**New Jersey Expectant &**

**Parenting Youth (EPY) Supportive Housing**

**RFP CHECKLIST**

**Part I: Proposal**

**[ ]  Proposal Cover Sheet**

**[ ]  Table of Contents (in following order) Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices**

**[ ]  Proposal Narrative (25 page limitation)**

* 1. **Applicant Organization**
	2. **Needs Justification**
	3. **Demonstration of Ability to Be Operational**
	4. **Program Approach**
	5. **Outcomes and Logic Model**
	6. **Budget Narrative**

**Part II: Appendices**

**[ ]  1. Agreement or documentation demonstrating access to 5 units (per county) of affordable housing for a 15 year period. Applicants who do not currently own the proposed housing units, must attach an agreement or documentation signed by the current owner that includes the number of units that will made available through a 15 year master lease, the rental rates for those units, and a statement indicating that the agreement is contingent upon award of the funding. The awardee will be required to meet with DCA prior to finalizing any agreements.**

* 1. **Sect 8 subsidized units must pass an inspection and be within permissible rent parameters per the following HUD rules:**
		1. **The program regulations (24 C.F.R. §982.404) state that the program must not make any housing assistance payments for a dwelling unit that fails to meet the Housing Quality Standards (HQS), unless the owner corrects the defects within the period specified by the program. DCA staff conducts the inspections.**
		2. **The units are subject to what HUD calls “rent reasonableness”.  The stated purpose of HUD’s rent reasonableness limitation is to ensure that a federally subsidized rent does not exceed the fair rental value of a comparable unit on the private unassisted market. DCA staff will certify that the rent for a unit is reasonable.**

**[ ]  2. Photographs, site layouts, floor plan, and/or other additional information on housing units**

**[ ]  3. A Written plan for emergency/crisis situations and on-call staffing**

**[ ]  4. Descriptions of key personnel, resumes if available for key personnel**

**[ ]  5. Proposed organizational and staffing chart for program**

**[ ]  6. Organizational chart for agency**

**[ ]  7. Proposed program implementation plan and schedule**

**[ ]  8. Proposed logic model**

**[ ]  9. Safe-Child Standards Description of your agency’s implementation of the standards (no more than 2 pages)**

**[ ]  10. DCF Annex B Budget Forms**

**[ ]  11. Copy of agency’s Conflict of Interest policy**

**[ ]  12. Copies of any audits or reviews completed or in process by DCF or other State entities from 2013 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**

**[ ]  13. Letters of Commitment, MOUs, and Letters of Support (limit to 15 pages)**

**[ ]  14. Dated List of Names, Titles, Address of Current Board of Directors**

**[ ]  15. Signed DCF Standard Language Document** [**http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc**](http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc)

**[ ]  16. Documentation Demonstrating Compliance with Obtaining a DUNS Number. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at:** [**http://www.dnb.com**](http://www.dnb.com)

 **[ ]  17. Renewal Printout from the System for Award Management (SAM) website (**[**https://www.sam.gov/portal/public/SAM/**](https://www.sam.gov/portal/public/SAM/)**)**

**[ ]  18. Signed HIPAA Business Associate Agreement (**[**http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc**](http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc)**)**

**[ ]  19. Copies of Applicable Licenses-Licenses are not required but if you have licensed individuals you may provide them**

**[ ]  20. Current Affirmative Action Certificate or Copy of Renewal Application Sent to Treasury**

**[ ]  21. Certificate of Incorporation**

**[ ]  22. New Jersey Business Registration Certificate with the Division of Revenue**

**[ ]  23. Agency By-Laws or Management Operating Agreement if an LLC**

**[ ]  24. Tax Exempt Certification-IRS Determination Letter regarding applicant’s charitable contribution or non-profit status, if a non-profit**

**[ ]  25. Disclosure of Investigation and Other Actions Involving Bidder-Full Version – Signed and dated**

**[ ]  26. Disclosure of Investment Activities in Iran – Signed and dated**

**[ ]  27. MacBride Principles-Signed and dated**

**[ ]  28. Statement of Bidder/Vendor Ownership Full Version – Signed and dated**

**[ ]  29. Chapter 271-Signed and dated**

**[ ]  30. Source Disclosure Certification – Signed and dated**

**[ ]  31. Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (For-Profit only) – Signed and dated**

**[ ]  32. Annual Report to the Secretary of State (**[**https://www1.state.nj.us/TYTR\_COARS/JSP/page1.jsp**](https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp)

**[ ]  33. Annual Report – Charitable Organizations (If applicable)** [**http://www.njconsumeraffairs.gov/charity/charfrm.htm**](http://www.njconsumeraffairs.gov/charity/charfrm.htm)

**[ ]  34. W-9 form (new agencies only) (**[**http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf**](http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf)

**[ ]  35. Certification regarding Debarment** [**http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf**](http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf)

**[ ]  36. Statement of Assurances**

**[ ]  37. Form 990 for Non-Profits or Form 1120 intended for For-Profit entities. LLC’s shall provide an applicable tax form**

**[ ]  38. Copy of most recent audit or financial statement certified by an accountant or accounting firm**

**[ ]  39. Attach a summary of the 5 units using the table as per page 20**

**[ ]  40. Attach any intake or assessment tools that will be used for Program Approach**

**[ ]  41. Attach any evaluation tools that will be used to determine the effectiveness of the program services**

**[ ]  42. Citations and references to materials cited, if applicable**