

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Aging Services

Request for Proposals

Medicare Special Benefits Outreach and Enrollment Assistance

**Lowell Arye
Deputy Commissioner**

August 29, 2013

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**State of New Jersey
Department of Human Services
Division of Aging Services
Request for Proposals
Medicare Special Benefits Outreach and Enrollment Assistance**

I. INTRODUCTION

The Division of Aging Services (DoAS) is soliciting request for proposals (RFP) to increase the number of low-income Medicare beneficiaries in New Jersey who know about and apply for Medicare Part D, the Medicare Part D Low Income Subsidy (LIS), and/or a Medicare Savings Program (MSP), and to increase beneficiaries' awareness and use of free and reduced-cost preventive benefits covered by Medicare Part B.

Within this initiative, it is anticipated that up to ten (10) awards of \$40,000 each will be available for Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs) and State Health Insurance Assistance Program (SHIP) lead agencies. Agencies may apply for only one grant, and no more than one grant will be awarded to any one county. The grant project period is November 1, 2013, through September 30, 2014.

II. BACKGROUND

Millions of low-income older Americans struggle to pay their prescription, health care, food, and energy costs. The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 has been instrumental in helping these disadvantaged seniors to regain their economic footing and live healthy, independent lives.

Under MIPPA, New Jersey received grant funding in 2009 and 2010 from the U.S. Administration on Aging and the U.S. Centers for Medicare and Medicaid Services to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-Income Subsidy (LIS) and the Medicare Savings Programs (MSPs). The 2010 funding also included support for efforts to educate beneficiaries of new, free and reduced-cost preventive benefits covered by Medicare Part B.

An estimated 14.6% (or over 239,000) of seniors in New Jersey live on less than \$16,755 per year (150% of the 2012 federal poverty level). Over 32,500 Medicare beneficiaries in New Jersey are eligible for, but not receiving the Medicare prescription drug Low-Income Subsidy (LIS/Extra Help). These numbers may keep growing as more people age into Medicare. Nearly half a million adults will turn 65 in New Jersey over the next five years, and over 95,000 of these Baby Boomers may be eligible to receive benefits.

MIPPA grantees have worked to identify low-income older adults throughout New Jersey who may be missing out on these programs, and assist them with applying for

the programs. More than 10,000 applications were generated through previous MIPPA grants. The primary application utilized was the Universal Application of the State Prescription Assistance Program (SPAP), known as the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. This one application enrolls and/or screens individuals for ten (10) state and federal assistance programs, including MSP and LIS.

For someone with very low income, the savings offered by public benefits can mean not having to make tough choices between paying for food or medicine, health care or utilities. The Social Security Administration estimates the value of the LIS at \$4,000 per year. MSPs save, at a minimum, \$1,200 per year.

III. PURPOSE OF REQUEST

The purpose of these grants is to increase the number of low-income Medicare beneficiaries who know about and apply for Medicare Part D, the Medicare Part D Low Income Subsidy (LIS), and/or a Medicare Savings Program (MSP) and to increase the awareness and use of free and reduced-cost preventive benefits covered by Medicare Part B. Statewide, we intend to generate 3,750 new applications for LIS and/or MSP.

IV. REQUIRED SERVICE COMPONENTS (SCOPE OF SERVICE)

1. Applicants and their partners, if applicable(see #13 below) will participate in two training sessions via webinar on how to help clients complete 1) the SPAP applications, through with individuals can be enrolled in MSP and screened for LIS (those eligible for LIS are then enrolled by SPAP staff via the Social Security Administration on-line application); and 2) to help clients complete the MSP-Only application generated in response to periodic SSA data-feeds received by the SPAP.
2. Applicants will use county and zip code specific data provided by CMS to target efforts related to reach beneficiaries who are likely eligible, but not enrolled for LIS. (see http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/LIS_Outreach_Toolkit_Numeric_Maps.html).
3. Applicants will conduct a minimum of 18 community presentations/enrollment events (including 4 in rural areas of their counties) and five (5) in-service trainings for staff members at community-based health and/or social service agencies serving the target population.
4. MSP, LIS and preventive benefits information will be part of each presentation and event.
5. Applicants will provide technical assistance to a minimum of two (2) staff members from two (2) separate partner agencies on how to help Medicare beneficiaries complete the SPAP/MSP/LIS applications. This can be accomplished by directly providing in-person training or having those staff members register for and participate in on-line trainings to be provided by the SPAP.
6. Applicants will develop and distribute brochures, fact sheets, flyers, and/or other materials, and utilize press releases, media events, direct mail, paid print and/or

broadcast advertising and other methods to promote benefits to targeted populations.

