug Counselor, Licensed Rehabilitation Counselor or a Licensed Associate Counselor provided that the assessor is working under the direct supervision of a professional licensed in accordance with paragraph 3.03(a) above. Staff holding a professional license not expressly stated above may be approved by DHS/DFD on a case by case basis; or
- (c) Individuals holding a Doctorate, Masters or Bachelor's degree in a mental health related field may be permitted to act as a risk assessor under the following conditions:
 - (1) The individual has applied for one of the aforementioned professional licenses and is awaiting a determination from the State Board; and
 - (2) The individual is working under the direct supervision of a professional licensed in accordance with (a) above.

Applicants must describe the specifics of its policies and procedures of clinical supervision of staff performing assessments, safety plans and service plans. In addition, Applicants must have policies and procedures on how CQI findings are integrated into staff clinical supervision and performance reviews.

3.04 Data Collection, Management of Information Systems (MIS) and Technology

The Applicant must provide a detailed description of its data collection, MIS and technological capability to provide remote virtual video assessments and safety and service plans, and reports on the client and program level data requested under this RFP. The description must include whether the Applicants' technological infrastructure is web-based, custom designed, a

recognized software package and/or an access database capable to provide the services and reports requested under this RFP. It must provide information on the hardware, software, bandwidth and internet access, and, if there is broad scope to collect, monitor, track, evaluate and report on CQI data that includes, but is not limited to demographics, outreach, risk assessments, program waivers, service planning, referrals-to-assessments, assessments-to-service engagement and retention in services.

Applicants must describe the maintenance of data security that includes, but is not limited to access, integrity, disaster recovery and data breaches which are critical features to databases that store, process and retrieve confidential client and program data, information and outcomes. Include policies and procedures to maintain confidentiality of electronic protected health information governed by state and federal regulations.

3.05 Service Locations

Applicants must describe how staff will be scheduled and deployed to conduct remote (virtual video) risk assessments for its safety and service plans and/or in-person plans within seventy-two (72) hours of the referral date. Applicants must have a fully operational capability to implement CQI performance measures for evaluating the risk assessment and program waiver process and providing the consultation and TA services to the CWA/MWA required in this RFP or be able to demonstrate that a fully operational capability will be established to provide these services within thirty (30) days prior to the contract implementation date.

3.06 Reporting

The purpose of program and expenditure reports is to review the Applicants' performance in delivering services required under this RFP and to evaluate the quality and consistency of the program risk assessment and FVO program waiver process. Reports are management tools which inform the need for program performance reviews, audits and TA. Below is a list of reports required by DFD (additional program and client level reports will be requested by DFD as needed):

(a) Monthly Client Flow Reports

The Monthly Client Flow Reports in Attachment Q provide data on client referrals, engagement, retention and attrition.

(1) Referral to Assessment Ratio

The Referral to Assessment Ratio report tracks assessment referral timeliness to assessment completion and includes:

- (a) The number of TANF and GA clients referred for an assessment;
- (b) The average number of days between initial referral date and initial scheduled date;
- (c) The average number of days between referral and completed assessment;

- (d) The number of rescheduled assessments;
- (e) The number of completed assessments;
- (f) The number of virtual video assessments; and
- (g) The number of in-person assessments.

(2) Referral to Assessment Service Entry Report

The Referral to Assessment Service Entry report tracks monthly and cumulative access, completed assessments and entry into services and includes:

- (a) The number of monthly and cumulative TANF and GA clients referred for an initial and redetermination assessment;
- (b) The number of monthly and cumulative TANF and GA clients who completed an initial and redetermination assessment; and
- (c) The number of monthly and cumulative TANF and GA clients who entered services listed on the initial and redetermination service plans.

(a) Quarterly Program and Expenditure Reports

Quarterly Program reports are narrative reports with data (e.g. statistics, charts, etc.) that provide analysis for client referrals, engagement, retention and attrition per region and per county. The reports summarize client and program level trends in the CQI performance measures in Attachment P. The Quarterly Program must also address the strengths and challenges with the risk assessment and program waiver process.

Quarterly Expenditures Reports Quarterly Expenditure reports must be cumulative; and treated consistently according to the manner in which costs were budgeted. The Quarterly Expenditures reports must be consistent with the Applicant's account structure and reporting practices and must be reconciled with the Applicant's books and record.

(b) Annual Program Reports

A final program report is an analysis of the cumulative data from previous reports and the CQI outcomes in Sections 1, 2, and 3 in Attachment Q. The final program report must include information on consultation and TA provided to the CWA/MWA staff (including the TA activity expenditures), best practices and an evaluation of the FVO program risk assessment and program waiver process. Modifications to the FVO program may only be made with DHS/DFD approval.

The final expenditure report must be submitted within 120 days of the contract end date and should be completed on an organization-wide basis if the Applicant is billing DFD for indirect, general and administrative or allocated costs.

4.0 General Contracting Information

4.1 Contract Term

The initial contract term is December 1, 2017 to October 31, 2018, with the option to extend for up to four (4) additional one (1) year extensions. The actual contract beginning and end dates are contingent upon the contract being fully executed and signed by all appropriate parties (DFD and successful Applicant(s)). DFD reserves the right to not extend the contract for any reason including, but not limited to, the unsatisfactory work of the Applicant(s), failure to meet agreed upon minimum standards, failure to submit required documentation within requested timeframes and/or failure to comply with DHS policies

4.2 Confidentiality of Data

Applicants shall meet all State and federal confidentiality regulations for protecting program information and clients' personal information. All of Applicant's staff shall receive training from Applicant on state and federal confidentiality regulations and its limits. The Applicant shall have written policies on the storage and maintenance and sending and receiving of all confidential electronic and physical records and information. DFD is the owner of all client and program data and records and has authority to monitor, evaluate and audit all data and records.

