



**REQUEST FOR QUALIFICATIONS  
FOR  
THE PROVISION OF INTERPRETER SERVICES**

**Responses will be accepted on a rolling basis from  
November 14, 2017 through January 22, 2018**

Questions will be accepted in advance until November 29, 2017

**Allison Blake, Ph.D., L.S.W.  
Commissioner**

**November 14, 2017**

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## **Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street  
Trenton, New Jersey 08625

### **Special Notice:**

Questions will be accepted in advance by providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) until **November 29, 2017 12PM**. Technical inquiries about forms and other documents may be requested anytime

## **Section I – General Information**

### **A. Purpose:**

The New Jersey Department of Children and Families (DCF) announces the opportunity for applicants with demonstrated expertise in the provision of Oral Language (OL) and Sign Language (SL) services to partner with the Children's System of Care (CSOC) and become qualified to provide Interpreter Services for eligible children, youth, adolescents, or young adults under the age of 21 (hereinafter youth).

Eligible applicants are defined as certified, self-employed interpreters or for-profit and not-for-profit agencies that are duly registered to conduct business with the State of New Jersey and whose primary focus is the provision of OL/SL services. Applicants must demonstrate an ability to provide the required services as outlined in this document to ensure that the goals of the RFQ are met. Approved NJ Medicaid providers or entities willing to become Medicaid providers of interpreter services are eligible.

**Note: Qualification to provide services is contingent upon continuous proven ability to provide services in compliance with this RFQ and any subsequent amendments to the resulting contract. Services may be suspended at the discretion of DCF/CSOC.**

### **B. Background:**

DCF is the State's first comprehensive agency dedicated to ensuring the safety, well-being and success of youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve.

CSOC's mission is to support youth with serious emotional and/or behavioral challenges, substance use, and/or intellectual/developmental disabilities (I/DD) and their families/caregivers by providing them with timely services and supports that meet their needs, at the appropriate intensity of service, and for the necessary length of time. The overarching goal of the system is to enable the youth served to remain at home, in school and in the community. In order to accomplish this goal, CSOC is committed to providing services that are clinically appropriate; individualized; provided in the least restrictive environment; family-driven, with families engaged as active participants; community-based, with care management occurring at the community level; culturally competent and

responsive to differences in culture, race and ethnicity; and collaborative across child-serving systems. CSOC provides an array of community-based wraparound services and out-of-home treatment services to children, youth and young adults and their families. Community-based wraparound services may involve almost any service supporting community living for children, including 24/7 Mobile Response services in every county. CSOC believes that the family plays a central role in the health and well-being of youth, and involves families throughout the planning and treatment process in order to create successful life experiences for their youth.

### **C. Definitions:**

For this purpose of this RFQ the following words and terms are defined as follows:

**Care Management Organization (CMO):** Care management entities are responsible for face-to-face care management and comprehensive service planning for youth and their families with moderate or complex needs. CMOs coordinate Child and Family Team (CFT) meetings, and implement Individual Service Plans (ISP) for each youth and his/her family. Additionally, they coordinate the delivery of services and supports needed to maintain stability and progress towards goals for each youth, utilizing the Wraparound Model to planning.

**Child and Family Team (CFT):** The Child and Family Team is where all comprehensive assessment and planning for a youth and their family are accomplished. The CFT provides voice and engagement of youth and families in addressing their needs while assisting them in building strengths and a natural support system. The CFT works towards developing a long-term sustainable plan for the youth and family that can support them without reliance on a formal system to meet their needs. Through the CFT process, the team assesses youth and family needs, and designs, implements, and manages youth guided and family driven supports and services for youth.

**Contracted System Administrator (CSA):** The CSA is CSOC's single point of entry and facilitates service access, linkages, referral coordination, and monitoring of CSOC services. The CSA will initiate referrals for OL/SL services. The CSA also maintains CSOC's Management Information System (MIS), which serves as the electronic health record for youth enrolled with CSOC. Information is Health Insurance Portability and Accountability Act (HIPAA) protected and is compliant with 42 CFR Part 2, where appropriate.

**Danielle's Law:** This law requires anyone who works directly with individuals with intellectual/developmental disabilities (I/DD) or traumatic brain injury to call 911 in life threatening emergencies [www.state.nj.us/humanservices/dd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/dd/resources/info/danielleslawtrnee.html)

**Fee-For Service:** Service providers are reimbursed under fee for service/rate.

**Health Insurance Portability and Accountability Act (HIPAA):** A federal law that establishes privacy standards for protected health information held by "covered entities" (health plans, health care clearinghouses and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information.

**Individualized Crisis Plan (ICP):** Crisis stabilization plan that identifies target behaviors, develops desired outcomes/strategies, and implements necessary mental health/behavioral health services for the Mobile Response service period to stabilize the presenting crisis. The ICP includes linking the

youth and their family with ongoing formal and informal mental health/behavioral health services and other services in the community after the presenting situation has been stabilized.

