|  |  |  |
| --- | --- | --- |
|  |  | |
|  |  | **Proposal Cover Sheet** – (signed and dated)Use the RFP forms found directly under the Notices section on  Website: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)  Form: <http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc> |
|  |  | **Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies. |
|  |  | **Proposal Narrative** in following order **25 pages**   1. Applicant Organization 2. Program Approach 3. Evaluation, Reporting and Quality Improvement   **Please note**: Additional pages can be added to the original 25 page limit, **ONLY** if you are applying to provide services in more than one county. You will be allowed 1 (one) additional page for each additional county that you are applying to serve. If you are only applying to serve 1 (one) county, you are not allotted any additional pages. |
|  |  | **Part II: Appendices** |
|  |  | **Exhibit E County of Service Checklist –** Indicating the county(ies) for which you are proposing to provide service. |
|  |  | **Exhibit G Budget Spreadsheet and Budget Narrative for each County Proposed-** Please include one spreadsheet for each county you are applying to provide service. In addition, include a narrative for each budget spreadsheet presented for each county. |
| 1. 1 |  | **Job descriptions** of key personnel, **resumes** if available for key personnel (please do not provide home addresses or personal phone numbers |
|  |  | **Staffing patterns-** include proposed county level teams |
|  |  | Current or Proposed Agency **Organization Chart** |
|  |  | **Exhibit H Proposed** **Program Implementation Timeline** |
|  |  | **Outcome/Evaluation Data** for existing FPS program or other programming, if applicable |
|  |  | **Attestation Statement** regarding participation in required training, coaching, and evaluation activities. |
|  |  | **Safe-Child Standards Description** of your agency’s implementation of the standards (no more than 2 pages) |
|  |  | Copy of agency’s **Conflict of Interest policy** |
|  |  | Copies of any **audits** or reviews completed or in process by DCF or other State entities from **2014 to the present**. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant’s position. If not applicable, include a written statement. |
|  |  | Dated List of Names of **Board of Directors**   1. Titles, 2. Address **and** 3. Terms |
|  |  | **S.208-Departmental Agreement with Another State Agency-Signed and Dated**  <http://www.dcf.state.nj.us/businessoperations/contractadmin/Documents/2032008.pdf> |
|  |  | Document showing **Data Universal Numbering System** (**DUNS**) Number  [2006 Federal Accountability & Transparency Act (FFATA)]  Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
|  |  | **System for Award Management** (**SAM**) printout (**or Renewal**) showing "**active**" status (free of charge).  Website: <https://www.sam.gov/portal/public/SAM>  Helpline: 1-866-606-8220 |
|  |  | **Applicable Consulting** **Contracts**, Affiliation **Agreements**/**Memoranda** of Understanding related to this RFP. If not applicable, include a written statement |
|  |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
|  |  | **Professional Licenses** related to job responsibilities for this RFP.  If not applicable, include a written statement |
|  |  | **Affirmative Action Certificate** -or- **Renewal Application** [AA302] sent to Treasury  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> |
|  |  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
|  |  | **Disclosure of Investment Activities in Iran** (PDF) (signed and dated)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
|  |  | **Chapter 271**\*\* Signed and dated  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf> |
|  |  | **Source Disclosure Certification** Form [P.L. 2005, c 92-formerly Executive Order 129] (signed and dated)  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf> |
|  |  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions (signed and dated) [Version: Rev 4/17/15]. See instructions for applicability to your organization.  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  If not applicable, include a written statement. |
|  |  | **Certification Regarding** **Debarment-(Signed and dated)**  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
|  |  | **Statement of Assurances** – **(Signed and dated)**Use the RFP forms found directly under the Notices section:  Website: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)  Form: <http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc> |
| 1. 9. |  | Most recent **Audit or Financial Statement** (**certified by accountant** or accounting firm)  Audit: For agencies expending over $100,000 in combined Federal/State Awards -**or**-  Financial Statement: For agencies expending under $100,000  Policy: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf> |