Release of data pertaining to this RFP or the services to which it relates shall not be made without DFD prior written approval and then only in accordance with the explicit written instructions from DFD. All FVO program materials and work products, including but not limited to risk screenings and assessments, safety and service plans, forms, legal consents, data, records, reports that are gathered, originated, developed, prepared, used, or obtained in the performance of the RFP services shall be considered confidential, owned by DFD and must be approved by DHS/DFD. Any information released with a signed legal consent is limited to that information which is necessary for the provision of case management, coordination of services and appropriately granting WFNJ program waivers that meet federal standards.

DHS is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C.A. §1320d et seq. ("HIPAA"); 45 CFR Parts 160 and 164. Before Applicant(s) obtains or is permitted to access, create, maintain or store Protected Health Information ("PHI") as part of its responsibility under this contract, the Applicant(s) shall first execute a Business Associate Agreement ("BAA"). DHS shall have the sole discretion to determine when an

Applicant's work will involve PHI. Protected Health Information shall have the same meaning as in 45 CFR 160.103.

4.3 Conflict of Interest:

None of the Applicant's Board Members, Officers, staff members, or any other person in a position of trust nor any member of his or her immediate family shall have any personal, familial or financial interest in, or substantial obligation to, any supplier of goods or services, or any other organization that is engaged in doing business with or serving the Applicant unless it has been determined by the Board of Directors and approved by DHS/DFD, based on the full disclosure of facts and circumstances, that such interest does not give rise to a direct conflict of interest or the substantial appearance of a conflict of interest. A position of trust may include Applicant staff members, Officers, Governing Board Members, legal advisors, agents, consultants or benefactors. See DHS' Contract Reimbursement Manual, Glossary of Terms, for definition of "Conflict of Interest" at:

<http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/index.html>

Any of the Applicant's Board Members that are aware of a potential conflict of interest with respect to any matter coming before the Applicant's Board of Directors shall disclose such potential conflict to the Applicant's Board of Directors. If it is determined that a conflict exists, the Applicant's Board Member shall recuse himself/herself from any discussion or vote in connection with the matter involving a conflict.

4.4 Open Public Records Act (OPRA)

All information provided by Applicant to DFD pursuant to this RFP, including the narrative, budget documents, employee information etc., is subject to the Open Public Records Act ("OPRA"), N.J.S.A. 47:1A-1 et seq. In no event shall DFD, or any of its agents, representatives, employees or consultants, be liable to an Applicant, a team member or employee of an Applicant or subcontractor of the Applicant as the result of the disclosure of all or a portion of a proposal submitted under this RFP.

If a responding Applicant has special concerns about information which it desires to make available to DFD but which it believes constitutes a trade secret, proprietary information, or other confidential information exempted from disclosure under OPRA, the Applicant shall specifically and conspicuously designate that information as such in its proposal and state in writing why protection of that information is needed.

Blanket designations that do not identify the specific information subject to protection shall not be acceptable and may be cause for DFD to treat the entire proposal as public information without objection. The failure to designate information as trade secret, proprietary information, or otherwise confidential information, exempt from disclosure under OPRA may cause DFD to treat the entire proposal as public information. The ultimate determination on whether the designated material is exempt from disclosure under OPRA shall be made by the DFD OPRA Records Custodian.

Nothing contained in this provision shall modify or amend requirements and obligations imposed on the DFD by OPRA or other applicable law, and the applicable Law(s) shall control in the event of a conflict between the procedures described above and any applicable Law(s).

4.5 Amount and Source Funding

The amount of funding being made available for this RFP is one million two hundred thousand dollar (\$1,200,000) for twelve (12) calendar months. Details of the funding allocations for each region are summarized in Attachment O. No funding match is required, however, Applicants will need to identify any other sources of funding, both in-kind and monetary, that will be used to support the services required under this RFP. Applicants may not fund any costs incurred for the planning or preparation of a proposal in response to this RFP from current DHS or DFD contracts.

Continued funding for the contracts resulting from this RFP is subject to the availability of State funding. Contract awards are subject to change at the time of contract renewal or during a contract period based on prior expenditure trends and other factors.

5.0 Proposal Evaluation

An evaluation committee comprised of DFD staff will review and evaluate each responsive proposal. The evaluation committee will score proposals based on the evaluation criteria as outlined below. Applicants are eligible to receive a maximum score of 100 points for proposal content. Proposals receiving a total score of 70 or less will not be considered.

After the evaluation committee review is complete, a list of recommended proposals will be submitted to the Director of DFD for final approval. During this process, additional information may be requested from Applicants. DFD reserves the right to reject any all proposals when circumstances indicate that it is in its best interest to do so.

The contract shall be awarded by written notice to the Applicant(s) whose proposal(s), conforming to this RFP, is most advantageous to DHS/DFD, price and other factors considered.

The evaluation criteria will be comprised of the following categories and point distributions:

Project Description - 50 Points

Ability to implement CQI performance measures to collect, monitor, manage, track, evaluate and report on the client level and program level data (e.g. demographics, outreach, assessments, waivers, risk levels, service planning, engagement and retention in services, referral to assessment and assessment to service statistics, and outcomes) as required in the RFP.