**Individualized Service Plan (ISP):** A comprehensive, integrated plan that uses the identified strengths of the child, youth, and young adult and his or her family/caregivers by addressing the needs of the child, youth, and young adult and family/caregivers across life domains.

**Mobile Response and Stabilization Services (MRSS):** Are provided to youth who exhibit emotional or behavioral challenges that may jeopardize their current living arrangements. MRSS provides face-to-face crisis response within one hour of notification. The goal is to stabilize behavior and prevent loss of ability to remain in the home. Families of youth discharged from a psychiatric screening center are automatically eligible for MRSS, if desired. MRSS is available 24 hours a day, seven days a week, and can offer up to eight weeks of stabilization services.

**Protected Health Information (PHI):** Individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that “relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.” 45 C.F.R. 160.103.

**Unusual Incident Reporting (UIR):** UIR is a requirement in accordance with DHS Administrative Order 2:05 and its Addendum.

#### **D. Services to be Funded:**

DCF is seeking to approve all applicants whose qualifications align with this RFQ to deliver OL and/or SL services for eligible youth with emotional and behavioral health care challenges and/or I/DD. For the purposes of this RFQ, OL and SL services support CSOC qualified providers in the administration of assessments; the creation of the ISP/ICP; and the provision of youth/family interventions by OL/SL service professionals who meet or exceed the minimum educational and certification requirements set forth in this RFQ.

OL services shall help convert a thought or expression in a source language into an expression with a comparable meaning in a target language. SL services shall help hearing impaired or deaf individuals understand a spoken language by converting it into sign language. Both services will bridge communication and enhance the quality of interaction between providers and youth/family. Interpreters must fully understand the subject at hand and be able to accurately translate the information to the youth/family. An interpreter must be able to translate in both directions immediately, without using dictionaries or other supplemental reference materials. Interpreters must also possess the intellectual capacity to instantly transform idioms, colloquialisms, and other culturally specific references into analogous statements the target audience will understand. The interpreter’s objective is to convey every semantic element, as well as, tone and register and every intention and feeling of the message that the source-language speaker is directing to target-language recipient(s). The purpose is to eliminate language barriers and promote increased accessibility to services, while providing the highest quality of professional and ethical language interpreting services.

OL/SL services are delivered face-to-face to youth and/or their family to support them in carrying out the youth’s service/crisis plans. OL/SL services are provided in the youth’s home and/or in community-based settings, and not in provider offices or office settings. This service may be used

only when language line, language applications, and natural interpretive supports, i.e. an adult family member, friend, neighbor, etc. who can provide the interpretation, are not feasible or available.

OL/SL providers must be certified as competent by a professional interpreting/translating organization or government entity through rigorous testing based on appropriate and consistent criteria, and

- demonstrate knowledge of the general subject to be interpreted;
- demonstrate language competency with the ability to convey thoughts clearly and concisely in both languages;
- think and react communicatively in all working languages;
- be knowledgeable of cultural nuances, and regional variations in all working languages;
- ignore auditory distractions and focus on source speaker;
- speak with a neutralized accent in all working languages;
- read and recognize various written contexts, including formal and informal text, subject-specific vocabulary, idiomatic expressions and colloquialisms; and
- preserve accuracy, convey meaning, converse intent, tone, style, and utterances of all messages;
  
- **OL providers** must possess one of the following certifications:
  - Certificate of Interpretation (CI);
  - Certificate from the American Translators Association (ATA);
  - National Interpreter Certification (NIC);
  - Certified Translator (CT);
  - Certified Medical Interpreter (CMI);
  - Certification Commission for Healthcare Interpreters (CCHI); or,
  - NJ Court Interpreter Certification Program.
  
- **SL providers** must:
  - successfully pass the New Jersey Division of the Deaf and Hard of Hearing (DDHH) screening; or
  - be certified by the national Registry of Interpreters for the Deaf.

**Each provider qualified under this RFQ shall:**

Possess the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Molina, within prescribed timelines.

Provide uniform standards of care and conduct regardless of any youth's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.

Comply with the requirements to report suspected abuse and neglect:

- against a child under 18 years of age to the Division of Child Protection and Permanency (CP&P) at 1-800-NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and
- against a vulnerable adult 18 years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.

Maintain on site a written program description that specifies statement of purpose and description of overall approach to service delivery and family involvement.

Inform families at intake of:

- the mandated reporting responsibilities of the interpreter and/or agency staff;
- the established grievance procedure; and
- their access to records upon request and within statutory authority.

Adhere to the requirements of HIPAA, N.J.S.A. 30:4-24.3, and any other applicable law regarding confidentiality.

Protect the confidentiality of the families served.

