**Exhibit D**

**CSOC Post-Award Documents Required To Be Submitted for Contract Formation**

**If the Response to the Out of Home RFP Results in an Award**

Rev. 10-4-16

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| ▶ | **contract documents to be submitted after award with the initial contract:** | |
| 1 |  | **Acknowledgement of Receipt** of NJ State Policy & Procedures returned to the DCF Office of EEO/AA  Form: <http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>  Policy: <http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf> |
| 2 |  | For Each Site Hosting Youth: **Certificate of Occupancy** --or-- Continued Certificate of Occupancy  (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement. |
| 3 |  | For Each Site Hosting Youth: Copy of **Lease, Mortgage** --or--  **Deed**  (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement. |
| 4 |  | Document showing **NJSTART** Vendor ID Number (NJ’s eProcurement system)  Website: <https://www.njstart.gov>  Help Desk: Call 609-341-3500 --or-- Email [njstart@treas.nj.gov](mailto:njstart@treas.nj.gov) |
| 5 |  | If ApplicableSigned **Schedule of Estimated Claims** (SEC) - Provided by contract administrator if applicable |
| 6 |  | **Updated Annex B Budget Form** -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet)  Annex B: <http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>  Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab. |
| 7 |  | **Updated Program Staffing Summary** Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP  Form: ProgramStaffingSummaryReport.xlsm  Website: <http://nj.gov/dcf/providers/contracting/forms/csoc.html> |
| 8 |  | A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications. |
| 9 |  | Medicaid Provider Enrollment Application provided by Contract Administrator. |
| ▶ | **contract documents to be submitted after award with the initial contract & when renewed or amended:** | |
| 10 |  | If Applicable **Annex A** (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other **CSOC Approved Form**  Annex A: <http://www.nj.gov/dcf/providers/contracting/forms>  CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR) |
| 11 |  | If Applicable **Annex A Addendum** (For Each Program Component) - Submitted online in CYBER |
| 12 |  | If Applicable **Annex B-2** - Provided by contract administrator if applicable |
| ▶ | **contract documents to be submitted after award & annually updated thereafter:** | |
| 13 |  | **Liability Insurance** (Declaration Page and/or Malpractice Insurance)  1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and--  2. Policy should state in writing that DCF is an "additional insured"  Refer to policy for Minimum Standards for Insurance:  <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf> |
| 14 |  | **Employee Fidelity Bond** Certificate (commercial blanket bond for dishonest acts)  Refer to policy for Minimum Standards for Insurance: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf>  Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds $50,000. If not applicable, include a written statement. |
|  | **contract documents to be submitted after award & annually thereafter:**  (continued) | |
| 15 |  | **Notification of Licensed Public Accountant** (NLPA) --and-- copy of non-expired **Accountant Certification**  Form: <http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc>  Note: Not required for agencies expending under $100,000 in combined Federal/State Awards. If not applicable, include a written statement. |
| 16 |  | For Each Site Hosting Youth :  **Health/Fire Certificates** (e.g. AAS, OVR, OOH programs)  If not applicable, include a written statement. |
| 17 |  | For Each Site Hosting Youth: Current **DCF Office of Licensing Certificate** (e.g. OVR & OOH programs)  If not applicable, include a written statement.  Website: <http://www.state.nj.us/dcf/about/divisions/ol/index.html> |
| 18 |  | **Equipment Inventory** for items purchased with DCF Funds - If not applicable, include a written statement.  Policy: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf> |
| 19 |  | Cost Reimbursement Contracts Only: **Annual Report of Expenditures** (ROE) Annex B  Interim (15 days of end of 6th month) -and- Final (120 days of FY end)  Form: <http://nj.gov/dcf/providers/contracting/forms/>  Submit To: [ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us](mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us) |
| 20 |  | **Significant Events** (see DCF.P1.11)  Website: <http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf> |
| ▶ | **contract documents to be maintained onsite by provider:** | |
| 21 |  | Copy of Most Recently Approved **Board Minutes** |
| 22 |  | **Personnel Manual** and **Employee Handbook** (include staff job descriptions) |
| 23 |  | **Affirmative Action Policy/Plan** |
| 24 |  | **Conflict of Interest Policy** and **Attestation**  Form: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf> |
| 25 |  | **Procurement Policy**  Policy: <http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf> |