Capacity for providing remote virtual video and/or in-person assessments, safety plans and service plans co-located in or near the CWA/MWA within 72 hours of the date of referral.

Understanding of developing cross systems collaborative relationships with the CWA/MWA, governmental agencies, community based service providers, and other service providers.

Effectiveness of the total program design.

Understanding of attainable program goals and objectives.

Compliance with the requirement of this RFP.

Ability to meet the service requirements and performance specifications as indicated in this RFP.

Understanding of the philosophy and goals of WFNJ.

Applicant's Experience - 30 points

Knowledge of the dynamics and impacts of family violence and history of physical, emotional and sexual abuse.

Efficiency of the Applicant in assessing TANF and GA or low income individuals with a history of physical, emotional and sexual abuse.

Experience in directly providing assessments, service plans and service coordination to TANF and GA recipients with a history of physical, psychological and sexual abuse.

Ability to identify additional barriers, such as the signs and symptoms of substance abuse and behavioral health disorders, including involvement in multiple systems (e.g. Division of Child Protection and Permanency).

Commitment to cultural competency and diversity.

Cost Effectiveness - 20 Points

Cost efficiency of the proposed budget as it relates to the anticipated level of services.

Determination of how the funding will be used to meet the project goals and/ or requirements.

Reasonableness of the proposed budget.

6.0 Appeal of Contract Award

Appeals of any contract award determinations may be made only by the respondents to this RFP. All appeals must be made in writing and must be received by DFD at the address below no later than five (5) calendar days after the contract award letters have been issued. The written request must clearly set forth the basis for the appeal. An appeal will not be heard based on a challenge to the scoring or evaluation of a proposal. An appeal will only be considered if it is alleged that DFD has violated a provision of DHS' contract policies.

Applicants requesting an appeal of the contract award must submit a written request explicitly stating the alleged violation to:

Department of Human Services
Division of Family Development
Office of the Director

PO Box 716
Trenton, New Jersey 08625-0716

Please note that all costs incurred in connection with any appeals are considered unallowable costs for purposes of the DFD's contract funding. Contract awards will not be considered final until all timely appeals have been reviewed and final decisions rendered. DFD reserves the right in its sole discretion to make the final determination on the validity of all appeals of contract awards.

2017 FAMILY VIOLENCE OPTION RFP ATTACHMENTS

| | |
|-------------------------|--|
| ATTACHMENT A | Statement of Assurances |
| ATTACHMENT B | Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion |
| ATTACHMENT C | Addendum to Request for Proposal for Social Service and Training Contacts – Conflict of Interest |
| ATTACHMENT D | SIGNED/DATED N.J.S.A. 52:34-13.2 (Formerly Executive Order 129) Certification Source Disclosure Form |
| ATTACHMENT E | Signed/Dated P.L. 2005, Chapters 51 & 271 & Executive Order 117, Pay-to-Play Certification and Disclosure Instructions Form |
| ATTACHMENT F | Disclosure of Investment Activities in Iran State of New Jersey – Division of Purchase and Property |
| ATTACHMENT G1-G4 | Budget Information Summary |
| ATTACHMENT H | Proposal/Authorization Cover Sheet |
| ATTACHMENT I | Request for Proposals Checklist |
| ATTACHMENT J | Directions to Access the File Transfer Protocol |
| ATTACHMENT K | Directions to Mandatory Technical Assistance Conference Site |
| ATTACHMENT L | Technical Assistance Conference Pre Registration Form |
| ATTACHMENT M | Ownership Disclosure Form |
| ATTACHMENT N | Certification of Employee Information Report AA302 Instructions and Certification of Employee Information Report – AA302 form |
| ATTACHMENT O | Regions and Funding Allocations |
| ATTACHMENT P | Continuous Quality Improvement (CQI) Performance Measures |
| ATTACHMENT Q | Sample Program Reports |

ATTACHMENT A

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 and as such 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, statements of work, 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 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of 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 CFR 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 1975c. 127 (NJAC 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 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191 and the regulations adopted thereunder by the Secretary of United States Department of Health and Human Service (45 CFR, Parts 160, 162 and 164).
- 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.

ATTACHMENT A

PAGE 2

- 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 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications 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 of Chief Executive Officer or Equivalent

Date

Typed Name and Title

ATTACHMENT B

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 is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an 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 CFR Part 98, Section 98.510

ATTACHMENT B

Page 2

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 which this proposal is submitted if at any time the prospective lower tier participant learns that its certification 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.

ATTACHMENT B

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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 C

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS – CONFLICT OF INTEREST

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.

ATTACHMENT D

EXECUTIVE ORDER 129 CERTIFICATION
SOURCE DISCLOSURE CERTIFICATION FORM

Bidder: _____ Solicitation Number: _____

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the "Division"), in accordance with the requirements of Executive Order 129, issued by Governor James E. McGreevey on September 9, 2004 (hereinafter "E.O. No. 129").

The following is a list of every location where services will be performed by the bidder and all subcontractors.

| Bidder or Subcontractor | Description of Services | Performance Location(s) by County |
|--------------------------------|--------------------------------|--|
| | | |

Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the "Director").

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: _____
(Name of Organization or Entity)

By: _____ Title: _____

ATTACHMENT E

Pub.L. 2005, Chapter 51, (Formerly Executive Order 134), Executive Order 117 Requirements for Eligible Applicants

Pay-to-Play Certification and Disclosure Instructions and Form

State of New Jersey, Pub.L. 2005, Chapter 51 (Formerly Executive Order 134)
“Pay to Play” Certification and Disclosure Form, and Executive Order 117
Certification of Compliance forms, DPP c51 - C&D, Rev. 11-17-2008.

