

STATE OF NEW JERSEY DEPARTMENT OF
HUMAN SERVICES
DIVISION OF DISABILITY SERVICES

REQUEST FOR PROPOSALS

**Inclusive Healthy Communities (IHC) Grant Program
Cohort 4**

January 16, 2025

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I. Purpose and Intent

The Inclusive Healthy Communities (IHC) Grant Program provides funding opportunities to local government and nonprofit organizations in New Jersey to undertake initiatives that support the health and wellbeing of individuals with disabilities in the communities where they live. The IHC Grant Program is designed to advance efforts that result in tangible and sustainable transformation of policies, systems, and environmental conditions to ensure that people with disabilities benefit from efforts to build healthy communities. For examples of initiatives that have been supported during the previous three rounds of IHC grant funding, visit the IHC website at www.inclusivehealthycommunities.org/projects.

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Disability Services (DDS). This RFP constitutes the fourth funding cycle of the IHC Grant Program which will support 24-month initiatives beginning July 1, 2025, through June 30, 2027. Funding is contingent upon available appropriations.

With funding and oversight provided by DDS, successful bidders will implement initiatives that reflect the guiding principles and priorities of the IHC program that can be found at: www.inclusivehealthycommunities.org. These guiding principles are discussed in greater detail in Section II. of this RFP titled Background and Population to Serve.

A total of up to \$3.5 million dollars of funding is anticipated over two state fiscal years to support the IHC 24-month grant period, with \$1.75 million anticipated for year 1 (July 1, 2025 – June 30, 2026), and, contingent upon available funding, \$1.75 million anticipated in appropriations for year 2 (July 1, 2026 – June 30, 2027). Grant budgets may not exceed \$125,000 in each of the fiscal years, or \$250,000 for the entire grant period.

Grant determinations will be made by DDS and awarded grants will be provided directly to successful bidders by DDS.

DDS has engaged the Rutgers University Edward J. Bloustein School of Planning and Public Policy (The Bloustein School) to provide support to the IHC Grant Program. The Bloustein School has established a website for the IHC Grant Program which includes a dedicated section on the IHC Round 4 RFP process, including a link to the RFP and resources. Prospective bidders are encouraged to become familiar with the website at www.inclusivehealthycommunities.org.

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

Date	Milestone
January 16, 2025	Notice of Funding Availability
Friday, January 24, 2025 2:00 pm ET - 3:00 pm ET; and Thursday, January 30, 2025 10:00 am ET - 11:00 am ET	Two identical virtual workshops for prospective bidders. Prospective bidders are <u>strongly</u> encouraged to attend one of these workshops to become familiar with the IHC Grant Program as well as to understand the RFP process. Prospective bidders may register for the workshops at the following links: January 24, 2025 – https://bit.ly/IHCPBS1 January 30, 2025 – https://bit.ly/IHCPBS2
Friday, February 14, 2025 5:00 pm ET	Deadline for bidders to submit a mandatory Letter of Intent to apply (LOI). Letter of intent must be submitted using the following link: www.inclusivehealthycommunities.org/apply The LOI is a mandatory element of a bidder’s application in response to this RFP. The LOI provides DDS with an understanding of the volume and nature of applications to anticipate in response to this RFP. Prospective bidders will not receive substantive feedback on their LOI. However, each prospective bidder that submits an LOI will receive an acknowledgement of receipt by the Bloustein School.
Friday, February 21, 2025 5:00 pm ET	Deadline for prospective bidders to submit questions regarding the RFP process to ihc@ejb.rutgers.edu . All questions and answers will be posted within three business days of their submittal on the IHC website at: www.inclusivehealthycommunities.org/apply . When submitting questions to the IHC email address, please put “IHC RFP Question” in the subject line.
Friday, March 7, 2025 5:00 pm ET	Deadline for receipt of proposals. Bidders will submit their IHC proposal following instructions provided in an email they

receive acknowledging receipt of their LOI.

TBD	Preliminary Award Announcement.
TBD	Appeal Deadline.
TBD	Final Award Announcement.
TBD	Contract Start Date.

Bidder Requirements and Recommendations

Proposals submitted in response to this RFP must meet the following requirements:

- a. All prospective bidders must submit a Letter of Intent (LOI) no later than 5:00 pm ET on February 14, 2025, using the following link: www.inclusivehealthycommunities.org/apply. The purpose of the LOI is to provide the Bloustein School and DDS with a general understanding of the nature and volume of proposals that may be received. The LOI may be submitted by any individual or organizational member of the prospective bidder's team. Each LOI will receive an acknowledgment from the Bloustein School. Following receipt of the LOI, bidders may submit applications via the application portal where they submitted the LOI.
- b. All prospective bidders' proposals must be received no later than 5:00 pm ET on March 7, 2025, via the instructions provided in the email they received acknowledging receipt of their LOI. Proposals must adhere to the specifications outlined in Section VII of this RFP. Proposals that are deemed administratively incomplete or late will not be reviewed for funding consideration. A checklist of administrative completeness can be found at Section VIII.
- c. All prospective bidders must include at least one cross-sectoral organizational partner as a collaborating entity in the proposed IHC initiative and should include at least one partner from outside of the disability-services sector. The formation of partnerships is intended to strengthen the capacity and sustainability of the IHC initiative by leveraging the strengths of partnering organizations to enhance the group's knowledge, passion, and access to community power structures to create change.