7. In addition to developing their own materials, applicants will also distribute brochures and posters, and distribute and collect stubs from 500 completed wellness pledge cards, produced by DoAS.
8. Applicants will work one-on-one with beneficiaries to help them complete applications for MSP and/or LIS. Each grantee will meet or surpass a goal of generating 375 applications from individuals likely to qualify for assistance.
9. Applicants will conduct follow-up activities (calls, email, mail or home or office visits) on each SPAP/LIS/MSP application distributed to individuals at one-on-one counseling sessions, presentations and/or enrollment events within one month to offer guidance with completing and submitting the applications.
10. Applicants will offer beneficiaries the option of having the agency hold their applications until they are complete, and then submitting the applications to the SPAP on the beneficiaries' behalf.
11. Applicants will serve on a statewide project consortium to meet four times during the project in-person and/or via conference call.
12. Applicants, using a short form provided by DoAS, will report monthly on all grant activity, including numbers of outreach activities held, applications distributed and/or collected, and application assistance provided for both LIS and MSP. Fiscal reports will be made on a quarterly basis.
13. Applicants will be responsible for the outlined scope of work but may either conduct the activities themselves and/or contract with a community-based minority-serving organization or other non-profit social service agency.

V. APPLICANT QUALIFICATIONS

To be eligible for consideration:

1. The applicant must be one of New Jersey's 21 Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs) and/or the lead coordinating State Health Insurance Assistance Programs (SHIPs) in each of the 21 counties in the State. Any other agency interested in this grant program must partner with a participating AAA/ADRC or SHIP.
2. The applicant 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 (CRM), and the Contract Policy and Information Manual (CPIM).
3. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS © (3) regulations, as applicable.

VI. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

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

VII. CONTRACT OVERVIEW/EXPECTATIONS

All proposals for this funding must be submitted through the state's SAGE online system. Paper submissions will not be considered. All applications must be submitted by 3:00 pm October 4, 2013. Applicants may begin completing their applications online September 16, 2013.

In order to submit a proposal online, all applicants not already registered on SAGE must first request access to the SAGE system. Agencies already registered to use SAGE do not need to register again.

Because it will take up to 48 hours to be approved, we strongly encourage applicants who are not yet using SAGE to request access immediately. To gain access to the SAGE system, first complete the SAGE registration form (Attachment E) and submit to DHS as instructed on the form. Then go to www.sage.nj.gov. Click 'Request Access to SAGE', complete all requested information and click 'Save'. Be sure to write down the name, user name and password information you enter on SAGE. (Password must be 7-20 characters, letters and numbers only; the password is case sensitive). Please note that only the agency representative who registers on SAGE can access and complete the application.

The Department's SAGE coordinator will approve you as an applicant within several business days of request. Upon approval, you will receive a temporary password from the SAGE system which you will change when you log in.

Once you receive your temporary password, online prompts will guide you through the submission process. In addition, step-by-step instructions for submitting a proposal through SAGE are included in Attachment F, "Instruction for Completion of MIPPA Grants on SAGE".

VIII. GENERAL CONTRACTING INFORMATION

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services,

indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Awardee(s) will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://slc.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DoAS upon award, and may also be subject to a pre-award audit survey.