Every OL/SL service worker will:

- pass a criminal background check, including fingerprinting, and must ensure that all independent, certified providers and employees of the agency and agency reimbursed OL/SL service workers rendering OL/SL services will have State and Federal background checks with fingerprinting completed now and every two (2) years thereafter;
- pass the Central Registry of Offenders Against Individuals with Developmental Disabilities check;
- be over 18 years of age;
- attend and participate in any required trainings;
- obtain permission from the family for all activities; and
- pass Tuberculin Skin (TB) test (i.e. medical clearance to provide services). Obtaining the TB test for the OL/SL service worker is the responsibility of the individual worker. Individuals may obtain a TB test from multiple sources: private physician, Federally Qualified Health Center (FQHC), County Health Department, Clinics in local hospitals, and some select pharmacies. FQHC charge using a sliding fee scale, based on income and ability to pay; County Health Departments are generally free, and select pharmacies charge a set fee. It is the provider's responsibility to obtain proof of completion, i.e. a statement that the OL/SL service worker has completed the TB test and is able to work. The provider agency shall keep this statement for their records. Do not send this statement or protected health information (actual medical records).

OL/SL agencies/certified self-employed interpreters shall be available via phone to address urgent policy and procedure issues and/or provide support as requested.

Comport with the administrative procedures that result in the timely provision of services, by:

- accepting new referrals/service authorizations, only if able to staff the on-going service;
- informing the CSA and/or the CMO/MRSS immediately if unable to accept a new service authorization; and
- meeting with the youth and family as requested by CMO/MRSS.

Comport with the fiscal procedures that result in accurate invoicing, and correct payments by submitting claims within thirty (30) days of the completion of a service that specify the youth served and the number of hours of service.

Maintain the following data in support of all claims:

- name and address of the youth being provided services
- the name and credentials of the person(s) providing the service
- the exact date(s), location(s) and time(s) of service
- the type of service provided and its service code
- the authorization number
- the length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services
- the number of units being claimed
- the start and end dates of service
- the total charge; and,
- any comments (optional).

Qualified applicants must have the ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the Contracted System Administrator (CSA). The CSA is the CSOC's single point of entry for access to care. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

A DCF contract administrator will also provide guidance in the contracting process and documentation requirements.

### **Process for Providing Services**

CMO/MRSS, along with youth and family, identifies need for OL/SL services. CMO/MRSS must first contact OL/SL service provider to ensure availability. If unable to staff the OL/SL service, the provider must not accept the initial referral and inform CMO/MRSS immediately. If available, the CMO/MRSS will then request the OL/SL service in their ISP/ICP respectively and submit to the CSA for review and service authorization. If appropriate, the CSA will approve the request based upon clinical criteria and create the service authorization. CMO/MRSS obtains all service authorization information via the MIS. An authorization letter is generated from the MIS which the CMO/MRSS will be responsible for sending in an agreed upon manner, e.g., mailing/faxing/etc. to the OL/SL service provider. CMO/MRSS must also contact the OL/SL service provider regarding the new referral and provide all service authorization and billing information that shall include:

- All pertinent identifying demographic information of youth and family, including: name; age; gender; address; phone number(s); ethnicity; primary language spoken in home; diagnosis code; NJ FamilyCare (Medicaid) or other health insurance information and identification numbers;



- NJ FamilyCare (Medicaid) authorization number and the date(s) of service authorization; and
- Name(s), address(es), and contact phone number(s) of all in home providers requiring OL/SL services.

The CMO/MRSS will coordinate with the OL/SL service provider and will meet with youth and family, along with any other therapeutic service provider to deliver translation services that facilitates the treatment.

Authorizations are created for a ninety (90) day timeframe. Customization of the services based on the individualized assessed needs of the youth and family is allowed, that is, providers may use units as needed; however, providers must not exhaust or exceed the number of units prior to the end of the ninety (90) day period. Providers are responsible for tracking units used/remaining.

The above is a brief description of the OL/SL services process. Providers qualified under this RFQ will be provided additional information and technical support, as needed.

### **E. Quality Assurance:**

CSOC is based on the principles of family-focused, accessible, need based, clinically appropriate, and outcome-driven individualized care for youth. All system partners of CSOC, through contracted quality assurance measures, are expected to work toward ensuring that youth remain at home, in school, and out of trouble.

As part of its continuous quality improvement program, CSOC conducts reviews of enrolled providers. These reviews may be record reviews or site reviews and may be announced or unannounced. As a condition of enrollment and participation in CSOC programs, providers are required to submit to such reviews.