(This .pdf form can be located online by using the following link:

<http://www.state.nj.us/treasury/purchase/forms/sdcert.pdf>

In order to be considered eligible for funding consideration, all Applicants must submit one completed original and one copy of the “Certification and Disclosure” form along with their proposals.

The form is not to be included as part of the Applicant’s proposal package, but as **a separate and distinct document** that must be submitted together with the Applicant’s proposal.

ATTACHMENT F

Disclosure of Investment Activities in Iran

State of New Jersey- Division of Purchase and Property

State of New Jersey-Division of Purchase and Property, Disclosure of Investment Activities in Iran. This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

(This .pdf form can be located online by using the following link:

<http://www.state.nj.us/treasury/purchase/forms.shtml#waiverforms>

BUDGET INSTRUCTIONS FOR ATTACHMENT G-1

Budget Information Summary

The budget information summary gives the Department of Human Services (DHS) information regarding the planned expenditure of funds for the programs and services being proposed in response to a request for proposal (RFP). **It is necessary that all information be completed on the budget forms. Failure to do so may negatively impact the evaluation of the proposal.** Additional copies of the budget forms may be copied and attached as needed to ensure complete and accurate information. If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance. Review of the Department's Contract Reimbursement Manual, July 1986 edition, will also be helpful if questions arise.

Directions - Budget Information Summary

1. All identifying information must be provided in its entirety - information not completed may negatively impact the review of the proposal.
2. Indicate the date of the proposal and the page number as part of the total budget information, i.e., Page 1 of 10.
3. Because the contract information summary requires a list of all Contracts now in effect with DHS, please list all current DHS Contracts by contracting division, the contract number, the name of the programs funded, services rendered and the current reimbursable ceiling (total funding amount) for each program.

**BUDGET INSTRUCTIONS FOR
ATTACHMENT G-2**

Directions - Budget Expense Summary

1. Complete the identifying information at the top of the page. It is important that all information be completed in full.
2. The budget expense summary summarizes the expected expenditures by budget category, by program(s) as specified in the proposal. Please list all anticipated expenditures required to meet the needs of the proposal for services by the categories indicated on the form. Indicate the total for each category and then break out the total by program, listing the names of the programs in the column headings provided next to the column for total cost. Parenthesis means that the amount will be deducted where indicated.
3. List the anticipated level of service (Total Units of Service) for each program and the description of the unit to be used for measurement of service.
4. Indicate all other than the Department of Human Services funding sources for the programs in the proposal, the total amount and the total broken down by program.

Definitions

General and Administrative Costs (indirect costs) - represent costs incurred for common or joint objectives which are not readily assignable as a direct cost.

Unallowable Costs - those costs which are not reimbursable in a Contract with DHS as specified in the DHS July 1986 edition of the Contract Reimbursement Manual, Section 4.7.

Units of Service - the breakdown of the services used as a standard of measurement, e.g., hours, trips, meals.

BUDGET INSTRUCTIONS FOR

ATTACHMENT G-3

Directions - Personnel Detail

(Make additional copies of the detail chart, as needed, to ensure inclusion of all personnel data.)

1. Complete the identifying information at the top of the page.
2. Personnel detail requests a listing of all personnel involved in providing the services being proposed, including the percentage of time spent on each program. Please list each person and his or her position title, the total salary allotted to this proposal, the hours per week assigned to each program and any unallowable or general and administrative costs involved for each person.
2. Also indicate any vacant titles that will be filled to meet the obligations of this proposal.

BUDGET INSTRUCTIONS FOR

ATTACHMENT G-4

Directions - Budget Category Detail

1. Ensure that all identifying information is completed, including the date and page number.
2. The budget category detail is intended to show which method was used to allocate the expenses to the various categories of the proposal. List the categories as indicated on the Budget Expense Summary A through G and I.
3. Indicate the basis for allocation and the total funding for each category. Then break out the total by program and indicate any unallowable and/or general and administrative costs.

Definitions

Cost Allocation - the distribution base used to allocate items or groupings of indirect costs in proportion to the relative benefit derived for the program within the proposal. (Example - a building used by several programs of which only one is funded by DHS. The square footage may be used to prorate the expenses of the building and assigned according to contracted program usage.) If there is no indirect cost in the category, the cost basis is a direct cost which is identified specifically with a particular category.

Direct Cost - any cost which can be identified with a particular cost objective (category).

Indirect Cost - a cost, because of its incurrence for common or joint objectives, which is not readily assignable as a direct cost.

ATTACHMENT G-1

**NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
FAMILY VIOLENCE OPTION RFP
BUDGET INFORMATION SUMMARY**

Date: _____

Page ____ of ____

RFP Project Name: _____

Agency Federal ID#: _____

Agency Name: _____

Charities Registration #:

