

**NOTICE:**  
**POLICY UNDER**  
**REVISION**

**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**

**6/16/10**

DEPARTMENT POLICY: DCF.P3.52-2007

EFFECTIVE DATE: August 31, 2007

SUBJECT: **Annex A to Standard Language Title XX**  
**Purchase of Service Contract**

**I. PURPOSE**

The Annex A is used by provider agencies to outline to programmatic information about a proposed contract.

**II. RESPONSIBILITY FOR COMPLETING THE FORM**

The Annex A is completed in quadruplicate by the provider agency and submitted to the regional office as part of the contract proposal package for each new contract and each time a contract is renewed.

**III. INSTRUCTIONS FOR COMPLETING ANNEX A**

Contract I.D.# Enter on each page of the Annex A, the six character contract identification number assigned to your contract by the Regional Business Office.

**PART I - GENERAL AGENCY INFORMATION**

**SECTION I - IDENTIFICATION**

Provider Agency Enter the name of the provider agency as it appears on the contract.

Mailing Address Enter the mailing address of the provider agency.

Telephone No Enter the area code and telephone number of the provider agency.

Federal ID No Enter the Federal ID number assigned to the provider agency.

Effective Dates Enter the date the contract will commence and the date it will terminate.

Contract Ceiling \$ Enter the dollar amount of the contract ceiling as it appears on line D, column 3 of the Annex B, DCF Form 7-33b.

Chief Executive Officer Enter the name of the person responsible for all contract operations as designated by resolution of the governing body.

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Title Enter the title of the chief executive officer of the provider agency.

Address Enter the mailing address of the chief executive officer.

Telephone No. Enter the area code and telephone number where the chief executive officer can be contacted.

All notices relevant to this contract should be sent to: Enter the name, title, mailing address, area code and telephone number of the person at the provider agency whom DCF sends all notices regarding the contract.

Program Name Enter the name of the Title XX program.

Site Address(es) Enter the address(es) of the program site(s).

Telephone No. Enter the area code(s) and telephone number(s) of the program site(s).

Program Director Enter the name of the director of the program.

Title XX Service Definition Enter the formal title and definition of the Title XX service being rendered as it appears in the most recent New Jersey Comprehensive Annual Service Program Plan.

**SECTION II - AUTHORIZED SIGNATURES**

Name and Position Enter the name and position of the person(s) authorized to sign or be responsible for each transaction listed.

# of Signatures Required Enter the number of signatures required for each transaction.

**SECTION III - SERVICE DAYS**

Service will be provided as follows For each day of the week, enter the hours that service will be provided.

Emergency Provisions Describe any special arrangements which have been made to handle emergencies, e.g., radio station, special telephone number, alternate site, etc.

Service will not be provided on the following: List the occasions and dates when service will not be provided, e.g., Christmas, December 25, Independence Day, July 4, etc.

**PART II - PROGRAM OPERATIONS**

**SECTION I - PROGRAM SUMMARY AND EVALUATION PLAN**

This section is self explanatory.

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**SECTION II - UNIT OF SERVICE**

Unit of Service Definition (s) Describe, with the assistance of the Regional contract staff, the unit used to measure the quantity of service delivered. (e.g., preschool child care program - "one 10 hour day in which the minimum program requirements are met"; transportation program "one one-way trip", counseling program - "one direct service hours" etc.)

Components Enter the type(s) of service provided in this column. (e.g., infant care, pre-school, homemaker, transportation, etc.)

Type of Units Enter the type of unit used to measure each component. (e.g., days, hours, miles, matches, etc.)

Total # of Units Enter the total number of units which the agency provides. Exception: for contracts in which level of service will be measured by multiplying days by spaces (e.g., child care) enter the number of spaces for which the Division is contracting.

# of Contract Units Enter the number of units for which DCF is contracting. Exception: for contracts in which level of service will be measured by multiplying days by spaces (e.g., child care) enter the number of spaces for which the Division is contracting.

# Of Unduplicated Clients Enter the number of clients the agency will service. (Only fill in this column when instructed to do so by the regional office.)

# Of Optional Enrollees Child care centers are to enter the maximum number of overenrolled spaces to be allowed within the contract. This figure may not exceed fifteen percent of the number of contracted spaces.

**SECTION III - MONTHLY CONTRACTED LEVEL OF SERVICE**

A monthly contracted level of service chart is to be completed for each component.

Component Enter the type of service provided.

Column 1. Month Enter the name of each contract month.

Columns 2 through 7 are to be completed only for contracts which compute level of service by multiplying days by spaces.

Column 2. Poss. Serv. Days For each contracts month, enter the number of days it would be possible to provide service if there were no holidays or training days in the month. Do not include weekends unless the program is usually open on weekends.