Prospective bidders are strongly encouraged to:

- a. Submit all questions regarding the RFP process from January 16, 2025 to February 21, 2025 by sending their question via email to ihc@ejb.rutgers.edu. All questions and answers will be posted on the IHC website at www.inclusivehealthycommunities.org/apply within approximately three business days of their submittal. When submitting questions to the IHC email address, please put "IHC RFP Question" in the subject line. All prospective bidders are encouraged to

view the FAQs frequently, as they will be continuously updated as new questions come in.

- b. Attend one of two identical workshops that are designed to provide prospective bidders with an overview of the IHC program and the RFP process. The two identical workshops will occur on January 24, 2025 from 2:00 pm ET – 3:00 pm ET and January 30, 2025 from 10:00 am ET – 11:00 am ET. Registration can be accessed at: <https://bit.ly/IHCPBS1> for January 24, 2025 and <https://bit.ly/IHCPBS2> for January 30, 2025. Note: the workshops will include American Sign Language interpretation and closed captions. To request an alternate form of accommodation, please email the Bloustein School IHC program at ihc@ejb.rutgers.edu as soon as possible with “WORKSHOP ACCOMMODATION” in the subject line.
- c. Familiarize themselves with the IHC Grant Program by reviewing the IHC website at: www.inclusivehealthycommunities.org.
- d. Submit online LOIs and applications early. LOIs and applications received after the deadlines will not be reviewed.

Successful bidders must be willing to:

- a. Participate in an in-person meeting of all IHC successful bidders which will be held at Rutgers University in New Brunswick, NJ on July 16, 2025. The meeting will be designed to provide IHC successful bidders with opportunities for training, orientation, networking and community-building with key DDS staff and statewide leaders.
- b. Participate in a virtual grantee kick-off meeting with DDS and Bloustein School to review the grantee’s work plan at the start of their IHC initiative.
- c. Participate in quarterly virtual meetings with staff from the Bloustein School. These virtual meetings are intended to provide the successful bidders with an opportunity to report on progress with the grantee’s work plan.
- d. Participate in virtual grantee gatherings and other activities that encourage the development of a strong **Community of Practice** working toward inclusion in New Jersey and beyond; Attend IHC training webinars and other capacity-building opportunities.
- e. Participate in an evaluation of the IHC Grant Program.
- f. Submit a written quarterly progress report following instructions provided by the Bloustein School.
- g. Promote awareness of their IHC initiative by:
 - Posting at least two blogs on their organization’s website which will also be posted on the IHC website;
 - Issuing a press release or media advisory to announce the receipt of their IHC grant;
 - Posting about their IHC initiative on their own social media, their grantees’ partners’ social media, and providing social media content to the IHC/DHS communications team for use on the IHC website and DHS social media platforms;
- h. Use standard language and the DDS logo, both of which will be provided, to acknowledge DDS as the source of IHC grant funding.
- i. Respond to any requests from DDS regarding fiscal status of the award. Successful bidders will be paid quarterly by DDS based on a schedule of estimated claims

included in the initiative budget. All successful bidders must provide a final progress report and final fiscal report within 30 days of the June 30, 2027 completion of the 24-month grant period;

- j. Register with NJSTART, the State of New Jersey's eProcurement system, which enables organizations to be paid. To register, go to <https://www.njstart.gov/bsol/>

II. Background and Population to Serve

The US Centers for Disease Control and Prevention (CDC) estimates that disability affects approximately 61 million people in the United States living in communities. A disability is defined as: "any condition of the body or the mind that makes it more difficult for the person to do certain activities and interact with the world around them. Disabilities can affect a person's vision, movement, thinking, memory, and recall learning, communicating, hearing, mental health, and social relationships. Disabilities can be related to conditions that are present at birth and may affect functions later in life, including cognition, mobility, vision, hearing, behavior, and other areas. Disability can be associated with developmental conditions that become apparent during childhood, related to an injury, associated with a longstanding condition and/or progressive." For more information, visit the CDC's Disability and Health Grantee website: <https://www.cdc.gov/disability-and-health-partners/php/healthy-communities/index.html>

DDS serves as the single point of entry for people seeking disability-related information. As the lead state agency charged with representing individuals with disabilities, DDS focuses on enhancing health, education, employment, recreation, and social engagement.