Where CSOC determines that a provider is not in compliance with the requirements of this RFQ and CSOC policies and procedures related to the services, the provider shall be required to submit a plan of correction. CSOC may take additional appropriate actions against the provider, including, but not limited to, suspension of referrals to the provider, transfer of the provider's current census, and referral of the provider to other certifying or licensing agencies or organizations for their review, including, but not limited to, applicable licensing boards, certification boards, the NJ Family Care (Medicaid) program, the State treasurer, or any other governmental entity that may be impacted by the inability or failure of the OL/SL service provider to substantially meet DCF's policies and procedures related to services.

### **F. Funding:**

**CSOC will send a NJ FamilyCare (Medicaid) Provider Application to qualifying providers. Applications must be completed/submitted directly to CSOC. Authorization for services cannot be granted until a Medicaid provider number is issued.**

Each applicant that meets the qualifications and requirements set forth in the RFQ shall receive the published rate for providers of this service as follows:

<i>Service Description</i>	<i>Rate per unit*</i>
Spoken Language (s)	\$12.50 per 15 minutes
American Sign Language (ASL)	\$17.50 per 15 minutes

\*1 Unit= 15 minutes

OL/SL services are reimbursed on a fee-for-service basis. Units of service are defined as fifteen (15) minutes of direct contact service provided to, or on behalf of the youth. Qualified applicants will bill using the Health Insurance Claim Form, CMS 1500 and submit claims through DMAHS's fiscal agent, Molina. If the published rate shall change the amount received by the provider shall change.

Agencies are required to submit their claims within thirty (30) days of the date of service delivery.

Providers unable to satisfy the minimum requirements will be required to notify CSOC within ten (10) business days and shall be disenrolled from the NJ FamilyCare (Medicaid) program until such time as CSOC notifies the NJ FamilyCare (Medicaid) program that the provider is once again approved.

CSOC reserves the right to terminate a provider's qualifying status at any time without notice.

**DCF makes no representation regarding the volume of activity that a provider may expect as a consequence of becoming qualified to provide services under this RFQ. There is no guarantee that the services will be accessed.**

Continuation of funding is contingent upon the availability of funds in future fiscal years.

Continuation of services is not guaranteed.

Matching funds are not required.

Operational start-up costs are not permitted.

Any expenses incurred prior to the effective date of the Medicaid provider number will not be reimbursed by DCF.

## **G. Applicant Eligibility Requirements:**

1. Approved NJ Medicaid providers or entities willing to become Medicaid providers of Interpreter Services are required. Any changes in provider information shall be communicated to CSOC and the DMAHS Office of Provider Enrollment. Any changes in personnel providing or supervising services shall be subject to prior approval by CSOC.
2. Applicants must be certified, self-employed interpreters or for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. If an applicant is under a corrective action plan with DCF or any other New Jersey State agency or authority, the applicant may not submit a proposal for this RFQ. Responses shall not

be reviewed and considered by DCF until all deficiencies listed in the corrective action plan had been eliminated to the satisfaction of DCF for a period of 6 months.

5. Applicants shall not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where appropriate, all applicants must hold current State licenses.
8. Applicants that are not governmental entities or certified self-employed interpreters must have a governing body that provides oversight as is legally required.
9. **Agency applicants** must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified DCF OL/SL services provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant. **Attachment 4**, Community Agency Head and Worker Certification, Permission for Background Check and Release of Information, is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. **It is signed by respective employees in front of a witness, and is not to be included in the application. Only the Community Agency Head’s signed form must be submitted with the application.**
10. **Certified, self-employed applicants** will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified DCF OL/SL services provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant. **Attachment 4**, Community Agency Head and Worker Certification, Permission for Background Check and Release of Information, is a consent form for fingerprinting, certification regarding criminal background, and a release of information form. **Certified, self-employed interpreters must submit a signed form with the application.**
11. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
12. 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://fedgov.dnb.com/webform>
13. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFQ, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

## **SECTION II – Application Instructions:**

### **A. RFQ Schedule, Format and Delivery:**

November 14, 2017	Notice of Availability of Funds/RFQ publication
November 29, 2017	Period for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a>
January 22, 2018	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00PM on January 22, 2018 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM**, including a signed cover letter of transmittal as indicated below.

Proposals must be delivered either:

**1) In person to:**

Catherine Schafer, Director of Grants Management, Auditing and Records  
Department of Children and Families  
50 East State Street, 3rd Floor  
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

**2) Commercial Carrier (hand delivery, federal express or UPS) to:**

Catherine Schafer, Director of Grants Management, Auditing and Records  
Department of Children and Families  
50 East State Street, 3rd Floor  
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

**3) Online:**

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at:  
[www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

Forms are directly under the Notices section-See Standard Documents for RFP/RFQs

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received five (5) business days prior to the date the bid is due.

## **B. Administration:**

### **1. Screening for Eligibility, Conformity and Completeness**

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFQ. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline;
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent;
- c. The application is complete in its entirety, including all required attachments and appendices; and,
- d. The application conforms to the specifications set forth in the RFQ.