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- Column 3. Non-Service Days (Hol.) Indicate the number of holidays (not to exceed 13 annually) on which service will not be provided in each month.
- Column 4. Non-Service Days (Trng. Days) Indicate the number of days in each month that service will not be provided due to training (not to exceed 2 annually).
- Column 5. Non-Funded Days If service will not be provided for a block of time beyond the holidays and training days within the contract period list these days as non-funded days.
- Column 6. Mthly. Serv. Days For each contract month, subtract the sum of columns 3, 4, and 5 from column 2 to determine the actual monthly service days and enter this figure.
- Column 7. # Sp. Under Cont. Enter the number of spaces under contract each month.
- Column 8. Monthly Contracted L.O.S. Multiply each number in column 6 by the number in column 7. Enter the products in column 8.

Contracts for which level of service is not computed by multiplying days by spaces should merely fill in the number of units they will deliver each month.

Annual Totals Add and enter the sums of columns 2,3,4,5,6, and 8.

**PART III - PROGRAM MANAGEMENT**

**SECTION I - ESSENTIAL DOCUMENTS**

This Section is self explanatory.

**SECTION II - PROGRAM COMPLIANCE CALENDAR**

This section is completed by the DCF Field Coordinator.

Month 1 \_\_\_\_\_ Enter the name of the first month of the contract. Describe any changes the agency must make or documents the agency must supply by the end of the first month of the contract. (e.g., Month 1 April. "The agency must develop a termination policy.")

Month 2 - Month 12 \_\_\_\_\_ Continue the above procedure for each succeeding month of the contract.

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DISTRIBUTION

Original and 2 copies - Departmental Component

Copy - Provider Agency File

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**ATTACHMENT A - PERSONNEL INFORMATION SHEET**

**PURPOSE AND USE**

The Personnel Information Sheet is used by the provider agency to record background information regarding all employees of the agency.

The form is used by DCF to verify that the provider agency has employed staff sufficiently qualified to meet the requirements of the contract.

**RESPONSIBILITY FOR COMPLETING THE FORM**

The form is completed in quadruplicate by the provider agency and attached to the Annex A, DCF Form 7-33a, as part of the proposal package submitted for each new or renewal contract.

**INSTRUCTIONS FOR COMPLETING THE FORM**

Contract I.D. # Enter the six character contract identification number assigned to your contract by the Regional Business Office.

List All Full and Part Time Positions List the title of each full time and part time position in your agency.

Column (2) through (5) Complete the remainder of the form by listing for each position, in the appropriate column, the following information:

- name of person in the position;
- the hours the employee works daily;
- the types of degrees, licenses, certificates, etc. that the employee possesses which are pertinent to his/her position; and
- any additional credits, training, and experience, pertinent to the position, that the employee has obtained.

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**ATTACHMENT B - CHILD CARE CENTER GROUP COMPOSITION**

**PURPOSE AND USE**

The form is used to demonstrate that adequate adult coverage has been arranged to care for children during all hours that a child center is in operation.

**RESPONSIBILITY FOR COMPLETING THE FORM**

The form is completed in quadruplicate by the child care center staff and submitted to the regional office with Annex A to the Standard Language Title XX Purchase of Service Contract, DCF Form 7-33a whenever a new Annex A is submitted and whenever there are changes.

**INSTRUCTIONS FOR COMPLETING THE FORM**

Contract I.D. # Enter the six character contract identification number assigned to your contract by the Regional Business Office.

Site Address Enter the address of the program site. A separate group composition form must be completed for each site.

Age Group Enter ages covered by each group of children.

At each hour Enter the number of adults and the number of children present in each group.

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**ANNEX A - STANDARD LANGUAGE TITLE XX PURCHASE OF SERVICE  
CONTRACT**

Contract I.D.# \_\_\_\_\_

**PART I. GENERAL AGENCY INFORMATION**

**SECTION I. - IDENTIFICATION**

Provider Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Federal Identification # \_\_\_\_\_

Effective Dates \_\_\_\_\_ to \_\_\_\_\_ Contract Ceiling \$ \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

All notices relevant to this contract should be sent to:

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Program Name \_\_\_\_\_

Site Address(es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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Program Director \_\_\_\_\_

Title XX Service Definition \_\_\_\_\_

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**ANNEX A - STANDARD LANGUAGE TITLE XX PURCHASE OF SERVICE  
CONTRACT**

Contract I.D. # \_\_\_\_\_

**I. GENERAL AGENCY INFORMATION**

**SECTION II. - AUTHORIZED SIGNATURES**

*List names and positions of persons authorized to sign the following. Give number of persons required to sign each transaction.*

