JUVENILE JUSTICE COMMISSION

CONSORTIUM OF COMMUNITY-BASED PROVIDERS APPLICATION

Thank you for your interest in becoming a service provider for youth who currently reside within New Jersey's Juvenile Justice Commission (JJC). The JJC assists youthful offenders to achieve successful reentry back to their communities through a network of support services and personal skill development that strengthens their levels of self-sufficiency. We are always seeking ways to provide the most effective educational, therapeutic, and programmatic opportunities to help young people achieve their potential.

The JJC is looking to develop a consortium of community-based providers to bring an array of prosocial activities and growth opportunities to youth. The ideal applicant must provide services on-site (residential and/or secure care facilities) and believe in the power that kindness, compassion, and kinship have to transform lives.

Applicants who meet the minimum eligibility requirements and complete the written application may be required to participate in an in-person and/or telephone interview. The interview will be scored and incorporated into the overall applicant total score. Interviews will take place in February 2020. Applications that do not score a minimum of 80 out of 100 possible points will not be considered for funding.

Deadline by which applications must be submitted

Applications and all required attachments must be received by 3:00 pm on January 31, 2020. Applicants must submit an application electronically to howcanihelpkids@jjc.nj.gov.

Date by which applicants will be notified of approval or disapproval:

Applicants will be notified no later than March 6, 2020.

PROVIDER INFORMATION

			_								
Service Provider/Business Name: Click or t	ap here to enter to	ext.									
Service Provider/Business Address: Click o	r tap here to enter	r text.									
Contact Person: Click or tap here to enter te	ext. Cor	Contact Phone #: Click or tap here to enter text									
Contact Email: Click or tap here to enter text.											
Description of Provider/Business: Click or tap here to enter text.											
Provider Website: Click or tap here to enter											
•											
Do you have a Federal ID Number?		NJ START Number?									
Business Entity Type (Please check one):	☐ Partnership		☐ Corporation								
	□ Non-profit	□ Indiv	idual								

Please select the services you would like to provide from the categories listed below. You may select more than one service.											
ART & DESIGN		CULTURE									
Selection 1		Selection 1									
Selection 2			Selection 2								
Selection 3		Selection 3									
MEDIA		DRAMA &THEATRE									
Selection 1			Selection 1								
Selection 2			Selection 2								
Selection 3			Selection 3								
SPORTS & PHYSICAL RECREA	TION	SELF-CARE & WELLNESS									
Selection 1			Selection 1								
Selection 2			Selection 2								
Selection 3			Selection 3								
LANGUAGE & LANGUAGE A	RTS	OTHER/MISC									
Selection 1		enter text									
Selection 2											
Selection 3											
MUSIC											
Selection 1											
Selection 2											
Selection 3											

PROVIDER EXPERIENCE AND PHILOSOPHY 25 pts 1. What services do you provide and what role do you play in the delivery of services? Click or tap here to enter text. 2. Describe any experience you have working with youth/young adults ages 14-25. Click or tap here to enter text. 3. Describe any experience you have working with youth/young adults involved in the justice system. Click or tap here to enter text. 4. Describe any experience you have working with families of system involved youth. Click or tap here to enter text. 5. Briefly describe your involvement within your community and the role of community in the success of young people. Click or tap here to enter text. 6. Why are you interested in this partnership? Click or tap here to enter text. **AVAILABILITY** 25 pts 7. The JJC operates Residential Community Homes (RCH) and Secure facilities for male and female youth. All facilities are male unless otherwise noted. Please check all locations where you are interested in providing services. Secure Facilities ☐ New Jersey Training School Juvenile Medium Security Facility Monroe, Twp. NJ Bordentown, NJ (Middlesex County) (Burlington County) ☐ Juvenile Female Secure & Intake Facility Bordentown, NJ (Burlington County)

Re	side	ntial Co	<u>ommuni</u>	ity Homes							
	☐ Albert Elias RCH Bordentown, NJ (Burlington County)					Northern Region Independence & Reentry Success Center Newark, NJ (Essex County)			ce & [Voorhees RCH Glen Gardner, NJ (Hunterdon County)
	☐ Costello Prep Tabernacle, NJ (Burlington County)					Ocean RCH Forked River, NJ (Ocean County)			[Warren RCH Program Oxford, NJ (Warren County)
		Hopev	D.O.V.E.S Female RCH						[Southern RCH Little Egg Harbor, NJ (Atlantic County)
			RCH yood, NJ ic County			Vineland		ory Academ y)			
8. Please provide the days of the week and times you are available to provide services.											
	Mo	Monday □ AM □ PM Tuesday □ AM □ PM Wednesday □ AM □									l PM
	Th	ursday	□ AM	□ PM	Friday		□ PM	Saturday	\Box AM	[[] PM
	Su	nday	□ AM	□РМ							

SERV	ICE	DELI	VERY .	AND BUD	OGET						<u>25 pts</u>
9.	9. Please describe how your service delivery is structured. For example, are your services standalone sessions, and if so, how long is each session (1 hour, 2 hours, etc.)? Is it a 6-week course, delivered in 1-hour sessions? What is the maximum number of youth who can participate in each session? Click or tap here to enter text.										
10.	10. Please provide an all-inclusive cost for your service that ties back to the structure you have described in #9 above. For example, what is the total cost of each session, or what is the total cost for the 6-week course? Click or tap here to enter text.										
11.	11. Are you willing to maintain connections with youth upon their transition home to the community following their stay with the Juvenile Justice Commission? ☐ Yes ☐ No Please elaborate: Click or tap here to enter text.										
12.	 Do you or any of your staff have an established relationship with JJC or any JJC staff? ☐ Yes ☐ No If yes, please describe: Click or tap here to enter text. 										
13.	Но	w did y	you lear	n about thi	s opportur	nity? Click	or tap he	re to enter to	ext.		