

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Aging Services

Request for Proposals

**MIPPA 2014: Medicare Special Benefits
Outreach and Enrollment Assistance**

**Nancy E. Day
Director**

November 7, 2014

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**State of New Jersey
Department of Human Services
Division of Aging Services
Request for Proposals**

MIPPA 2014: 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 December 1, 2014, through September 29, 2015.

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, 2010 and 2013 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 and 2013 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 15,000 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 enrolled individuals, 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 3,500 new applications for LIS and/or MSP.

IV. REQUIRED SERVICE COMPONENTS (SCOPE OF SERVICE)

1. Applicants and their partners, if applicable (see #12 below) will participate in a webinar on how to help clients complete 1) the SPAP applications, through which individuals can be enrolled in LIS and screened for MSP, and 2) to help clients complete the MSP-Only application sent directly to individuals based on possible eligibility for the program on the SPAP application, in response to periodic SSA data-feeds received by the SPAP, or upon request.
2. Applicants will use county and zip code specific data provided by CMS to target outreach efforts to beneficiaries who are likely eligible, but not enrolled in LIS.
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, Medicare Part D 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.
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, posters and wellness pledge/doctor appointment cards, produced by DoAS.

8. Applicants will work one-on-one with beneficiaries to complete applications for MSP and/or LIS. Each grantee will meet or surpass a goal of generating 350 applications from individuals likely to qualify for assistance.
9. Applicants will conduct follow-up activities (calls, emails, mail and/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 serve on a statewide project consortium to meet monthly via conference call, and/or quarterly in-person meetings in the Trenton area.
11. Applicants will report monthly on all programmatic grant activity using a short form provided by DoAS.
12. Applicants will submit financial reports quarterly via the SAGE system.
13. Applicants will be responsible for the outlined scope of work, including reporting requirements, but may conduct the activities themselves or contract with a community-based organization or other non-profit social service agency for some or all project activities.
14. Applicants must dedicate a minimum of 25 percent of their grant allocation for promotional (i.e. non-administrative) purposes.

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 working on this grant program must partner with a participating AAA/ADRC or SHIP.
2. The applicant must be a fiscally viable for-profit organization, non-profit organization, or governmental entity and document demonstrable experience in successfully providing evidence-based disease prevention and health promotion programs.
3. The applicant must be duly registered to conduct business in the State of New Jersey.
4. 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.
5. 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.

6. 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).

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 November, 21, 2014. Applicants may begin completing their applications online November 13, 2014.

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 C) 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 on page 10, "Instruction for Completion of MIPPA Grant Application 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. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at 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 ten (10) 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 at www.state.nj.us/humanservices/providers/grants/rfprfi, **OR** **contact:**

Dennis McGowan, Acting Manager
Community Resources, Education and Wellness Unit
Division of Aging Services
P.O. Box 807, Trenton, NJ 08625-0807
dennis.mcgowan@dhs.state.nj.us
(609) 588-6653

X. TECHNICAL ASSISTANCE TELEPHONE CALL

All applicants intending to submit a proposal in response to this RFP are invited to participate in a scheduled voluntary technical assistance conference call/Go-To-Training session on November 18, 2014. Email Dennis McGowan (dennis.mcgowan@dhs.state.nj.us) to register for the session. He will provide you with the webinar link and call-in codes to participate.

XI. SUBMISSION INSTRUCTIONS

Applicants must submit a letter of interest by 3:00pm on November 12, 2014. 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 agency's tax ID number, the name and email address of the person who will be entering the grant application on-line, and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE). Letter must be emailed to dennis.mcgowan@dhs.state.nj.us or faxed to 609-588-7630.

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE) by 3:00 pm on November 21, 2014. 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 F).

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 November 26, 2014.

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 November 28, 2014. The written request must set forth the basis for the appeal.

Appeals must be faxed or emailed to:

Nancy E. Day, Director
Division of Aging Services
Fax: 609-588-7683
Email: doas@dhs.state.nj.us

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 December 1, 2014. 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). Section XV 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 F.