Contract(s) awards, as a result of this RFP will be for eleven (11) months. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. These resources may not replace existing DoAS funding allocation.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

IX. RFP APPLICATION

Download the RFP from the website at <http://www.state.nj.us/humanservices/providers/grants/rfpri/>. **OR contact:**

Dennis McGowan
Community Resources, Education and Wellness Unit
Division of Aging Services
240 West State Street
P.O. Box 807
Trenton, NJ 08625-0807
dennis.mcgowan@dhs.state.nj.us
(609) 943-4055

X. TECHNICAL ASSISTANCE TELEPHONE CALL

All applicants intending to submit a proposal in response to this RFP are invited to participate in one of two scheduled voluntary technical assistance conference calls on September 16 or 17, 2013. Please email Lisa Bethea (lisa.bethea@dhs.state.nj.us) to register for one of the two calls. She will provide you with the codes to participate.

XI. SUBMISSION INSTRUCTIONS

Applicants must submit a letter of interest by 3:00pm on September 13, 2013, via fax to fax number: 609-943-4669, or via email to dennis.mcgowan@dhs.state.nj.us and with a copy to andrea.brandsness@dhs.state.nj.us. The letter of interest must include the name of the agency, the address of the agency (including municipality and zip code), the agency's telephone number, the name of the person who will be entering the grant application on-line, the email address of the person completing the grant application and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE). Those applicants submitting a letter of interest will be sent an electronic grant application package.

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE) by 3:00 pm on October 4, 2013. Late submissions and paper submissions will not be accepted.

XII. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD

A panel comprised primarily of DoAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity, and quality of the proposal as well as the appropriateness and reasonableness of the budget (see Attachment I).

The DoAS reserves the right to reject any and all proposals when circumstances indicate that it is its best interest to do so. The DoAS will notify all applicants of preliminary award decisions no later than October 18, 2013.

XIII. APPEAL OF AWARD DECISIONS

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DoAS at the address below no later than 3:00 pm on October 25, 2013. The written request must set forth the basis for the appeal.

Appeals must be addressed to:

Nancy E. Day, Deputy Director
Division of Aging Services
240 West State Street
P.O. Box 807

Trenton, NJ 08625-0807
Fax: 609-943-4669

Please note that all costs incurred in connection with any appeals of DoAS decisions are considered unallowable costs for purposes of DoAS contract funding.

The DoAS will review appeals and render final funding decisions by October 30, 2013. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XIV. REQUIREMENTS FOR PROPOSALS

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE). Attachment F provides a detailed description of the information to be included in each section of the application, including page limits. Application evaluation criteria and scoring can be found in Attachment G.

The information/documents listed below are required for all providers under contract with DoAS (see Attachment F).

1. A copy of the applicant's code of ethics and/or conflict of interest policy;
2. A copy of the applicant's most recent organization-wide audited financial report;
3. A copy of the applicant's certification of incorporation;
4. A copy of the applicant's charitable registration status (if applicable);
5. A list of the board of directors, officers and their terms of office;
6. A list of those persons responsible and authorized within the organization to approve and certify binding documents, reports and financial information (DHS Standardized Board Resolution Form);
7. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made (if applicable);
8. A statement of assurance that all Federal and State laws and regulations are being followed. (Signed and dated)(Attachment B);
9. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Signed and dated) (Attachment C)
10. N.J.S.A. 52:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed & dated); and
11. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (Signed and dated) only for For-Profit organizations (see www.state.nj.us/treasury/purchase/forms.shtml).

These forms are available on the SAGE system (see Contract Reimbursement Manual and Contract Policy and Information Manual), included as attachments with this RFP, or provided by the agency. Required forms not already on SAGE must be signed, scanned and uploaded onto SAGE as Miscellaneous Attachments by the applicant.

ATTACHMENT A

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

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



ATTACHMENT B

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 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, 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 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 1975 c. 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.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. 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: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

ATTACHMENT C

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed

for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

ATTACHMENT D

Annex B Schedule 4: Related Organization

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

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

NOTE: Submit a completed Schedule 4 only if applicable.