<b>SIGNATURES</b>	<b>NAME</b>	<b>POSITION</b>	<b># OF REQUIRED</b>
Title XX Contract	1. _____	_____	1
	2. _____	_____	
	3. _____	_____	
DCF 7-32 Monthly Financial Report	1. _____	_____	1
	2. _____	_____	
	3. _____	_____	
DCF AR 50/54 Invoice	1. _____	_____	1
	2. _____	_____	
	3. _____	_____	
Contract Budget Modification	1. _____	_____	1
	2. _____	_____	
	3. _____	_____	
Checks	1. _____	_____	
	2. _____	_____	
	3. _____	_____	
Other Contracts & Agreements	1. _____	_____	
	2. _____	_____	
	3. _____	_____	
Fee Assessors	1. _____	_____	
	2. _____	_____	
Fee Collectors 1.	1. _____	_____	
	2. _____	_____	

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**ANNEX A - STANDARD LANGUAGE TITLE XX PURCHASE OF SERVICE  
CONTRACT**

Contract I.D.

# \_\_\_\_\_

**PART I - GENERAL AGENCY INFORMATION**

**SECTION III - SERVICE DAYS**

Service will be provided as follows:  
(Fill in time)

Sunday \_\_\_\_\_ - \_\_\_\_\_ Monday \_\_\_\_\_ - \_\_\_\_\_ Tuesday \_\_\_\_\_ - \_\_\_\_\_ Wednesday \_\_\_\_\_ - \_\_\_\_\_

Thursday \_\_\_\_\_ - \_\_\_\_\_ Friday \_\_\_\_\_ - \_\_\_\_\_ Saturday \_\_\_\_\_ - \_\_\_\_\_

Emergency Provisions: \_\_\_\_\_

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Service will not be provided on the following:

<u>DATE(S)</u>	<u>OCCASION</u>
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## **ANNEX A - STANDARD LANGUAGE TITLE XX PURCHASE OF SERVICE CONTRACT**

### **PART II - PROGRAM OPERATIONS**

#### Section I - *PROGRAM SUMMARY AND EVALUATION PLAN*

*Write a brief, concise, descriptive summary of your agency and this program. The description should present a clear picture of what, why, where, how, and for whom service is provided.*

#### **Include as a minimum:**

- your agency's purpose, philosophy, goals and objectives;
- details about the program including a description of neighborhood where located, the facilities used by the agency and other programs sponsored by the agency;
- evidence of the need for the service in the community;
- any limitations, restrictions or priorities on service delivery;
- any unique capabilities (e.g., multi-lingual, special reading programs, etc); and
- the circumstances of any previous contact with the division, state, municipal, county public agencies or other related projects and contracts.

#### **If this is a renewal package, describe at a minimum:**

- any change in the information requested above;
- how your agency has developed and made progress toward its goal in the past year; and
- how each recommendation of the program evaluations (e.g., self-evaluation, DCF evaluation, child care food program evaluation, homemaker evaluation, etc.) of the previous contract will be addressed in the proposed contract.

Describe how your agency will evaluate this proposed contract (effectiveness of the program, its goals and objectives, and efficiency of the procedures used.) Include an explanation of how your agency's internal evaluation method will interface with the evaluation process of the Division and who (by title) will have what responsibilities in this process.

## **ANNEX A - STANDARD LANGUAGE TITLE XX PURCHASE OF SERVICE CONTRACT**

### **PART III - PROGRAM MANAGEMENT**

#### **SECTION 1 - ESSENTIAL DOCUMENTS**

The following essential documents must be part of your contract package and must be updated as they change:

##### **1. Annex A related essential documents**

- \*Copy of certificate of incorporation;
- Copy of Annual Report to Secretary of State;
- List of names, titles, and addresses of current board members;
- \*Copy of local certificate of occupancy;
- \*Copies of all written policies which effect the Title XX contracts;
- \*Copies of Municipal, Fire, Health, and Building Approvals (for on-site group programs);
- Copy of license to provide service (if required);
- Copy of courtesy inspection report (if required);
- Evidence of liability insurance policy;
- Personnel information Sheet; and
- Child Care Center Group Composition Sheet (child care centers)

##### **2. Annex B related essential documents**

- Copy of the most recent agency audit/or fiscal statement;
- Copy of the most recent IRS 990 (private agencies only);
- Copy of bonding certificate;
- Copy of current lease;
- Copy of tax exempt certificate or letter; and
- Copy of Annual Report of a Charitable Organization (CO-1 or CO-3)

##### **3. Copies of any contract or agencies related to the Title XX program**

\*In a renewal contract additional copies of these documents need to be sent only if some changes has occurred or if the agency is informed by the Division that an additional copy is needed.