Upon completion of the initial screening, proposals meeting the requirements of the RFQ will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

### **2. Qualification Review Process**

Applicants determined qualified will be eligible to provide services. Applicants shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ. DCF also reserves the right to reject any and all responses when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the Applicant to provide adequate services; the applicants lack of good standing with DCF and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of DCF's intent to qualify an applicant.

### **3. Special Requirements**

The successful applicant shall maintain all documentation related to products, transactions or services under this contract for a period of seven (7) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

All Applicants must also comply with the following:

- a. Any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.
- b. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

- c. Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.
- d. The State Affirmative Action Policy N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. Details are included in **Exhibit A**.
- e. Anti-Discrimination Laws. Details are included in **Exhibit B**.
- f. Applicants must submit with their response to this RFQ all of the documents listed as CSOC Pre-Award Documents Required to Be Submitted with a Response to a RFQ, also included as **Exhibit C or Exhibit D**.
- g. Applicants who receive a qualification letter after submitting a response to this RFQ thereafter must submit as a condition of receiving a contract, all of the documents listed in **Exhibit E** CSOC Post-Award Documents Required To Be Submitted for Contract Formation if the Response to the RFQ Results in an Award. **Exhibit E**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.
- h. Applicants must complete, sign, and submit with their response to this RFQ **Attachment 1**, “Agency Data Form.”
- i. Applicants must complete, sign, and submit with their response to this RFQ **Attachment 2**, “Program Component Form.”
- j. Applicants must complete, sign, and submit with their response to this RFQ **Attachment 3**, “Attestation.”
- k. Applicants must complete, sign, and submit with their response to this RFQ **Attachment 4**, “Community Agency Head and Worker Certification.”
- l. The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey’s (PCA-NJ) Safe-Child Standards in August 2013 (The “Standards”). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse. The Standards are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, attach a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency’s operations mirror the Standards.

#### **4. Electronic Record Operating Requirements**

The current minimum operating requirements for the CSOC’s CSA’s MIS system are available at <http://performcarenj.org/cyber/access-requirements.aspx>

## **C. Appeals:**

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

Office of Legal Affairs  
Contract Appeals  
50 East State Street 4<sup>th</sup> Floor  
Trenton NJ 08625

no later than ten (10) calendar days following receipt of the notification or by the deadline posted in this announcement.

## **D. Post Qualification Requirements:**

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual.

Applicants may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals)

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA.
2. DCF Third Party Contract Reforms Attestation.
3. Proof of Insurance naming DCF as additionally insured from agencies.
4. Bonding Certificate.
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification.
6. ACH- Credit Authorization for automatic deposit (for new agencies only).

The actual award of funds is contingent upon a successful contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

## **E. Requests for Information and Clarification:**

DCF will provide eligible Applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

Questions must be submitted in writing via email to: [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). All inquiries submitted to this email address must identify, in the Subject heading, the specific RFQ for which the question/clarification is being sought.

Written questions must be directly tied to the RFQ. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFQ. Each question should begin by referencing the RFQ page number and section number to which it relates.

All other types of inquiries will not be accepted. **Applicants may not contact the DCF directly, in person, or by telephone, concerning this RFQ.** Inquiries should only be addressed for technical support through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFQ.

## F. Required Documentation:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format.

All applications submitted in response to this RFQ, whether in paper or electronic form, must follow the checklist order and naming conventions bolded below. If submitting by paper, please include dividers that identify the name of each document. If submitting electronically, **please attach and label each document separately; items should not be submitted as one continuous document/attachment.**

All supporting documents in response to this RFQ must be organized in the following manner.

Documents Required with all Applications Submitted in Response to this RFQ		
1	<input type="checkbox"/>	<b>Proposal Cover Sheet – (self-employed/agency)</b> Use the RFP/Q forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2	<input type="checkbox"/>	<b>Table of Contents</b> –Each submitted document must be labeled and indexed in this table. Page numbers are appreciated. <b>(self-employed/agency)</b>
3	<input type="checkbox"/>	<b>Attachment 1</b> – Submit a completed Agency Data Information Form <b>(self-employed/agency)</b>
4	<input type="checkbox"/>	<b>Attachment 2</b> – Submit a completed Program Component Form <b>(self-employed/agency)</b>
5	<input type="checkbox"/>	<b>Attachment 3</b> – Submit a signed/dated “ Attestation” Form <b>(agency only)</b>
6	<input type="checkbox"/>	<b>Attachment 4 – For Community Agency Head Only/Certified Self-Employed Interpreter</b> Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information
7	<input type="checkbox"/>	Three (3) written <b>professional letters of support</b> on behalf of the applying <b>(self-employed/agency)</b> specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
8	<input type="checkbox"/>	<b>Resumes</b> of all OL/SL service in-home staffs, indicating required education and experience. <b>(self-employed/agency)</b>