Contract #: _____

DHS (REV 7/86)

Agency: _____
Contract #: _____

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICE
SCHEDULE 4: RELATED ORGANIZATION
Page _____ of _____

Purpose:
() Budget Preparation
() Expenditure Report
Period Covered: _____ to _____

Period Covered: _____ to _____

[illegible]

Attachment E

New Jersey Department of Human Services (DHS)
Instructions -For Adding a new Agency/Organizations Into SAGE
APPLICANT

First time applicants, whose organization has never registered in SAGE, need to complete this form and submit it to DHS. DHS staff will verify certain information to ensure you satisfy DHS requirements. When DHS requirements are met, your organization will be validated in SAGE.

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

Instructions:

- 1 **Complete FORM For Adding Agency Organizations Into SAGE**
- 2 **Identify** your **Authorized Official**. If you have none, have the Authorized Official register as a new user before this form is submitted. The new Authorized Official will be validated and assigned to the organization when the organization is validated.
- 3 **Sign a hard copy** of the **FORM For Adding Agency Organizations Into SAGE** and **submit** it via a FAX or email attachment to Noah Cencetti
 - a. FAX 609 943-3355
 - b. Email: noah.cencetti@dhs.state.nj.us
4. Any questions or technical assistance related to SAGE, contact Noah Cencetti at SAGE Helpdesk 609-943-3454 or via email noah.cencetti@dhs.state.nj.us

FORM For Adding Agency Organizations Into SAGE

Name (Exact Legal Name)*	
Federal Tax I.D. Number*	
NJ Vendor ID Number (Treasury ID Number)*	
DUNS Number*	
Address*	
City*	
State*	
Zip code*	
County*	
Phone Number*	
FAX Number	
Email*	
Website	
Authorized Official* (see note 1)	

* required information.

To be approved by DHS, your organization must have a (please verify below):

____ W-9 Vendor Identification Number in the State Treasury System

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

SIGNATURE _____ DATE _____

PRINT NAME: _____

Note 1. Identify your validated Authorized Official, or if none, identify Authorized Official and have them register as a new user before submitting. A newly registered Authorized Official will be validated when the organization is validated.

Attachment F

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR Medicare Special Benefits Outreach and Enrollment Assistance Grants on NJ System for Administering Grants Electronically (SAGE)

1. Upon approval of *Letter of Interest* submitted by applicant, organization will be granted access to the *MIPPA 2013* application on SAGE.
2. Log-into www.sage.nj.gov with user name and password you specified at the time of SAGE registration.
3. Once logged-in, on left side of screen see box **“MY DOCUMENTS”**
 - Click on drop-down menu to show “All My Documents” and click “GO”
 - click on *MIPPA 2013* ; then
 - click on **“CREATE NEW MIPPA 2013**
4. When asked “Are you sure you want to create a MIPPA 2013 application”, click “I Agree.”
5. On right side of screen go to box titled **FORMS**. Click on file marked **“Grant Application Forms”**

Will see the following forms listed:

 - Standard Language Document for Social Service and Training Contracts
 - DHS Organization Information Review Sheet
 - Application Summary
 - Project Location
 - Needs and Objectives of Project
 - Additional Site Locations
 - Miscellaneous Attachments
6. Click on **Standard Language Document for Social Service and Training Contracts**. This page will have a link to the contract agreement for the Department of Human Services containing the terms and conditions of the grant. Once you have read the agreement, you must check the certification box, insert the certifying officials name and title and save the page.
7. Click on **DHS Organization Information Review Sheet**. Questions are self explanatory. Click “save” when completed.
8. Click on **Application Summary**: Most questions are self explanatory. Here are tips for some of the questions:

- Project title: **MIPPA 2013** _____ (add whether you are applying for funding as a AAA/ADRC or a SHIP)
- Select Payment Plan as “**Cost-Reimbursement**”
- Certificate of Need is “**not required**”
- Name of NJDHS Program Manager: **Dennis McGowan**
- Type of Request: select **New**
- Budget Period and Project Period are the same: **11/01/2013 to 09/30/2014.**
- Funds requested: Enter **\$40,000**
- Funds from Other Sources: **none required.**

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

9. Click on **Project Location**: only list the county(ies) and municipalities where the MIPPA 2013 outreach and enrollment activities will be offered by your organization. Click “Save” when completed and click “Next”.
10. Click on **Needs and Objectives**:
- Assessment of Need:**
Up to 2 additional pages (double-spaced, 12 point font, 1 inch margins) may be included as an Attachment under “Miscellaneous Attachments” (excess pages will not be considered)
 - Objectives of the Project:**
Objectives must match the scope of service included in this RFP.
 - Cost of Project:**
Costs must match the budgeted amount of \$40,000.