Address: _____

Agency: Non Profit _____ Profit _____

Public _____ Hosp. Based _____

Telephone #: _____

Budget Period: _____

Chief Exec. Officer: _____

Agency Fiscal Year End: _____

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
2017 FAMILY VIOLENCE OPTION
BUDGET INFORMATION SUMMARY**

Date: _____

Page ____ of ____

RFP Project Name: _____

Agency Federal ID#: _____

Agency Name: _____

Funding Request- Program Name(s): _____

Service(s): _____

RFP – Budget Expense Summary

| BUDGET CATEGORIES | TOTAL COSTS | Contract Date MM/DD/YYYY | 2 nd Yr. of contract, if applicable MM/DD/YYYY | UNALLOWABLE COSTS |
|--|-------------|-----------------------------|--|-------------------|
| A. Personnel (including fringe benefits) | | | | |
| B. Consultants & Professional Fees | | | | |
| C. Materials & Supplies | | | | |
| D. Facility Costs | | | | |
| E. Specific Assistance to Clients | | | | |
| F. Other | | | | |
| G. Gen. & Adm. (G&A) Cost Allocation | | | | |

| | | | | |
|--------------------------|-----|-----|-----|-----|
| H. Total Operating Costs | | | | |
| I. Equipment | | | | |
| J. Total Cost | | | | |
| K. Revenue (deduct) | () | () | () | () |
| L. Funding Request | \$ | \$ | \$ | |
| | | | | |
| Total Units of Service | | | | |
| Unit Description | | | | |

The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources (not DHS) of Funding (line K). Indicate the sources of funding and the dollar amounts for each:

| | | | |
|--------------------------------|----|----|----|
| | | | |
| | | | |
| | | | |
| Total Other Sources of Funding | \$ | \$ | \$ |

ATTACHMENT H

DFD USE ONLY

Proposal # _____

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
2017 FAMILY VIOLENCE OPTION
REQUEST FOR PROPOSALS
PROPOSAL/AUTHORIZATION COVER SHEET**

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: Profit Non-Profit CWA

Federal ID Number: _____ Charities Reg. Number: _____

Address of Applicant: _____

Address of Service(s): _____
(attach list if necessary)

County: _____

Service Regions (Counties): _____

Name of Proposal Preparer: _____

Contact Person: _____ Phone No.: _____

Total dollar amount requested: \$ _____

Agency Fiscal Year End: _____

Total number of cases to be served: _____

Brief description of services to be provided: _____

AUTHORIZATION:

Chief Executive Officer (Print): _____

Title: _____

Signature: _____ Date: _____

ATTACHMENT I

REQUEST FOR PROPOSALS CHECKLIST

THE FOLLOWING ITEMS MUST BE INCLUDED IN THE PROPOSAL PACKAGE, AS INDICATED. Failure to submit any documents, as required, may render your proposal ineligible for funding consideration.

Please complete this checklist by entering a **check mark (✓)** next to each document included in the proposal or **(N/A)** if the document is not required for the agency.

One signed original and nine copies of the proposal which includes the following:

- Completed Check-Off List (See ATTACHMENT I)
- Table of Contents
- Proposal/Authorization Cover Sheet (See ATTACHMENT H) **SIGNATURE REQUIRED**
- Program Narrative (**Not to exceed 50 single-spaced, one-sided pages**)
- Budget Forms (See ATTACHMENT G)
- Statement of Assurances (See ATTACHMENT A) **SIGNATURE REQUIRED**
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (See ATTACHMENT B) **SIGNATURE REQUIRED**
- Copy of the Applicant's organizational chart
- Copy of the most recent organization-wide audit report or current financial statement (**original proposal only**)
- Agency's Code of Ethics/Conflict of Interest Policy (**Must submit document reflecting Applicant Agency's policy.**) (**ATTACHMENT C provided only as a guide**)
- List of the Board of Directors, Officers and their terms (**non-profits only**)
- Copy of the Certification of Employee Information Report-AA 302 form (see Attachment N)
- Copy of the Provider's Affirmative Action Policy
- Charitable registration status (non-profits only)
- Copy of the Annual Report- Charitable Organization
- Charitable registration status (**non-profits only**)
- Copy of State of NJ Business Registration Certificate (if applicable)
- Applicant's Certificate of Incorporation
- Letters of Support/Collaboration

ATTACHMENT J

Directions to Access the File Transfer Protocol System

To access the File Transfer Protocol (FTP), type in the link provided below:

<https://ftpw.dhs.state.nj.us>

Enter the username and password provided by DFD.

Username and password for the DHS FTP are case-sensitive and must be typed exactly as shown.

ATTACHMENT K

Directions to the Technical Assistance Conference Site

**New Jersey Department of Human Services
Division of Family Development
7 Quakerbridge Plaza
2nd Floor
Conference Rooms A – C
Mercerville, New Jersey 08619
(609) 588-7901**

FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to exit for I-295 North (Exit is on the right);
3. Stay on I-295 North to Exit 65A (Sloan Ave. East);
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road);
5. Turn left onto Quakerbridge Road and proceed to the first traffic light and turn left into Quakerbridge Plaza complex. Make the second left and proceed to the (main) building numbered 6. **You must sign in with the police officer on duty in Building 6 and obtain a pass prior to proceeding to the meeting room which is located in Building 7, 2nd floor Conference Room(s) 200 (A-C).**

FROM SOUTH

Take Route 206 North to I-295 North
Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195
Exit Turnpike and follow directions 2 – 5 above.

ATTACHMENT L

**2017 FAMILY VIOLENCE OPTION
TECHNICAL ASSISTANCE CONFERENCE
PRE-REGISTRATION FORM**

[] Number of people attending (maximum of 2 persons)

Name: _____

Agency: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation? Yes No

Accommodation Required: _____

ATTACHMENT M

Ownership Disclosure Form

State of New Jersey- Division of Purchase and Property

The pages below include a snapshot of the .pdf form, **State of New Jersey- Division of Purchase and Property, Ownership Disclosure Form**. This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

This .pdf form can be located online by using the following link:

<http://www.state.nj.us/treasury/purchase/forms/StandardRFPForms.pdf>

ATTACHMENT N

Certification of Employee Information Report AA302 Instructions and Certification of Employee Information Report – AA302 form

Certification of Employee Information Report AA302 and Certification of Employee Information Report – AA302 form. Inclusion of these forms as part of your proposal submission is mandatory.