Grant Application Forms:

The information/sections listed below will appear in SAGE under Forms as Grant Application Forms. Open each section and fill in the required information. If not required, then N/A appears and no action is needed.

1. Application Summary
2. Project Location
3. Statement of Local Government Public Health Partnership
4. Needs and Objectives
 - a. Assessment of Need(s) – List the need(s) which illustrate the reason for the project.
 - b. Objective(s) – Objective(s) must include the scope of service in Section IV.
 - c. Cost of Project - \$40,000
5. Methods and Evaluation of Project
6. Schedule A – Full Time Personnel Costs
7. Schedule A – Part Time Personnel Costs
8. Schedule B – Consultant Services Cost
9. Schedule C – Other Cost Categories
10. Funds and Program Income from Other Sources related to this Application (if applicable)
11. Cost Summary – SAGE will populate this summary based on information entered on Schedule C
12. Schedule D – Officer and Directors List
13. Schedule G - Certification Regarding Debarment and Suspension
14. Schedule H – Certification Regarding Lobbying
15. Schedule I – Certification Sheet
16. Schedule J – Agency Minority Profile
17. Schedule K – Certification Regarding Environmental Tobacco Smoke
18. Schedule L – Statement of Assurance
19. Required Attachments – Detailed below
20. Miscellaneous Attachments – Detail below

Required Attachments:

The information/sections listed below will appear in SAGE under Forms as Grant Application Forms. Open each section and fill in the required information. If not required, then N/A appears and no action is needed.

1. Organizational Chart
 2. NJ Charities Registration (if applicable)
 3. Proof of Non Profit Status (if applicable)
 4. Certificate of Incorporation
 5. Certificate of Employee Information Report (AA302) which can be found at <http://www.state.nj.us/treasury/purchase/forms.shtml>
 6. DHS Standardized Board Resolution Form which can be found at http://www.state.nj.us/humanservices/ocpm/policies/P1ContractNegRevisions/P1_06.pdf)
 7. Business Associate Agreement - Located in SAGE under "Grant Manual and Policies"; must be printed, signed, scanned, and uploaded. This is required even if the agency is a covered entity and has previously signed a Business Associate Agreement.
 8. Copy of Interest Bearing Bank Account Statement – N/A
 9. Proof of Indirect Rate – N/A
 10. Program Income Statement (if applicable)
 11. Audit Engagement Letter
 12. Staff Resumes – N/A
 13. Salary Ranges – N/A
 14. Salary Policy – N/A
 15. Travel Policy – N/A
 16. Telephone Policy – N/A
 17. Maintenance Agreements – N/A
 18. Lease or Mortgage Document – N/A
 19. Insurance Policy - Current Liability Insurance Declaration page
 20. Cost Allocation Plan – N/A
 21. Estimate for Equipment – N/A
 22. Computer Security Policy – N/A
 23. Consultant Agreements (if applicable)
 24. Statement of Gross Revenue (if applicable)
- OR
25. Annual Audit Report
 26. Tax Clearance Certificate – N/A

Miscellaneous Attachments:

The following items are required, unless otherwise noted, and must be uploaded as Miscellaneous Attachments.

1. Plan for Sustainability – Upload one page (12 point font, double-spaced, 1 inch margins) to address the applicant's plan for sustainability beyond the grant period.
2. A copy of the applicant's Code of Ethics and / or Conflict of Interest Policy.

3. 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).
4. Cover Sheet – Print, complete, and upload (Attachment C from RFP Package).
5. Disclosure of Investment Activities in Iran – Print, complete, and upload. (Attachment D from RFP Package).
6. Annex B Schedule 4 – Print, complete, and upload if applicable. (Attachment E from RFP Package).

XV. INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR MIPPA 2014: Medicare Special Benefits Outreach and Enrollment Assistance on the 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 2014 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 Outreach and Enrollment 2014; then
- Click on “CREATE NEW MIPPA Outreach and Enrollment 2014”

4. When asked “Are you sure you want to create a MIPPA 2014 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
- Methods and Evaluation of Project
- Schedules A – L
- Required Attachments
- 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. **NOTE:** The certifying official on this document must be the same individual named on the DHS Standardized Board Resolution Form.