DDS aims to build meaningful relationships with other state and local organizations, have a seat at every table, and ensure representation in policy and decision-making as they strive for greater access, equity, and inclusion for their constituents.

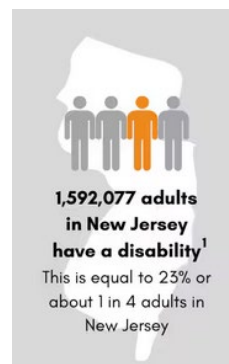
The IHC grant program advances DDS' mission by expanding opportunities for people with disabilities to engage with efforts that support the health and wellbeing of all people.

Social and Structural Determinants of Health and Healthy Communities

Nearly 1 in 4 adults in New Jersey have some form of disability¹ (<https://www.cdc.gov/dhds/about/index.html>). According to the CDC, people with disabilities face higher risks of experiencing health disparities than people without disabilities.

The CDC defines a **health disparity** as:

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically



¹ Disability & Health U.S. State Profile Data for New Jersey. Centers for Disease Control and Prevention.

experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion (<https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>).

Similar to other historically marginalized populations, people with disabilities experience health disparities due to inequitable access to social and structural determinants of health. The CDC defines the **social determinants of health** as the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.”²

It groups social determinants of health into five categories:

- *Economic Stability*—When people cannot afford healthy foods, health care, and housing, their health and wellbeing are negatively impacted.
- *Education Access and Quality*—People with access to quality and higher levels of education are more likely to be healthier and live longer.
- *Health Care Access and Quality*—Access to quality, affordable, welcoming, and supportive healthcare is a critical element for ensuring good health and wellbeing.
- *Neighborhood and Built Environment*—The neighborhood that one lives in has a major impact on their health, including but not limited to safe, clean, and vibrant communities, healthy and affordable housing, access to diverse modes of travel, and access to recreational amenities.
- *Social and Community*—The social and community context that a person lives in, such as whether they face discrimination, social isolation or exclusion from the processes that result in decisions that affect their lives, can have significant impacts on health and wellbeing.

In recent years, there has been an increased focus on the structural determinants of health as drivers of health disparities. The **structural determinants of health** are considered “root causes” of health inequities because they are the written and unwritten rules that drive social determinants of health. Structural determinants include governing processes, economic and social policies, and unjust distribution of resources in ways that give certain groups greater social influence on conditions that affect health and wellbeing.³

<https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/new-jersey.html>

² Social Determinants of Health. US Department of Health and Human Services.

[https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20\(SDOH,of-life%20outcomes%20and%20risks](https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,of-life%20outcomes%20and%20risks).

³ Heller JC, Givens ML, Johnson SP, Kindig DA. Keeping It Political and Powerful: Defining the Structural Determinants of Health. *Milbank Q.* 2024 Jun;102(2):351-366. doi: 10.1111/1468-0009.12695. Epub 2024 Feb 16. PMID: 38363858; PMCID: PMC11176401.

Health Equity

The U.S. Department of Health and Human Services' Healthy People 2030 initiative defines *health equity* as: "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."⁴ Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to good health such as poverty; discrimination, ableism (the favoring of people who do not have disabilities and who are considered to be neurotypical); underrepresentation in decision-making and civic processes; lack of access to the conditions that support good health (including jobs with fair pay, quality education, safe and affordable housing, and clean and safe environments); and lack of access to affordable, quality health care.

Healthy Communities

Healthy communities are ones in which all residents have equitable access to all social and structural determinants of health. Healthy communities are built on a foundation of fair and just inclusion of people with disabilities which means that every person can access equitable opportunities to participate fully in all aspects of life as aligned with their desires and capabilities.

IHC, Vision, Mission, and Guiding Principles

The Inclusive Healthy Communities (IHC) Grant Program vision is to advance New Jersey as a national leader in embodying the ideals of true and universal inclusion, where people with disabilities enjoy opportunities to lead full, healthy, and meaningful lives free from stigma and barriers. Through innovative and lasting solutions developed with the leadership of people with disabilities and supported by cross-sectoral partnerships, New Jersey will serve as a beacon to inspire other states to tackle inequities in the social and structural determinants of health by prioritizing intersectional disability justice within their own communities.

The mission of the Inclusive Healthy Communities (IHC) Grant Program is to advance initiatives that seek to address unjust societal systems that cause and exacerbate disparities in health and wellbeing among people with disabilities. By centering the expertise of people with lived experiences of disabilities, creating a cross-sectoral community of practice united toward universal inclusion, and targeting changes to policies, systems, and environments, IHC initiatives work to ensure sustainable, meaningful change toward the development of fully inclusive healthy communities throughout New Jersey and beyond.

