**STABILIZATION AND ASSESSMENT SERVICES**

**Part 1 & Part 2 Checklist**

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|  | **Part I: Proposal** | |
|  |  | **Proposal Cover Sheet** – 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** (**25 page limit**) in following order:   1. Applicant Organization 2. Program Approach 3. Outcome Evaluation 4. Budget and Budget Narrative 5. Reduction of Seclusion and Restraint |
|  |  | **Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP as appendices, Attachment 1, in addition to all of the documents listed in Exhibit C** |
|  |  | **Summary of Reduction of Seclusion and Restraint Use** (Max 3 pages) |
| 1. 1 |  | **Job descriptions** that reflect all educational and experiential requirements of this RFP; **salary ranges**; and, **resumes** of any existing staff that will provide the proposed services. **Please do not provide home addresses or personal phone numbers.** |
|  |  | **Current Agency Organization Chart** |
|  |  | **Policy or procedures** regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning. |
|  |  | **Three (3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). Please include telephone numbers and e-mail for all references so they may be contacted directly. |
|  |  | **Letters of affiliation** and proposed Student-School-Service Provider contracts, if graduate students will be involved in the provision of care |
|  |  | **Attach Curricula Table of Contents** for age, gender, and developmentally appropriate psycho-educational groups |
|  |  | **Budget Narrative and Narrative** Explaining Optional Start Up Facility Renovations Costs (See Budget Section) |
|  |  | **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. |
|  |  | A **copy of the letter from the accrediting body** regarding the agency’s accreditation status. If not applicable, include a written statement. |