

STATE OF NEW JERSEY
JUVENILE JUSTICE COMMISSION

AGENCY CONTRACT PROPOSAL

"ANNEX A"

Contract #: _____
(JJC Will Provide)

Provider Agency Name: _____

Chief Executive Officer: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Program Name: _____

Program Director: _____

Title: _____

Program Site Address: _____

Telephone Number: _____

Fax Number: _____

*Taxpayer Identification #: _____

*NOTE: Complete and attach W-9/Vendor Questionnaire

Type of Corporation:

- Private Non-Profit
- Private For-Profit
- Public
- Individual

Agency Fiscal Year: _____

Proposed Contract Ceiling: _____

Proposed Effective Dates: _____ to _____

PROPOSED CONTRACT SERVICES:

PROGRAM GOAL(S):

MEASURABLE PROGRAM OBJECTIVES:

DAILY SCHEDULE OF ACTIVITES:

TARGET POPULATION:

ELIGIBILITY CRITERIA: (include agency specific and court and/or Juvenile Justice Commission classification eligibility criteria if applicable)

AVERAGE LENGTH OF PARTICIPATION:

DAILY CAPACITY: (How many youth can be served at one time. This will be your level of service and will be put on the weekly count report)

TOTAL NUMBER OF YOUTH TO BE SERVED DURING CONTRACT YEAR:

PROGRAM OUTLINE:

Client Assessment (Indicate if a written needs assessment will be completed and what format will be used).

Service/Treatment Plan (indicate if a written service/treatment plan will be completed and what format will be used).

Service-In House: (Indicate what services will be provided by the agency and staff).

Services – Community Linkages (indicate what services will be provided through community linkages and whether or not these services will be provided through a formal agreement or on a referral basis only).

DISCHARGE CRITERIA:

AFTERCARE PLANNING:

AFTERCARE PROVIDED BY AGENCY:

CONTRACT INFORMATION FOR RENEWAL CONTRACTS WITH THE COMMISSION

Contract Accomplishments: (address each objective listed in the Annex A of the contract expiring, demonstrating that objectives were met or explaining why they were not met).

Statistics:

Number of Program Participants: _____

Number of Program Completions: _____

Number of Program Incidents: _____

Problems Encountered by the Contractor in the Delivery of Services:

BUDGETARY INFORMATION:

Fixed Price

(Price analysis is the evaluation of data without analysis of the separate cost components and profit which will assist in arriving in prices to be paid and costs to be reimbursed).

Agency Cost Data

(Cost analysis is the evaluation of cost data for the purpose of establishing estimates of costs to be reimbursed. Cost data is factual information concerning the cost of labor, materials, supplies, overhead and other related cost components).

NOTE: Must attach budgetary date for Juvenile Justice Commission evaluation.

Unit(s) of Service:

Hours

Sessions

Classes

Courses

Program

Other (Describe): _____

DESIRED METHOD OF PAYMENT: (Example: Monthly or Quarterly Billing)

License/Certification:

NOTE: Must attach a copy of a License/Certification if required to provide services

CRIMINAL HISTORY BACKGROUND CHECK:

NAMES OF ALL INDIVIDUALS WHO WILL BE PROVIDING SERVICES UNDER THIS CONTRACT:

NAME(S) AND TITLE(S) OF PERSON(S) AUTHORIZED TO SIGN THE CONTRACT OR APPROVE ANY CHANGES:

ALL NOTICES RELEVANT TO THIS CONTRACT SHOULD BE SENT TO:

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

SUBMISSION CHECKLIST:

- Form W-9
- License/Certification (If Required)
- Budgetary Information for Evaluation
- *Criminal History Background Check Information

***NOTE:** Individual disclosure information is required as a condition of contracting for a NCIC computer check by the Juvenile Justice Commission for ALL individuals providing service under this contract.

CERTIFICATION:

Preparer Name (Print): _____

Preparer Signature: _____

Date Prepared: _____