Click “Save” when page completed and then click “Next”.

11. Click on **Additional Site Locations**: Complete this page only if you wish to include additional sites beyond those identified in Project Location. If no additional sites are planned, leave blank and save.

Click “**Save**” when page completed and then click “**Next**”.

12. Click on **Miscellaneous Attachments**:

Attachment #1

Needs Assessment: *Optional*

Up to two additional pages may be uploaded as needed to address items identified above. (12 point font, double-spaced, 1 inch margins)

Attachment #2

DHS Standardized Board Resolution Form *Required*

In this RFP packet, complete Attachment H and attach.

Attachment #3

DHS Statement of Assurances *Required*

In this RFP packet, complete Attachment B and attach.

Attachment #4

Certification Regarding Debarment, etc. *Required*

In this RFP packet, complete Attachment C and attach.

Attachment #5

Annex B Schedule 4: Related Organizations *Required, if applicable*

In this RFP packet, complete Attachment D and attach.

Attachment #6

Organizational Chart *Required*

Attach.

Attachment #7

NJ Charities Registration *Required, if applicable*

Attach.

Attachment #8

Proof of Non-Profit Status (501C3) *Required, if applicable*

Attach.

Attachment #9

Certificate of Incorporation *Required, if applicable*

Attach.

Attachment #10

Certificate of Employee Information Report (AA302) *Required*

Can be found at <http://www.state.nj.us/treasury/purchase/forms.shtml>. Attach.

Attachment #11

Proof of Indirect Rate *Required, if applicable*

Attach.

Attachment #12

Annual Audit Report or Statement of Gross Revenue *Required*

Attach.

Attachment #13

Audit engagement Letter *Required*

Attach.

Attachment #14

Insurance Policy *Required*
Attach.

Attachment #15

Consultant Agreements *Required, if applicable*
Attach.

Note: All required attachments must be uploaded into SAGE in order for the application to be considered for funding. Additional attachments (beyond those identified above) will not be considered as part of the application.

13. How to Submit Application to DHS

- a. After completing and saving all forms, return to main menu and click on your application in process in **MY ACTIVE DOCUMENTS**.
- b. In box **STATUS MANAGEMENT**, be sure that the next possible status indicates “application submitted”. If so, click “**Change Status**” and the application will be updated from “application in process” to “**Application Submitted**”.
- c. If any forms are incomplete, you will see an error message with details on missing information.
- d. You can view and print a pdf copy of your application by clicking on the link at the bottom of the forms section that says “view full grant application pdf.”

IMPORTANT REMINDER:

All MIPPA 2013 applications must be submitted on SAGE before 3:00 PM, Friday, October 4, 2013

For Questions contact:

Dennis McGowan
Division of Aging Services, NJ Department of Human Services
Phone: 609-943-3500
Email: dennis.mcgowan@dhs.state.nj.us

APPLICATION EVALUATION CRITERIA

Needs and Objectives – 40 Points

- Needs – 15 Points – Packet indicates an applicant that has identified the barriers and challenges facing the target population and established the need for grant activities.
- Objectives – 25 Points – Packet indicates an applicant that has identified what they intend to accomplish if funded.

Targeting, Methods and Evaluation - 50 Points

- Targeting – 10 Points – Packet indicates an agency that has successfully worked with targeted population in the past and could effectively outreach, educate and enroll individuals in programs that are the subject of this grant (i.e., MSP, LIS and Medicare health promotion and disease prevention services).
- Methods – 30 Points – Packet indicates an applicant that, using the identified methods, is capable of accomplishing the objectives.
- Evaluation – 10 Points – Packet indicates an applicant that will monitor their success in meeting the objectives and adjust plans accordingly.

Budget - 10 Points

- Packet identifies an applicant that will use grant funding efficiently to effectively accomplish objectives.