Copies of these forms can be found at: <http://www.state.nj.us/treasury/purchase/forms.shtml>

ATTACHMENT O

FVO Assessments, Regions and Funding

| | |
|--------------------------------|-------------------------------|
| Upper Northern Region | Expected Assessments Per Year |
| Bergen | 98 |
| Passaic | 202 |
| Sussex | 13 |
| Warren | 28 |
| Total | 341 |
| Total Estimated Funding | \$204,600 |
| Lower Northern Region | Expected Assessments Per Year |
| Hudson | 122 |
| Essex | 187 |
| Morris | 15 |
| Union | 68 |
| Total | 392 |
| Total Estimated Funding | \$235,200 |
| Central Region | Expected Assessments Per Year |
| Hunterdon | 9 |
| Somerset | 17 |
| Mercer | 128 |
| Middlesex | 63 |
| Monmouth | 104 |
| Total | 321 |
| Total Estimated Funding | \$ 192,600 |
| Central Southeast Region | Expected Assessments Per Year |
| Ocean | 203 |
| Burlington | 99 |
| Atlantic | 8 |
| Cape May | 33 |
| Total | 343 |
| Total Estimated Funding | \$205,800 |
| Lower Southwest Region | Expected Assessments Per Year |
| Camden | 282 |
| Gloucester | 86 |
| Salem | 34 |
| Cumberland | 26 |
| Total | 428 |
| Total Estimated Funding | \$256,800 |

Continuous Quality Improvement Performance Measures

| Person completing form: | | Date: | | |
|---|--|-------------------|--------------------|---------|
| Agency/counties | | Reporting period: | | |
| Section 1. FVO Program Performance Measures | | Annual Target | Annual Performance | |
| | | | Number | Percent |
| 1 | Risk Assessment Referral | | | |
| | a. Initial | XXX | | |
| | b. Reassessment | XXX | | |
| | c. Assessment completed in 72 hours | XXX | | |
| | • Assessment rescheduled | XXX | | |
| | • Assessment completed in <5 days | XXX | | |
| | • Assessment not completed | XXX | | |
| | • Virtual video assessment | XXX | | |
| | • In-person assessment | XXX | | |
| | • Supports: <input type="checkbox"/> Language Interpretation <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care | XXX | | |
| | d. Consent form signed/dated | 100% | | |
| | e. FVO screening completed by CWA/MWA case worker | 100% | | |
| 2 | Abuser Access to victim | | | |
| | • Abuser has access to victim's residence | XXX | | |
| | • Abuser has access to children | XXX | | |
| | • Abuser deceased | XXX | | |
| | • Abuser in jail | XXX | | |
| | • Abuser in another state | XXX | | |
| 2 | Family Violence Documentation | | | |
| | a. Final Restraining Order FRO – Date of FRO | XXX | | |
| | • Violations in past 6 months reported to police <input type="checkbox"/> Yes | XXX | | |
| | b. Temporary Restraining Order TRO – | XXX | | |
| | • <input type="checkbox"/> Abuser served | XXX | | |
| | • <input type="checkbox"/> Abuser arrested | XXX | | |
| | c. Police reports | XXX | | |
| | d. Court orders | XXX | | |
| | e. Medical reports | XXX | | |
| | f. Self-report Affidavit | XXX | | |
| 3 | Family Violence Abuse in Past 6 months | | | |
| | a. High | XXX | | |
| | b. Moderate | XXX | | |
| | c. Low | XXX | | |
| 4 | Family Violence Emotional Impact in past 6 months | | | |
| | a. High | XXX | | |
| | b. Moderate | XXX | | |
| | c. Low | XXX | | |
| 5 | Family Violence Service Plan | | | |
| | a. Domestic violence counseling | XXX | | |
| | b. SAI/BHI assessment and treatment if indicated | XXX | | |
| | c. Court/legal interventions | XXX | | |