⁴ Healthy People 2030. US Department of Health and Human Services.
<https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

10 Guiding Principles for Inclusive Healthy Communities Initiatives:

1. **Inclusive** – People with disabilities have the right to lead and participate in planning and decision-making processes through engagement that is upfront, ongoing, meaningful and authentic.

2. **Integrative** – IHC initiatives advance full and culturally competent integration of people with disabilities as equal members of society with equitable access to conditions and systems that support health and wellbeing, free from limitations imposed through stigma and ableism.

3. **Aspirational** – IHC initiatives go beyond compliance and minimum regulatory standards to advance bold, just, and innovative solutions that ensure equitable and permanent access to the social and structural determinants that drive health and wellbeing.

4. **Intersectional** – IHC initiatives seek to advance social justice and to ensure that people with disabilities leading initiatives and providing expertise come from a diverse range of backgrounds, representative of our communities, with consideration inclusive of, but not limited to race, gender, sexual orientation, socioeconomic status, age, language, and cultural background.

5. **Systems-Oriented** – While individual IHC initiatives may include components that target specific services or barriers, those components are nested in broader goals of advancing change in systems, operations, and policies that drive access to the conditions, structures, and processes contributing to health and wellbeing. Systems changes targeted by IHC initiatives may include changes to public policies as well as changes to the decision-making and operational processes of organizations and groups, whether in the public, private, or non-profit sectors, including within grantee organizations.



6. **Accessible** – True inclusion requires providing access in ways that work for everyone. To the greatest extent possible, this should be done routinely as a systematic process providing access to information and environments as universally as possible, as aligned with inclusive and universal design principles, using accommodations to augment these processes as necessary.
7. **Comprehensive**—While some initiatives target the inclusion of people with specific disabilities, each initiative must strive to be fully inclusive, considering those who experience multiple disabilities and health conditions by addressing the full spectrum of accessibility for the whole person.
8. **Collaborative** – Strong cross-sector partnerships, inclusive of people with disabilities, lead to innovative solutions uniquely positioned to create sustainable systems change in support of the wellbeing of people with disabilities.
9. **Sustainable** – IHC initiatives seek to catalyze permanent changes to the systems, policies, and conditions that drive health and wellbeing for people with disabilities, leaving a legacy of improved access and inclusion beyond the award period.
10. **Growth-Oriented** – Advancing meaningful change requires a commitment from IHC partners to implement near-term solutions while continuously striving to advance their content knowledge, skills, and capacity to build long-lasting, adaptable, and transformative solutions well into the future.

IHC Grant Program Priorities

The IHC Grant Program gives priority funding consideration to proposals that include the following provisions that are strongly encouraged, but not required:

- Focus on healthy community outcomes for people with disabilities who also may experience societal discrimination because of, but not limited to age, race, socioeconomic or immigration status, gender, and/or sexual orientation;
- Serve participants in areas of highest need in terms of disability population, economic burden, and underserved communities;
- Leverage matching funds through direct dollars or in-kind services;
- Employ people with disabilities at a fair wage and in meaningful roles;
- Seek to address multiple types of disability and not a single disability;
- Have a lead grantee from outside of the disability-services sector who is committed to partnering with people with disabilities and their organizations to center inclusion in their work; and
- Advance initiatives that are focused on addressing social and structural determinants of health that are the foundation of healthy communities as outlined earlier in Section II of this RFP.

III. Who Can Apply?

To be eligible for consideration for an IHC grant, the bidder must satisfy the following requirements:

- The bidder must be a (a) county or municipal government entity, including local and

county authorities such as a Board of Education, or (b) an organization with approved IRS 501(c)(3) status at the time of submitting its IHC application; and

- The bidder may be a current or previous grantee;
- For a bidder that has a contract with DDS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DDS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DDS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DDS will deem the proposal ineligible for grant award;
- The bidder must not appear on the State of NJ Consolidated debarment report at: [State of NJ - NJ Treasury - DORES](#) or be suspended or debarred by any other State or Federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular.

IV. Scope of Work

Successful bidders will undertake initiatives in compliance with all laws, regulations and guidelines as specified by DDS that further the objectives of the IHC Grant Program. IHC grantees are expected to address both capacity building activities as well as implementation activities. **Capacity building** is defined as:

The process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world. An essential ingredient in capacity building is transformation that is generated and sustained over time from within; transformation of this kind goes beyond performing tasks to changing mindsets and attitudes.⁵

Capacity building is a critically important element of IHC initiatives because it creates the conditions for lasting, sustainable, and impactful results. Capacity building is intended to provide IHC grantees and their partners with the knowledge, data, analysis, and skills to advance collaborative partnership building – especially through the engagement of people with disabilities - that leads to cohesive, strategic, and lasting policy, systems, and environmental change. Capacity building allows collaborative initiatives to assess the collective strengths and weaknesses of partners to identify gaps that need to be filled to ensure long term impact. Capacity building develops the infrastructure that builds competencies and skills that IHC grantees need to advance fair and just solutions addressing social and structural determinants of health for people with disabilities.

