**Appendices Checklist for:**

**Four (4) New Jersey Youth Advisory Network (YAN) Regional Chapters**

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|  |  **Part I: Proposal** |
|  | [ ]  | **Proposal Cover Sheet** – (signed and dated)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> |
|  | [ ]  | **Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies. |
|  | [ ]  | **Proposal Narrative** in following order **25 pages**1. Applicant Organization
2. Program Approach
3. Evaluation, Reporting, and Quality Improvement
4. Program Implementation Plan
 |
|  |  | **Part II: Appendices**  |
| 1. 1
 | [ ]  | **Job descriptions** of key personnel, **resumes** if available for key personnel (please do not provide home addresses or personal phone numbers. Include all educational and experiential requirements, salary ranges, if available. |
|  | [ ]  | **Staffing patterns including a proposed staff schedule** |
|  | [ ]  | Proposed Agency **Organization Chart**  |
|  | [ ]  | Proposed **Program Implementation Schedule**  |
|  | [ ]  | Any **assessment tools** that will be used in the program  |
|  | [ ]  | A sample **Training, Coaching, and Technical Support Schedule** (no more than 3 pages) shall be attached as an Appendix item and will not count towards the overall page limit |
|  | [ ]  | **Attestation Statement** regarding collaboration and participation in evaluation activities |
|  | [ ]  | **Safe-Child Standards Description** of your agency’s implementation of the standards (no more than 2 pages) |
|  | [ ]  | **DCF Exhibit D Budget Form and Budget Narrative** |
|  | [ ]  | Copy of agency’s **Conflict of Interest policy** |
|  | [ ]  | Copies of any **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. |
|  | [ ]  | Dated List of Names of **Board of Directors**1. Titles,
2. Address **and**
3. Terms
 |
|  | [ ]  | **Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014] Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
|  | [ ]  | Document showing **Data Universal Numbering System** (**DUNS**) Number [2006 Federal Accountability & Transparency Act (FFATA)]Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
|  | [ ]  | **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 |
|  | [ ]  | Applicable Consulting **Contracts**, Affiliation **Agreements**/**Memoranda** of Understanding related to this RFP. If not applicable, include a written statement |
|  | [ ]  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc>  |
|  | [ ]  | **Professional Licenses** related to job responsibilities for this RFP.If not applicable, include a written statement |
|  | [ ]  | **Affirmative Action Certificate** -or- **Renewal Application** [AA302] sent to TreasuryWebsite: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> |
|  | [ ]  | **Certificate of Incorporation**Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> |
|  | [ ]  | 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.  |
|  | [ ]  | **Agency By-laws** |
|  | [ ]  | **Tax Exempt Certification** Website: <http://www.state.nj.us/treasury/taxation/exemption.shtml> |
|  | [ ]  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated)Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
|  | [ ]  | **Disclosure of Investment Activities in Iran** (PDF) (signed and dated)Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
|  | [ ]  | For Profit: **Statement of Bidder/Vendor Ownership Form** (PDF) (signed and dated)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 |
|  | [ ]  | **Chapter 271**\*\* Signed and datedWebsite: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf> |
|  | [ ]  | **Source Disclosure Certification** Form [P.L. 2005, c 92-formerly Executive Order 129] (signed and dated) Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>Form: <http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf> |
|  | [ ]  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions (signed and dated) [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. |
|  | [ ]  | **Annual Report to Secretary of State** Please provide a copy of your filing confirmation and/or report. Website: <http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml> |
|  | [ ]  | Non Profit: Annual Report - **Charitable Organizations** Website: <http://www.njpublicsafety.org/ca/charity/charfrm.htm>If not applicable, include a written statement |
|  | [ ]  | **Certification Regarding** **Debarment-(Signed and dated)**Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
|  | [ ]  | **Statement of Assurances** – **(Signed and dated)**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> |
| 1. 8.
 | [ ]  | **Tax Forms:** Non Profit **Form 990** Return of Organization Exempt from Income Tax -**or**- For Profit **Form 1120** US Corporation Income Tax Return   |
| 1. 9.
 | [ ]  | Most recent **Audit or Financial Statement** (**certified by accountant** or accounting firm) Audit: For agencies expending over $100,000 in combined Federal/State Awards -**or**-Financial Statement: For agencies expending under $100,000 Policy: <http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf> |