Continuous Quality Improvement Performance Measures

| Section 1. FVO Program Performance Measures (continued) | | Annual Target | Annual Performance | |
|---|---|---------------|--------------------|---------|
| | | | Number | Percent |
| | d. Part time or full time work activity | XXX | | |
| | e. Child support cooperation | XXX | | |
| | f. Other services | XXX | | |
| 6 | Safety Strategies | | | |
| | a. Safety in the home | 100% | | |
| | b. Safety planning for children (if children in home) | 100% | | |
| | c. Safety at work activity and/or employment | XXX | | |
| | d. Safety with an order of protection | XXX | | |
| | e. Safety with technology | 100% | | |
| | f. Safety with social media | 100% | | |
| | g. Safe places in the community | 100% | | |
| Section 2. WFNJ Program Performance Measures | | Annual Target | Annual Performance | |
| | | | Number | Percent |
| 1 | WFNJ Case Demographics | | | |
| | a. WFNJ case number | 100% | | |
| | • Victim gender: <input type="checkbox"/> female <input type="checkbox"/> male | 100% | | |
| | • Victim: <input type="checkbox"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> SSI (EA waiver only) | 100% | | |
| | • Victim: <input type="checkbox"/> WFNJ Applicant <input type="checkbox"/> WFNJ Recipient | 100% | | |
| | . Total months received WFNJ (combined TANF/GA clock) | 100% | | |
| | f. Total months received EA | 100% | | |
| | g. Active DCCP Case <input type="checkbox"/> Yes | 100% | | |
| | h. Number of children in household | 100% | | |
| 2. | Education/Work History | | | |
| | a. Years of education | 100% | | |
| | b. Specialized training certification (e.g. CNA, Medical Billing, etc.) | 100% | | |
| | c. Employment or work activity past 2 years | 100% | | |
| | d. Sanctions past 2 years | 100% | | |
| | e. Med-1 past 2 years | 100% | | |
| 3 | WFNJ program waivers granted by CWAM/WWA | | | |
| | a. Work Activity | XXX | | |
| | b. CSP | XXX | | |
| | c. WFNJ 60 month time limit (client must be at/near 60 months) | XXX | | |
| | d. EA time limit | XXX | | |
| | e. No FVO program waivers granted | XXX | | |
| 4 | WFNJ Plans | | | |
| | a. Individual Responsibility Plans (IRP) completed with FVO referrals/services | XXX | | |
| | • FVO recommended services | XXX | | |
| | • Risk re-assessment date | 100% | | |
| | b. Emergency Assistance (EA) plan completed FVO referrals/service | XXX | | |
| | • DV shelter | XXX | | |
| | • Out of county placement | 100% | | |
| | • Other EA | 100% | | |
| | • Client accepted CWAM/WWA EA placement | 100% | | |
| | • Client refused CWAM/WWA EA placement | 100% | | |

Continuous Quality Improvement Performance Measures

| Section 3. Consultation/Technical Assistance Performance Measures | | Annual Target | Annual Performance | |
|---|--|---------------|--------------------|---------|
| | | | Number | Percent |
| 1 | Consultation/Technical Assistance | | | |
| | a. Semi-Annual Trainings for Regions/Counties | 100% | | |
| | • FVO dynamics | 100% | | |
| | • Recommended services | 100% | | |
| | • Safety | 100% | | |
| | • FVO TANF/GA population profile | 100% | | |
| | • Risk Assessments and Program Waivers | 100% | | |
| | • WFNJ FVO Program Implementation | 100% | | |
| | b. Semi-Annual Regional Forums | | | |
| | • CQI outcomes | XXX | | |
| | • Best practices | XXX | | |
| | c. Case conferencing (frequency varies bases on number of cases) | XXX | | |
| | • Individual cases | XXX | | |
| | • Service coordination and follow-up | XXX | | |
| | • Clients with multiple barriers | XXX | | |
| | • Clients did not complete assessment | XXX | | |
| | • Clients refused services | XXX | | |
| | • Re-assessment date | XXX | | |
| 2 | FVO Program Waiver | | | |
| | a. Increased safety/decreased program waivers | 100% | | |
| | • Increased work activities/decreased program waivers | XXX | | |
| | • Increased Child Support/decreased CSP waivers | XXX | | |
| | • Increased self-sufficiency/decreased EA shelter | XXX | | |
| | • Increased self-sufficiency/decreased Time Limit waivers | XXX | | |
| | b. Review FVO cases receiving waivers for >12, 18, and 24 months | 100% | | |
| | • Multiple waivers | XXX | | |
| | • Work waivers | XXX | | |
| | • 60-month Time Limit waivers | XXX | | |
| | • CSP waivers | XXX | | |
| | • EA time limit waivers | XXX | | |

ATTACHMENT Q (Client Flow Report RAS - 1A)

| County | Upper Northern Region Referral-Assessment-Service Report | | | | | | | | | | | |
|----------------|--|-------|------------|------------------------|-------|------------|-------------------------------------|-------|------------|------------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Bergen | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Passaic | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Sussex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Warren | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Combined Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAS - 1B)

| County | Upper Northern Region Referral-Assessment-Service (RAS) Report | | | | | | | | | | | |
|----------------|--|-------|------------|-----------------------|-------|------------|-------------------------------------|-------|------------|-----------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Bergen | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Passaic | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Sussex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Warren | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Combined Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAR-1)

| County | Upper Northern Region Referral to Assessment Ratio Report | | | | | | | |
|--|--|---|--|---|--|--|---|---|
| | # Clients Referred for Assessment | # of clients assessed on date of referral | # of clients assessed within 72 hours of referral date | # of clients completed assessment \leq 5 days of referral | # of clients rescheduled assessment | Avg. # of days between referral & completed assessment | # of clients completed assessments in \leq 5 days | # of clients did not complete assessment in \leq 5 days |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Bergen | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Passaic | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Sussex | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Warren | | | | | | | | |
| Number of Virtual Video Assessments: _____ | | | | | Number of In-Person Assessments: _____ | | | |

ATTACHMENT Q (Client Flow Report RAS - 2A)

| County | Lower Northern Region Client Flow Monthly Report | | | | | | | | | | | |
|-------------------|--|-------|------------|------------------------|-------|------------|-------------------------------------|-------|------------|------------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Hudson | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Essex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Morris | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Union | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative **completed*** Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAS - 2B)

| County | Lower Northern Region Referral-Assessment-Service Report | | | | | | | | | | | |
|-------------------|--|-------|------------|---------------------|-------|------------|-------------------------------------|-------|------------|---------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/18 | | | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/18 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Hudson | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Essex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Morris | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Union | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAR-2)

| County | Lower Northern Region Referral to Assessment Ratio Report | | | | | | | |
|--|--|--|---|---|--|---|---|---|
| | # Clients Referred for Assessment | # of clients assessed on date of referral | # of clients assessed within 72 hours of referral date | # of clients completed assessment \leq 5 days of referral | # of clients rescheduled assessment | Avg. # of days between referral & completed assessment | # of clients completed assessments in \leq 5 days | # of clients did not complete assessment in \leq 5 days |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Hudson | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Essex | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Morris | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Union | | | | | | | | |
| Number of Virtual Video Assessments: _____ | | | | | Number of In-Person Assessments: _____ | | | |