9	<input type="checkbox"/>	<b>Copies</b> of national Registry of Interpreters for the Deaf certifications; proof of having passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) screening and/or proof of translation certification. <b>(self-employed/agency)</b>
10	<input type="checkbox"/>	<b>Exhibit C</b> – CSOC Pre-Award/Qualification Documents for <b><u>self-employed interpreter</u></b>
11	<input type="checkbox"/>	<b>Exhibit D</b> – CSOC Pre-Award/Qualification Documents for <b><u>agency</u></b>

**ATTACHMENT 1**

Version: 8.26.16

New Jersey Department of Children and Families  
Children’s System of Care (CSOC)  
**Interpreter Services**  
**AGENCY DATA INFORMATION FORM**

PLEASE TYPE OR PRINT LEGIBLY

**► Certified Self-Employed Interpreter/AGENCY/CORPORATE DATA**

Agency Name: \_\_\_\_\_

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

County (corporate location): \_\_\_\_\_ Agency Type:  Non Profit  For Profit

Agency ID Numbers:

▪ FEIN (9-digit): \_\_\_\_\_ ▪ Medicaid (7-digit):\* \_\_\_\_\_

*\*Leave field blank if IHH Medicaid Number has not been assigned.*

▪ DUNS (9-digit): \_\_\_\_\_ ▪ NJSTART (9-digit): \_\_\_\_\_

Program Type:  Interpreter

**► AGENCY CONTACTS**

CEO -or- EXECUTIVE DIRECTOR: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

PROGRAM: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
pertaining to the program. Email: \_\_\_\_\_  
Address: \_\_\_\_\_

FISCAL: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
pertaining to Reports of Email: \_\_\_\_\_  
Expenditures (ROE), audits Address: \_\_\_\_\_  
and closeout reports.

BILLING: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Handles all questions Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
pertaining to claims and Email: \_\_\_\_\_  
billing data. Address: \_\_\_\_\_

**ATTACHMENT 2**  
 New Jersey Department of Children and Families  
 Children's System of Care (CSOC)  
**Interpreter Services**  
**PROGRAM COMPONENT FORM**

PLEASE TYPE or PRINT LEGIBLY

Agency Name: \_\_\_\_\_

Certified Self-Employed Interpreter: \_\_\_\_\_

Program Lead: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Number of Staff: **Note: Copies of resumes detailing requisite education and experience for all staff providing Interpreter Services must be retained by agency.**

\_\_\_\_\_

Total Youth Able to Serve: \_\_\_\_\_ Ages Served: \_\_\_\_\_

Days & Hours:	From: (Enter Time - Include AM/PM)	To: (Enter Time - Include AM/PM)
• Sunday	_____	_____
• Monday	_____	_____
• Tuesday	_____	_____
• Wednesday	_____	_____
• Thursday	_____	_____
• Friday	_____	_____
• Saturday	_____	_____

Counties Served:

<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hunterdon	<input type="checkbox"/> Morris	<input type="checkbox"/> Somerset
<input type="checkbox"/> Bergen	<input type="checkbox"/> Essex	<input type="checkbox"/> Mercer	<input type="checkbox"/> Ocean	<input type="checkbox"/> Sussex
<input type="checkbox"/> Burlington	<input type="checkbox"/> Gloucester	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Passaic	<input type="checkbox"/> Union
<input type="checkbox"/> Camden	<input type="checkbox"/> Hudson	<input type="checkbox"/> Monmouth	<input type="checkbox"/> Salem	<input type="checkbox"/> Warren
<input type="checkbox"/> Cape May				

Spoken Languages Offered:  
 Yes  No Languages: \_\_\_\_\_

American Sign Language (ASL) Offered:  
 Yes  No \_\_\_\_\_

**ATTACHMENT 3**  
New Jersey Department of Children and Families  
Children’s System of Care (CSOC)

**Interpreter Services**

**ATTESTATION**

Providers are required to confirm their compliance with all of the qualification requirements. This completed document is attestation that you are able to meet all of the compulsory requirements and able to provide services consistent with the scope of services delineated in the RFQ.

**By my signature below, I hereby certify that:**

- I have the necessary authority to execute this agreement between my Agency and the Department of Children and Families (DCF).
- I have read, understand and will comply with all of the terms and conditions of providing the services described in this RFQ.
- I agree to provide all of the required services and to comply with all of the service implementation and payment processes described in Section I of this RFQ.
- I certify that I meet all of the qualifications and have provided all of the documentation required in Sections II and III of this RFQ for providing these required services.
- The information I have given in response to this RFQ is correct and complete. Failure to abide by the terms of this attestation is a basis for DCF’s withdrawal of my qualification to provide these services.