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 2014 _____ (add an agency identifier)
- 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:
12/01/2014 to 9/29/2015.
- 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 2014 outreach and enrollment activities will be offered by your organization. Click "Save" when completed and click "Next".

10. Click on Needs and Objectives:

a. 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).

b. Objectives of the Project: Objectives must match the scope of service included in this RPF.

c. Cost of Project: Cost must match the budgeted amount of \$40,000
Click "Save when page completed and then click "Next".

11. Click on Methods and Evaluation of Project

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).

Click "Save" when page completed and then click "Next".

12. Click on Schedules A - L

See page 7 in this RFP

13. Required Attachments
See page 8 in this RFP

14. Miscellaneous Attachments
See page 8 in this RFP

IMPORTANT NOTE: Person listed on the Standard Language Document for Social Service and Training Contracts form must be the same person saving the page in SAGE. This person must also be listed on the DHS Standardized Board Resolution as “Authorized Person for Contract documents”

The same person must also certify Schedules G, H, I, K & L, and same person must sign the Business Associates Agreement.

How to Submit Application to DHS

After completing and saving all forms, return to main menu and click on your application in process in MY ACTIVE DOCUMENTS.

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”.

If any forms are incomplete, you will see an error message with details on missing information.

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.”

The SAGE system will not email you a confirmation of submission. To verify submission, click the Application Menu. The status will be “Sent to DHS”.

IMPORTANT REMINDER:

All MIPPA Outreach and Enrollment 2014 applications must be submitted on SAGE before 3:00 PM, November 21, 2014.

For questions contact:

Dennis McGowan
Division of Aging Services, NJ Department of Human Services
Phone: 609-588-6653
Email: dennis.mcgowan@dhs.state.nj.us

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

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 Bruce Sutton
 - a. FAX 609-588-3326
 - b. Email: bruce.sutton@dhs.state.nj.us
4. For questions or technical assistance related to SAGE contact Bruce Sutton at the SAGE Helpdesk 609-588-6789, or Noah Cencetti at 609-588-6535 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 C

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Aging Services
Cover Sheet**

Name of RFP _____

Incorporated Name of Applicant:

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number:

Charities Reg. Number (if applicable):

Address of Applicant:

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email:

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Authorization: Chief Executive Officer (printed name):

Signature: _____ Date: _____

ATTACHMENT D

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Applicant / Bidder: _____

PART 1: CERTIFICATION
APPLICANT / BIDDER MUST COMPLETE PART 1 BY CHECKING EITHER BOX.
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

_____ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the NJ Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

_____ I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

Using attached sheets, provide a detailed, accurate and precise description of the activities of the bidding person/ entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above.

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (print): _____

Signature: _____

Title: _____

Date: _____

ATTACHMENT E

Annex B Schedule 4

The purpose of the Annex B: Contract Information Form is to provide general information about the provider agency, the contracts it has with the Department and other organizations and agencies, and the services it provides.

Report on schedule 4 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.

Additional explanation and all forms related to the Annex B are located at www.state.nj.us/humanservices/ocpm/home/resources/manuals/ under SECTION 5-Standard Contract Fiscal Annexes

NOTE: Submit a completed Schedule 4 only if applicable.

Agency: _____
Contract #: _____

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

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

NAME OF RELATED ORGANIZATION(S)	TYPE OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATION(S)	EXPLAIN RELATIONSHIP	COST	NAME AND COLUMN NUMBER OF PROGRAM/COMPONENT CHARGED

Attachment F

APPLICATION EVALUATION CRITERIA

Needs and Objectives – 30 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 – 15 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.

Sustainability - 10 Points

- Sustainability – 10 Points – Packet indicates an applicant that is committed to continuing to help eligible individuals access MSP, LIS and Medicare health promotion and disease prevention services after the grant period ends.