ATTACHMENT Q (Client Flow Report RAS - 3A)

| County | Central Region Referral-Assessment-Service Report | | | | | | | | | | | |
|-------------------|---|-------|------------|------------------------|-------|------------|-------------------------------------|-------|------------|------------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Hunterdon | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Somerset | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Mercer | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Middlesex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Monmouth | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAS - 3B)

| County | Central Region Client Flow Monthly Report | | | | | | | | | | | |
|-------------------|---|-------|------------|-----------------------|-------|------------|-------------------------------------|-------|------------|-----------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Hunterdon | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Somerset | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Mercer | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Middlesex | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Monmouth | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAR-3)

| County | Central Region Referral to Assessment Ratio Report | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| | # Clients Referred for Assessment | # of clients assessed on date of referral | # of clients assessed within 72 hours of referral date | # of clients completed assessment ≤ 5 days of referral | # of clients rescheduled assessment | Avg. # of days between referral & completed assessment | # of clients completed assessments in ≤ 5 days | # of clients did not complete assessment in ≤ 5 days |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Hunterdon | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Somerset | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Mercer | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Middlesex | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Monmouth | | | | | | | | |
| Number of Virtual Video Assessments: _____ | | | | | Number of In-Person Assessments: _____ | | | |

ATTACHMENT Q (Client Flow Report RAS - 4A)

| County | Central Southeast Region Referral-Assessment-Service Report | | | | | | | | | | | |
|-------------------|---|-------|------------|------------------------|-------|------------|-------------------------------------|-------|------------|------------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Ocean | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Burlington | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Atlantic | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Cape May | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAS - 4B)

| County | Central Southeast Region Referral-Assessment-Service Report | | | | | | | | | | | |
|-------------------|---|-------|------------|-----------------------|-------|------------|-------------------------------------|-------|------------|-----------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Ocean | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Burlington | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Atlantic | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Cape May | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAR-4)

| County | Central Southeast Region Referral to Assessment Ratio Report | | | | | | | |
|--|---|--|---|---|--|---|---|---|
| | # Clients Referred for Assessment | # of clients assessed on date of referral | # of clients assessed within 72 hours of referral date | # of clients completed assessment ≤ 5 days of referral | # of clients rescheduled assessment | Avg. # of days between referral & completed assessment | # of clients completed assessments in ≤ 5 days | # of clients did not complete assessment in ≤ 5 days |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Ocean | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Burlington | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Atlantic | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Cape May | | | | | | | | |
| Number of Virtual Video Assessments: _____ | | | | | Number of In-Person Assessments: _____ | | | |

ATTACHMENT Q (Client Flow Report RAS - 5A)

| County | Lower Southwest Region Referral-Assessment-Service Report | | | | | | | | | | | |
|-------------------|---|-------|------------|------------------------|-------|------------|-------------------------------------|-------|------------|------------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | | 10/1/2017 – 10/31/2017 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Camden | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Gloucester | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Salem | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Cumberland | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAS - 5B)

| County | Lower Southwest Region Referral-Assessment-Service (RAS) Report | | | | | | | | | | | |
|-------------------|---|-------|------------|-----------------------|-------|------------|-------------------------------------|-------|------------|-----------------------|-------|------------|
| | Initial FVO Risk Assessment | | | | | | Redetermination FVO Risk Assessment | | | | | |
| | Monthly Totals | | | Cumulative Totals | | | Monthly Totals | | | Cumulative Totals | | |
| | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | | 9/1/2018 – 9/30/2018 | | | 10/1/2017 – 9/30/2018 | | |
| | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. | Ref. | Asmt. | ServEntry. |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Camden | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Gloucester | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Salem | | | | | | | | | | | | |
| TANF | | | | | | | | | | | | |
| GA | | | | | | | | | | | | |
| Cumberland | | | | | | | | | | | | |
| Total TANF | | | | | | | | | | | | |
| Total GA | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

- Ref. = Number of *Monthly and Cumulative* referrals for Initial and Re-determination FVO Risk Assessments.
- Asmt. = Number of *Monthly and Cumulative completed* Initial and Re-determination FVO Risk Assessments.
- ServEntry = Number of *Monthly and Cumulative* clients that engaged in all recommended services on service plan.

ATTACHMENT Q (Client Flow Report RAR-5)

| County | Lower Southwest Region Referral to Assessment Ratio Report | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| | # Clients Referred for Assessment | # of clients assessed on date of referral | # of clients assessed within 72 hours of referral date | # of clients completed assessment ≤ 5 days of referral | # of clients rescheduled assessment | Avg. # of days between referral & completed assessment | # of clients completed assessments in ≤ 5 days | # of clients did not complete assessment in ≤ 5 days |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Camden | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Gloucester | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Salem | | | | | | | | |
| TANF | | | | | | | | |
| GA | | | | | | | | |
| Cumberland | | | | | | | | |
| Number of Virtual Video Assessments: _____ | | | | | Number of In-Person Assessments: _____ | | | |