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<b>CEO OR EQUIVALENT NAME</b> (Please Print)	<b>SIGNATURE</b>	<b>DATE</b>
---	------------------	-------------

**PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.**

## ATTACHMENT 4

### COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

**Option 1** – I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

**Option 2** – I hereby affirm that I have been convicted of the following offense listed below:

\_\_\_\_\_ on \_\_\_\_\_  
*Offense* *Date*

#### FOR PROVISIONAL WORKER ONLY

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

#### Offenses covered under P.L. 1999, c.358

In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- |   |   |
|---|---|
| i. Murder                                 | viii. Kidnapping                          |
| ii. Manslaughter                          | ix. Interference with custody of children |
| iii. Death by auto                        | x. Sexual assault                         |
| iv. Simple assault                        | xi. Criminal sexual contact               |
| v. Aggravated assault                     | xii. Lewdness                             |
| vi. Recklessly endangering another person | xiii. Robbery                             |
| vii. Terroristic threats                  |   |

-- against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- |                                       |  |
|---------------------------------------|--|
| i. Endangering the welfare of a child | ii. Endangering the welfare of an incompetent person |
|---------------------------------------|--|

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

#### FOR COMMUNITY AGENCY HEAD ONLY:

I understand the results of this background check will be reported to the President of the Board of my agency.

\_\_\_\_\_  
*Name of Board President*

\_\_\_\_\_  
*Address of Board President (Home or Business)*

#### COMMUNITY AGENCY HEAD OR WORKER:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### WITNESS:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EXHIBIT A

### **MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such Applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and Applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified Applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and Applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

## EXHIBIT B

TITLE 10. CIVIL RIGHTS  
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS  
*N.J. Stat. § 10:2-1 (2012)*  
§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*)



**EXHIBIT C**  
**CSOC Pre Award Documents**  
**Required to Be Submitted with a Response to this RFQ**  
**For Self-Employed Interpreters**

<b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:</b>	
1	<input type="checkbox"/> <b>Proposal Cover Sheet</b> –Use the RFP/Q forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
2	<input type="checkbox"/> <b>Table of Contents</b> –Each submitted document must be labeled and indexed in this table. Page numbers are appreciated
3	<input type="checkbox"/> <b>Attachment 1</b> – Submit a completed Agency Data Information Form
4	<input type="checkbox"/> <b>Attachment 2</b> – Submit a completed Program Component Form
5	<input type="checkbox"/> <b>Attachment 4</b> – For Community Agency Head Only <b><u>/Certified Self-Employed Interpreter</u></b> Submit a signed/dated Community Agency Head and Worker Certification, Permission for Background Check and Release of Information
6	<input type="checkbox"/> Three (3) written <b>professional letters of support</b> on behalf of the applying specific to the provisions of services under this RFQ (references from family members of individuals receiving services and New Jersey State employees are prohibited). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
7	<input type="checkbox"/> <b>Resumes</b> indicating required education and experience
8	<input type="checkbox"/> <b>Copies</b> of national Registry of Interpreters for the Deaf certifications; proof of having passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) screening and/or proof of translation certification.
9	<input type="checkbox"/> <b>DCF Standard Language Document (SLD)</b> (signed/dated) [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
10	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> (signed/dated under Business Associate) [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
11	<input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder Form</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 8-4-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
12	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 6-19-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>

13	<input type="checkbox"/>	<b>Subcontract/Consultant Agreements</b> related to this RFQ - if not applicable, include a written statement
14	<input type="checkbox"/>	Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability & Transparency Act (FFATA) Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
15	<input type="checkbox"/>	<b>Statement of Assurances</b> (signed/dated) - use the RFP Forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>
<b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE &amp; <u>ANNUALLY</u> UPDATED THEREAFTER:</b>		
16	<input type="checkbox"/>	<b>System for Award Management (SAM)</b> printout showing "active" status (free of charge) Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar Helpline: 1-866-606-8220
17	<input type="checkbox"/>	Certification Regarding <b>Debarment</b> (signed/dated) Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>

