**2017 RFP: Pilot of Supportive Visitation Services (SVS) in Mercer County**

**General Checklist**

All supporting documents submitted in response to this RFP must be organized in the following manner:

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|  | **Part I: Proposal** | |
| 1 |  | **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> |
| 2 |  | **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. |
| 3 |  | **Proposal Narrative** in following order (**25 page limitation**)   1. AGENCY OVERVIEW 2. SVS FIT 3. SVS CAPACITY 4. SVS RESOURCE AVAILABILITY 5. BUDGET |
|  |  | **Part II: Appendices** |
| 4 |  | **Job descriptions** of key personnel and/or resumes if available for key personnel (please do not provide home addresses or personal phone numbers) |
| 5 |  | Current Agency **Organization Chart** |
| 6 |  | ProposedProgram **Organization Chart** with anticipated staffing model |
| 7 |  | Proposed **Program Implementation Schedule** |
| 8 |  | **Training table** outlining current or proposed agency’s SVS trainings |
| 9 |  | **Safe-Child Standards Description** of your agency’s implementation of the standards (no more than 2 pages) |
| 10 |  | DCF **Annex B** Budget Forms**\*** and separate document explaining and describing operational startup costs, if applicable. |
| 11 |  | Copy of agency’s **Conflict of Interest policy** |
| 12 |  | **Copies of any audits or reviews** (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) 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. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process. |
| 13 |  | Dated List of Names of **Board of Directors**   1. Titles, 2. Address **and** 3. Terms   -or- **Managing Partners**, if an LLC or Partnership |
| 14 |  | **DCF Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014]  Form: <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc> |
| 15 |  | Document showing **Data Universal Numbering System** (**DUNS**) Number  [2006 Federal Accountability & Transparency Act (FFATA)]  Website: <http://www.dnb.com> Helpline: 1-866-705-5711 |
| 16 |  | **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 |
| 17 |  | Applicable Consulting **Contracts**, Affiliation **Agreements**/**Memoranda** of Understanding related to this RFP. If not applicable, include a written statement |
| 18 |  | **Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: <http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc> |
| 19 |  | **Professional Licenses** related to job responsibilities for this RFP.  If not applicable, include a written statement |
| 20 |  | **Affirmative Action Certificate** -or- **Renewal Application** [AA302] sent to Treasury  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  Form: <http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf> |
| 21 |  | **Certificate of Incorporation**  Website: <http://www.nj.gov/treasury/revenue/filecerts.shtml> |
| 22 |  | 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. |
| 23 |  | **Agency By-laws** **or Management Operating Agreement if an LLC** |
| 24 |  | **Tax Exempt Certification**  Website: <http://www.state.nj.us/treasury/taxation/exemption.shtml> |
| 25 |  | **Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf> |
| 26 |  | **Disclosure of Investment Activities in Iran** (PDF) (signed and dated)  Form: <http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf> |
| 27 |  | 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 |
| 28 |  | For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions [Version: Rev 4/17/15] (signed and dated). See instructions for applicability to your organization.  Website: <http://www.state.nj.us/treasury/purchase/forms.shtml>  If not applicable, include a written statement |
| 29 |  | **Certification Regarding** **Debarment** (signed and dated)  Form: <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf> |
| 30 |  | **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> |
| 31 |  | **Tax Forms:**  Non Profit **Form 990** Return of Organization Exempt from Income Tax -**or**- For Profit **Form 1120** US Corporation Income Tax Return **or**-  LLC **Applicable Tax Form** and may delete or redact any SSN or personal information |