⁵ Capacity Building. United Nations. Accessed at: <https://www.un.org/en/academic-impact/capacity-building>

Examples of capacity building include:

- Engaging with people with disabilities to inform strategic planning and design to ensure the initiative's authentic alignment with their needs and wants;
- Creating a network of community partnerships to build and sustain the initiative's momentum and reach;
- Assessing the IHC partnership organizations strengths and capacity to lead just and fair solutions addressing social and structural determinants of health for people with disabilities;
- Participating in training sessions to develop skills and knowledge among staff and key stakeholders to ensure competence and initiative success;
- Educating organizational leadership such as Boards of Directors and Trustees in understanding concepts associated with fair, just, inclusive engagement of people with disabilities;
- building a shared vision and a strategic forward-looking plan among partners.

When capacity building is effective, it strengthens the ability of a partnership team to have a positive, transformative and lasting impact on lives and communities. More resources on capacity building strategies can be found at the National Council on Nonprofits at: <https://tinyurl.com/muvu8dj3>.

Allowable Costs

The following costs are considered allowable under the IHC Grant Program:

- Salaries and fringe benefits
- Strategic planning consultation services and data collection
- Stakeholder engagement consultation services
- Training and facilitation
- Provision of direct services
- In-state travel
- Business meeting costs
- Translation services, including American Sign Language
- Services and supplies to facilitate engagement of people with disabilities
- Community planning and capital investment design
- Equipment purchase(s)
- Capital improvements that are in direct service to the proposed program or activity. For the IHC Grant Program, allowable capital improvements include those that are permanent installations on property that increase the capital value or useful life of the property.

No funds from the IHC Grant Program shall be used for lobbying activities as defined in accordance with guidance issued by the NJ Election Law Enforcement Commission at: www.elec.nj.gov/forcandidates/gaa_forms.htm.

Bidders are strongly encouraged to specifically document the following provisions in their

proposed budgets:

- Costs that support meaningful inclusion of people with disabilities as part of their IHC initiatives. This may include, for example, costs associated with American Sign Language interpretation, use of facilities that are fully accessible, purchase of technologies that ensure accessibility, etc.;
- Leveraged or in-kind contributions of resources. Leveraged and/or in-kind contribution of resources are not required to receive an IHC grant but are strongly encouraged.
- Funds earmarked to compensate people with disabilities for participating in and leading the IHC initiative.

Indirect costs may not exceed 10% of the total amount requested from the IHC Grant Program. Indirect costs are sometimes referred to as an overhead rate or burden costs. It is calculated as a percentage of overhead associated with, and allocable to, activities associated with the IHC grant. Indirect costs are actual expenses that are incurred for common or joint objectives and, therefore, cannot be identified readily and specifically with a particular sponsored initiative. The bidder may include a separate line item in the budget for costs that bidder can identify as being specifically tied to IHC grant-funded activities, such as supplies, provided that such costs are not also included in the indirect cost category.

For the IHC Grant Program, all grant funds must be fully expended or contractually allocated by the end of the grant period of June 30, 2027. Successful bidders are required to provide an accounting of all funds as part of their grant fiscal reporting.

V. General Contracting Information

Bidders must meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <https://www.nj.gov/humanservices/olra/contracting/policy/>.

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

Budgets should accurately reflect the scope of responsibilities to accomplish the goals of this program.

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

Contracts awarded as a result of this RFP are anticipated to have a term of July 1, 2025 – June 30, 2027 and are not renewable.

In accordance with DHS Policy P1.12 available on the web at: <https://www.state.nj.us/humanservices/olra/assets/documents/CPIManual.pdf>, funds awarded pursuant to this RFP will be kept separate from existing programs in place between the bidder and DDS until DDS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should service provision be delayed through no fault of the successful bidder, funding continuation will be considered on a case-by-case basis. Under no circumstances shall DDS continue funding when service commitments are not met, and in no case shall funding be provided for a period of non-service provision more than three (3) months. If the period will be longer than three months, DDS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, any funds provided pursuant to this agreement shall be returned to DDS.

VI. Written Intent to Apply and Contact for Further Information

Letter of Intent (LOI)

All bidders must submit a Letter of Intent no later than 5:00 pm ET on February 14, 2025 using the following link: www.inclusivehealthycommunities.org/apply. Each prospective bidder that submits an LOI will receive an acknowledgement of receipt by the Bloustein School.

This LOI is intended to provide DDS and Rutgers Bloustein with an understanding of the nature and volume of proposals expected in response to this RFP to plan accordingly. Bidders will not receive feedback on the content of the LOI. The LOI may be submitted by any partner in a proposal, not necessarily the primary bidder. Submitting a LOI does not obligate a bidder to apply. Prospective bidders are strongly encouraged to submit their LOI prior to February 14, 2025 to allow time for the prospective bidder to ensure full online uploading of the LOI.