Attachment H

**State of New Jersey
Department of Human Services**

SUBJECT: Standardized Board Resolution Form

EFFECTIVE: This policy shall become effective August 1, 2009.

PROMULGATED: July 20, 2009

SUPERCEDES: Standardized Board Resolution Form, promulgated November 21, 2007

PURPOSE: The purpose of this policy circular is to standardize the content of the Provider Agency Board Resolutions across all Department of Human Services (DHS) Departmental Components to assure that all of the required obligations are identified and committed to by the Provider Agency Board.

I. SCOPE

This policy circular applies to all DHS Third Party incorporated contracted Provider Agencies, Universities/Colleges and for-profit organizations.

II. POLICY

Periodically Boards of Directors in conducting the business of their organizations attest to their actions or decisions by way of written resolutions. The DHS requires Contract Providers to complete and file the attached standard board resolution when executing a DHS Third Party Social Service Contract.

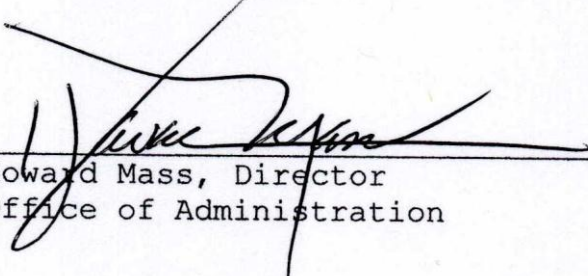
A. Requirements for completion, updating and submission

The Attachment I, Page 1 is to be completed by the Agency and the same for Attachment II.

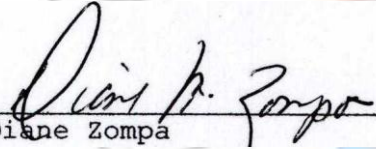
When any changes occur which would affect the contents of the form, the Board is to convene and complete a new Board Resolution and submit it to the Departmental Component within 10 business days of the change unless otherwise specified in the DHS policy.

The completed form is to be returned to the Departmental Component with all other required contract documents as part of the contract package. (See Policy Circular P1.01, Documents and Conditions Required for Processing, Executing and Documenting a DHS Third Party Contract.)

Issued by:



Howard Mass, Director
Office of Administration



Diane Zompa
Chief of Staff
Department of Human Services

STANDARDIZED BOARD RESOLUTION

The Board endorses the following commitments as defined in this document:

1. Health Insurance Portability and Accountability Act (HIPAA) *

Specific to HIPAA (Health Insurance Portability and Accountability Act), the above noted Provider Agency is either (check A or B):

☐ A) a covered entity (as defined in 45 CFR 160.103)

☐ B) a non-covered entity and has executed a DHS Business Associate Agreement (BAA) last dated _____.

☐ C) a non-covered entity that will not be receiving or sharing personal health information.

Once executed, the BAA will be included in the Departmental Component's official contract file. The BAA *will be considered applicable indefinitely* unless there is a change in the Provider Agency's status, information or the content of the BAA, in which case it is the responsibility of the contracted Provider Agency to revise the BAA.

The Board agrees that if there is *any change* in their BAA Status the Departmental Component will be immediately notified and the appropriate information provided within 10 business days.

*** This section is not applicable for DCF Office of Education Contracts.**

2. Legal Advice

The Board acknowledges that the Department of Human Services does not and will not provide legal advice regarding the contract or about any facet of the relationship between the Department of Human Services and the Provider Agency. The Board further acknowledges that any and all legal advice must be sought from the Provider Agency's own attorneys and not from the Department of Human Services.

Page 1 of 1

DEPARTMENT OF HUMAN SERVICES (DHS)

Standardized Board Resolution Form

Supporting Information for Contract # _____ for Contract
Period _____ to _____.

Agency: _____

Certification:

We certify that the information contained in, or included with, this contract document is accurate and complete.

Chairperson, Board of Directors Date

Executive Director Date

Authorized Signatories for Contract documents, checks and invoices are:
(List full name and title) (add additional pages, if needed)

Name Title

Name Title

Name Title