**Licensed Substance Use Disorder Treatment Continuum of Care for Women with Dependent Children Checklist**

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|  | **Part I: Proposal** | |
| 1 |  | **Proposal Cover Sheet** – 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> |
| 2 |  | **Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I: Proposal & Part II: Appendices for paper, CD, and electronic copies. |
| 3 |  | **Proposal Narrative** in following order: **25 Page Limitation**   1. Applicant Organization 2. Demonstration of Ability to Be Operational 3. Program Approach 4. Outcome Evaluation 5. Budget Narrative |
|  |  | **Part II: Appendices** |
| 4 |  | **Job descriptions** of key personnel ( required) and  Resumes, if available, for key personnel (please do not provide home addresses or personal phone numbers |
| 5 |  | **Current and Proposed Agency Organization Chart** |
| 6 |  | **Proposed** **Program Implementation Schedule** |
| 7 |  | **Logic Model** |
| 8 |  | **Program Evaluation** **Tools** |
| 9 |  | **Validated intake and assessment tools** including any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program’s services, and to measure a parent’s and/or her children’s progress toward their treatment plan goals |
| 10 |  | **Clinical Documentation Forms** (e.g., treatment plans, intake and assessment forms, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary) |
| 11 |  | **Sample Treatment Plan** and **Discharge Summary** |
| 12 |  | Requested **Agency Policies and Protocols** |
| 13 |  | Copies of **all substance use disorder facility licenses** from DHS OOL or another State’s licensing authority |
| 14 |  | Copy of **child care licensure** (if being provided off site) |
| 15 |  | **Attestation #1**- (signed & dated) that the appropriate certificate of occupancy for the new physical site has been or can be obtained from the local municipality where the proposed program will be sited. |
| 16 |  | **Attestation #2** – (signed & dated) that upon notification of the award, an application for licensure (including the required fee) will be submitted to DHS OOL. |
| 17 |  | **Attestation #3** – (signed & dated) that within one (1) month of the award, co-occurring policies and procedures for the new facility will be submitted to DHS OOL for review and approval. |
| 18 |  | Applicable Consulting **Contracts**, Affiliation **Agreements**, **Memoranda** of Understanding, Letters of Commitment and other supporting documents related to this RFP. If not applicable, include a written statement. |
| 19 |  | DCF **Annex B** Budget Forms**\*** |
| 20 |  | **Safe-Child Standards Description** of your agency’s implementation of the standards (no more than 2 pages) |
| 21 |  | Copy of agency’s **Conflict of Interest policy** |
| 22 |  | Copies of any corrective action plans, **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. |
| 23 |  | Dated List of Names of **Board of Directors** including**:**   1. Titles, 2. Address, **and** 3. Terms   or- **Managing Partners**, if an LLC or Partnership |
| 24 |  | **Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
| 25 |  | Document showing **Data Universal Numbering System** (**DUNS**) Number  [2006 Federal Accountability & Transparency Act (FFATA)]  Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
| 26 |  | **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 |
| 27 |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
| 28 |  | **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> |
| 29 |  | **Certificate of Incorporation**  Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> |
| 30 |  | For Profit: **NJ Business Registration** Certificate with the Division of Revenue. See instructions for applicability to your organization.  Website: <http://www.nj.gov/njbusiness/registration/>  If not applicable, include a written statement. |
| 31 |  | **Agency By-laws or Management Operating Agreement if an LLC** |
| 32 |  | **Tax Exempt Certification ( Non profits only)**  Website: <http://www.state.nj.us/treasury/taxation/exemption.shtml> |
| 33 |  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
| 34 |  | **Disclosure of Investment Activities in Iran** (PDF)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 35 |  | For Profit: **Statement of Bidder/Vendor Ownership Form** (PDF)  See instructions for applicability to your organization. Form: <http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf>  If not applicable, include a written statement |
| 36 |  | **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> |
| 37 |  | **Source Disclosure Certification** Form [P.L. 2005, c 92-formerly Executive Order 129]  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf> |
| 38 |  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions [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 |
| 39 |  | **Annual Report to Secretary of State**  Website: <http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml> |
| 40 |  | **Certification Regarding** **Debarment**  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
| 41 |  | **Statement of Assurances** -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> |
| 42 |  | **Tax Forms:**  Non Profit: **Form 990** Return of Organization Exempt from Income Tax  For Profit: **Form 1120** US Corporation Income Tax Return -**or**-  LLC: **Applicable Tax Form** and may delete or redact any SSN or personal information |
| 43 |  | **New Requirement: For the ramp up period we want a first year budget and then a second year budget for the operational budget.** |