Frequently Asked Questions

Any prospective bidder may submit a question regarding the RFP until February 21, 2025, 5:00 pm ET. To submit a question regarding the RFP, a prospective bidder may send an email with their question to ihc@ejb.rutgers.edu. All questions and answers will be posted within three business days of their submittal on the IHC website at: www.inclusivehealthycommunities.org/apply. When submitting questions to the IHC email address, please put “IHC RFP Question” in the subject line. All prospective bidders are encouraged to view the FAQs frequently as they will be continuously updated as new questions are submitted.

Resources

The IHC website (www.inclusivehealthycommunities.org/apply) includes information that may be helpful to prospective bidders in preparing their proposals. This includes descriptions of the IHC Grant Program and the work of current and previous IHC grantees as well as materials associated with this RFP including:

- Frequently asked questions received by prospective bidders;
- A link to the RFP;
- A template in Microsoft Word that bidders may use to prepare the narrative portion of their proposal which will be collected through text boxes within the application portal and a template in Microsoft Excel that bidders are required to upload to the portal for the budget portion of their proposal;
- A web-based interactive tool that provides data with regard to disability at a municipal and county level.

VII. Required Proposal Content

A complete proposal to the IHC Grant Program must include the 4 components listed below and must be submitted through the application portal where the bidder submitted LOI. Additionally, a complete proposal must include the bidder's certification on the online application portal that they have read two DHS statements: (a) The Request for Proposal for Social Service and Training Contracts and (b) the Mandatory Equal Employment Opportunity Language.

It is strongly recommended that prospective bidders utilize the provided checklist of items that must be included in their application for it to be considered administratively complete. Applications that are determined to be administratively incomplete will not be reviewed for consideration of funding. The administrative completeness checklist can be found in Section VIII.

Mandatory Proposal Elements

- Written Narrative** - All bidders should use the template available within the application portal upon receipt of their LOI to prepare their proposal narrative, which will be entered into text boxes in the application portal. A copy of the template is also available at www.inclusivehealthycommunities.org/apply.
- Budget** - All bidders should use the Excel template available within the application portal upon receipt of their LOI to prepare their proposal budget. A copy of the budget template is also available at www.inclusivehealthycommunities.org/apply.

Attachments/Appendices

The enumerated items of Required Attachments #1 through #10 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #6 are not submitted and complete, the proposal will not be considered. Required Attachments #7 through #10 below are also required with the proposal.

The collective of Required Attachments #1 through #7 and Appendices #1 through #8 is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #8 and #9) do not count towards the appendices' 50-page limit. Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment B);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment C);
3. Disclosure of Investment in Iran - <http://www.nj.gov/treasury/purchase/forms.shtml>;
4. Certificate of Non-Involvement in Prohibited Activities in Russia and Belarus - <https://www.nj.gov/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf>;
5. Statement of Bidder/Vendor Ownership Disclosure - <http://www.nj.gov/treasury/purchase/forms.shtml>;
6. Disclosure of Investigations and Other Actions Involving Bidder - <http://www.nj.gov/treasury/purchase/forms.shtml>;
7. Pursuant to Policy Circular P 1.11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
8. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
9. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and
10. Department of Human Services Commitment to Defend and Indemnify Form (Attachment E)

Appendices

1. Copy of documentation of the bidder's charitable registration status - <http://www.njconsumeraffairs.gov/charities>;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Provide an ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN, limited to four (4) pages;

VIII. Review Criteria

Checklist of Administrative Completeness

- To be considered administratively complete, an application must be uploaded to the application portal, after receipt of the LOI.
- An administratively complete application must be fully uploaded to the website specified in an email acknowledging receipt of the LOI no later than 5:00 pm ET

on March 7, 2025. Prospective bidders are strongly encouraged to file their application days prior to the deadline to ensure that all of their materials are fully uploaded on time.

- An administratively complete application must include the following:
 - Narrative responses to all questions in the application portal (as provided in the preparatory Word document available on the IHC website and within the application portal).
 - Budget (in Microsoft Excel) using the template provided in the application portal and available on the IHC website.
 - All attachments and appendices as listed in section VII
- An administratively complete application must include signatures on all forms where a signature is required.

Substantive Review Criteria

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

- a. ***Alignment with IHC Guiding Principles (30 points)***
 - The proposal reflects the IHC guiding principles as outlined in Section II of this RFP.
- b. ***Alignment with IHC program priorities (10 points)***
 - The proposal reflects the IHC program priorities as outlined in Section II of this RFP.
- c. ***Scope and work plan (20 points)***
 - The proposal identifies a specific need, gap, or opportunity that, if addressed, can significantly enhance opportunities for people with disabilities to have access to conditions and systems in the community that promote health and wellbeing.
 - The proposal identifies a need, gap, or opportunity that has been identified by people with disabilities.
 - The proposal presents a work plan that offers elements that have the potential to be highly replicable in other communities throughout New Jersey and that has a significant expectation of successful and/or effective outcomes.
 - The proposal aligns the proposed budget with project tasks.
 - The proposal reflects a commitment to organizational capacity building.
 - The proposal documents a detailed, clear, and manageable set of tasks that:
 - Align with the work plan's intended outputs and outcomes
 - Include a clear 24-month schedule of tasks and milestones that can realistically be completed in the 24-month timeframe
 - Result in specific outcomes and outputs that are realistic, given available resources
- d. ***Collaboration and Partnerships (15 points)***

- The proposal demonstrates cross-sector collaborative partnerships that seek to advance shared goals. More specifically, the lead bidder includes at least one cross-sectoral organizational partner as part of the work plan. Additional partnerships are a plus.
 - The proposal demonstrates collaborative organizational partnerships that have the potential to lead to lasting, substantive collaboration.
 - The proposal reflects collaboration among partners that are external to the disability-services sector in partnership with people with disabilities and their organizations.
 - The proposal includes personnel that are well qualified to implement the proposed initiative.
 - A scoring advantage will be given to proposals which specify lead organizations who have not acted as lead organizations for previously funded IHC initiatives.
- e. **Budget (20 points)**
- The proposal uses the Microsoft Excel budget template provided to prospective bidders via email in the acknowledgement of receipt of their LOI.
 - The proposal includes a clear budget narrative explaining the proposed use of funding.
 - The proposal documents the contribution of leveraged and/or in-kind funds, including identification of the source of the funds and how they will contribute to the overall proposed initiative.
 - The proposal demonstrates an efficient use of IHC grant resources.
 - The proposal plans to use IHC grant funds for eligible costs as outlined in the Request for Proposal.
 - The proposal includes a statement acknowledging that no funds from this award will be used for lobbying activities.
- f. **Communications (5 points)**
- The proposal includes a plan for publicly communicating and promoting outcomes and outputs to other communities in New Jersey, and the proposal includes a plan for external communication via traditional forms of media as well as social media.

IX. Submission of Proposal Requirements

Each prospective bidder's acknowledgement of receipt of their LOI will provide further access to the application portal where they submitted the LOI, where each prospective bidder will be required to submit their proposal no later than **5:00 pm ET on March 7, 2025**. Each proposal **must** include:

- Responses to Narrative Questions (which match those provided in a preparatory Word document template) in the application portal and on the IHC website (www.inclusivehealthycommunities.org/apply).
- Budget (in Microsoft Excel) using the template provided in the application portal and available on the IHC website (www.inclusivehealthycommunities.org/apply)
- All attachments and appendices, signed where applicable, as listed in section VII

of this RFP.

- Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;

Proposals received after **5:00 pm ET on March 7, 2025**, shall not be considered. Any proposal that does not include all of the required documents fully prepared shall be deemed administratively incomplete and will not be reviewed.

X. Review of Proposals

DDS will conduct a review of administratively complete proposals using the criteria outlined in Section VIII of this RFP. DDS will disqualify administratively incomplete proposals and notify bidders; administratively incomplete proposals will not be further reviewed. DDS is solely responsible for all award decisions.

Proposals deemed administratively complete will be preliminarily reviewed and scored by DDS staff. DDS will convene a review committee to conduct a review of each responsive proposal. Bloustein School IHC grant program consultants will act as technical advisors during the review process. The DDS review committee will make preliminary recommendations based on the review criteria above. The Executive Director of DDS will review the proposals and the DDS review committee's preliminary recommendations and make the final decision on awards.

The bidder is advised that the award may be conditional upon final contract and budget negotiations between the bidder and DDS. Additionally, if a bidder is determined, in DDS' sole discretion, to be insolvent or to present potential insolvency within the 12 months after bid submission, DDS will deem the proposal ineligible for grant award.

DDS reserves the right to reject all proposals when circumstances indicate that it is in its best interest to do so. DDS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to achieve performance, an indication of misrepresentation of information and/or noncompliance with State and federal laws and regulations, existing DDS contracts, and procedures set forth in DHS Policy Circular P1.04 (<https://www.state.nj.us/humanservices/olra/contracting/policy/>).

XI. Appeal of Award Decisions

An appeal of any award decision may be made only by a lead bidder to this RFP. All appeals must be made in writing and be received by DDS at the address below no later a date to be determined. The written appeal must clearly set forth the basis for appeal. Any bidder intending to submit an appeal is strongly encouraged to do so via email. Email appeals should include "*IHC Grant Appeal*" in the subject line and be directed to Nicole.Roldan@dhs.nj.gov.

Appeals should be addressed to:

Peri L. Nearon, MPA Executive Director

Division of Disability Services
NJ Department of Human Services PO Box 705
Trenton, NJ 08625-0705

Please note: All costs incurred in connection with appeals of DDS decisions are considered unallowable costs for the purpose of DDS funding. DDS will review all appeals and render a final decision. Grant award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XII. Post-Award Required Documentation

Upon final award announcement, the successful bidder(s) must be prepared to submit one original signed copy of the documents below (if not already on file), as well as any other required documents. Copies, rather than original signed documents, may be submitted only where indicated below:

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two copies)
2. Copy of the Annual Report-Charitable Organization (for information visit: <https://www.njportal.com/DOR/annualreports/>)
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any federal, state, local government or private agency during the grant term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number
4. Proof of insurance naming the State of NJ, Department of Human Services, Division of Disability Services, Trenton, NJ 08625-0705 as an additional insured
5. Board Resolution identifying the authorized staff and signatories for grant actions on behalf of the bidder
6. Current Agency By-laws
7. Current Personnel Manual or Employee Handbook
8. Copy of Lease or mortgage
9. Certificate of incorporation
10. Co-occurring policies and procedures
11. Conflict of Interest Policy
12. Affirmative Action Policy
13. Affirmative Action Certificate of Employee Information Report, newly completed AA302 Form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 Form to Office of Contract Compliance)
14. A copy of all applicable licenses
15. Local Certificates of Occupancy
16. Current State of NJ Business Registration
17. Procurement Policy

18. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the successful bidder, person(s) assigned to the equipment, etc.)
19. All subcontracts or consultant agreements related to the DHS contract signed and dated by both parties
20. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed, and dated
21. Updated single audit (A133), if differs from one submitted with proposal
22. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp ; for an entity doing business with the State for the first time, it may register at the NJ Treasury website - <http://www.nj.gov/treasury/revenue> ;
23. Source Disclosure (EO129) (<https://www.nj.gov/treasury/purchase/forms.shtml>)
24. Chapter 51 Pay-to-Play certification (<https://www.nj.gov/treasury/purchase/forms.shtml>)

XIII. Attachments

- Attachment A – Addendum to RFP for Social Service and Training Contracts
- Attachment B – Statement of Assurances
- Attachment C – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- Attachment D – Mandatory Equal Employment Opportunity Language
- Attachment E – Commitment to Defend and Indemnify Form
- Attachment F – Instructions for Excel Budget Template

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

conflict of interest.

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

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

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

Attachment B - Statement of Assurances

Department of Human Services Statement of Assurances

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

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

New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well. Gambling Disorder Clinician RFP - 26
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Named and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. 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 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. 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 D - Mandatory Equal Employment Opportunity Language

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act. The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or Gambling Disorder Clinician RFP - 31 sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Attachment E – Commitment to Defend and Indemnify Form

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

I, _____, on behalf of _____ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for Inclusive Healthy Communities (IHC) Grant Program Cohort 4 (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above described non-disclosure due to the Company’s request.

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

(Signature)

(Print Name)

Title

Entity Represented

Date

Attachment F – Instructions for Excel Budget Template

This budget template is designed to give IHC reviewers a comprehensive look at the projected budget submitted as part of your grant proposal. This template provides distinct sections of broad expense categories and, importantly, separate templates for each of the two grant years. As the nature of projects will vary from applicant to applicant, please be sure that your application budget accurately reflects the intended timeline for the completion of your grant.

Each year of the grant will be awarded a maximum of \$125,000

Total two-year award will be a maximum of \$250,000

The budget categories are defined as follows:

A. Personnel/Salaries

- List all proposed individuals who are expected to work on the grant if awarded
- This list must make note of employees who are “to be hired”
- Note the title of all current and TBH employees
- Report only the portion of total salaries to be paid from the grant
- Add lines if necessary

B. Fringe Benefits

- This will apply an all-inclusive rate to the total salaries as calculated in section A
- The template assumes a 29% fringe rate
- Please adjust this rate as needed.
- Individual quarters can be adjusted as needed

C. Consultants and Professional Fees

- Payments issued to external partners should be reported in this section

D. Materials and Supplies

- Consumable supplies which are will be used directly on this grant should be reported
- Expenses of greater cost with a durable lifespan will be included in “Equipment”; Section I

E. Facility Costs

- Costs associated with usage and maintenance of buildings and equipment towards this grant

F. Other Direct Costs

- Includes all costs directly related to this grant which are not covered in the above categories or are considered equipment

G. Total Direct Costs

- Calculated as total of categories A-F

H. Indirect Costs

- Costs incurred by your agency that cannot be directly attributed to the grant
- Total indirect costs should be applied as a percentage of total direct costs
- This percentage is capped at 10% of total indirect costs
- Individual quarters may be adjusted as needed

I. Equipment

- Purchased items with a useful of life of more than two years