**EXHIBIT D**

Rev. 10-4-17

**CSOC Pre Award Documents  
Required to Be Submitted with a Response to this RFQ  
For AGENCIES**

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:</b>	
1	<input type="checkbox"/> <b>Standard Language Document (SLD)</b> (signed/dated) [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
2	<input type="checkbox"/> <b>Business Associate Agreement/HIPAA</b> (signed/dated under Business Associate) [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
3	<input type="checkbox"/> Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of <b>Board of Directors</b> --or-- <b>Managing Partners</b> , if an LLC or Partnership --or-- <b>Chosen Freeholders</b> of Responsible Governing Body
4	<input type="checkbox"/> <b>Disclosure of Investigations and Other Actions Involving Bidder Form</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 8-4-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
5	<input type="checkbox"/> <b>Disclosure of Investment Activities in Iran</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 6-19-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
6	<input type="checkbox"/> For Profit: <b>Ownership Disclosure Form</b> (PDF) (signed/dated) Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> [Version 6-19-17] Form: <a href="http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf">http://www.state.nj.us/treasury/purchase/forms/OwnershipDisclosure.pdf</a>
7	<input type="checkbox"/> <b>Subcontract/Consultant Agreements</b> related to this response - if not applicable, include a written statement
8	<input type="checkbox"/> Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability & Transparency Act (FFATA) Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
9	<input type="checkbox"/> <b>Certificate of Incorporation</b> Website: <a href="http://www.nj.gov/treasury/revenue/filecerts.shtml">http://www.nj.gov/treasury/revenue/filecerts.shtml</a>
10	<input type="checkbox"/> For Profit: <b>NJ Business Registration</b> Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.nj.gov/njbusiness/registration/">http://www.nj.gov/njbusiness/registration/</a>
11	<input type="checkbox"/> <b>Agency By Laws</b> --or-- <b>Management Operating Agreement</b> if an LLC
12	<input type="checkbox"/> <b>Tax Exempt Certification</b> Website: <a href="http://www.state.nj.us/treasury/taxation/exemption.shtml">http://www.state.nj.us/treasury/taxation/exemption.shtml</a>
13	<input type="checkbox"/> <b>Statement of Assurances</b> (signed/dated) - use the RFP Forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>

14	<input type="checkbox"/>	<b>Safe-Child Standards Description</b> – submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced) Policy: <a href="http://www.state.nj.us/dcf/SafeChildStandards.pdf">http://www.state.nj.us/dcf/SafeChildStandards.pdf</a>
15	<input type="checkbox"/>	<b>For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions</b> (signed/dated) [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a>
16	<input type="checkbox"/>	Proposed <b>Annex B Budget Form</b> documenting anticipated budget (include signed cover sheet) Annex B: <a href="http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
17	<input type="checkbox"/>	Proposed <b>Program Implementation Status Update Form</b> documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified <u>Website for OOH Form:</u> <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>
<b>▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE &amp; ANNUALLY UPDATED THEREAFTER:</b>		
18	<input type="checkbox"/>	<b>System for Award Management (SAM)</b> printout showing "active" status (free of charge) Website: Go to SAM by typing <b>www.sam.gov</b> in your Internet browser address bar Helpline: 1-866-606-8220
19	<input type="checkbox"/>	<b>Tax Forms:</b> <u>Non Profit Form 990</u> Return of Organization Exempt from Income Tax --or-- <u>For Profit Form 1120</u> US Corporation Income Tax Return --or-- <u>LLC Applicable Tax Form</u> and may delete or redact any SSN or personal information
20	<input type="checkbox"/>	<b>Affirmative Action Certificate --or-- Renewal Application [AA302]</b> sent to Treasury Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf">http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf</a>
21	<input type="checkbox"/>	Certification Regarding <b>Debarment</b> (signed/dated) Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>
22	<input type="checkbox"/>	<b>Professional Licenses</b> related to job responsibilities for this response - if not applicable, include a written statement
23	<input type="checkbox"/>	Proposed <b>Organizational Chart</b> for services required by this response - include date created
24	<input type="checkbox"/>	Proposed <b>Program Staffing Summary Report (PSSR)</b> documenting anticipated staff levels and assignments Form: ProgramStaffingSummaryReport.xlsm Website: <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>

**EXHIBIT E**

Rev. 7-20-17

**CSOC Post-Award Documents  
Required to be Submitted for Contract Formation  
if the Response to the RFQ Results in an Award**

▶ <b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:</b>	
1	<input type="checkbox"/> <b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>
2	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> <b>Certificate of Occupancy</b> --or-- Continued Certificate of Occupancy - if not applicable, include a written statement
3	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of <b>Lease, Mortgage</b> --or-- <b>Deed</b> - if not applicable, include a written statement
4	<input type="checkbox"/> Document showing <b>NJSTART</b> Vendor ID Number (NJ's eProcurement system) Website: <a href="https://www.njstart.gov/">https://www.njstart.gov/</a> Help Desk: Call 609-341-3500 --or-- Email <a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a>
5	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP</u> <b>Updated Annex B Budget Form</b> (signed/dated) Annex B: <a href="http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls">http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls</a> Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
6	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup</u> <b>Schedule of Estimated Claims (SEC)</b> (signed/dated) CSOC Form: Provided by contract administrator if applicable
7	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those form by an RFQ]</u> <b>Annex B-2</b> (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
8	<input type="checkbox"/> <b>Annex A</b> (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other <b>CSOC Approved Form</b> (signed/dated) Annex A: <a href="http://www.nj.gov/dcf/providers/contracting/forms">http://www.nj.gov/dcf/providers/contracting/forms</a> CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR, Program Component Form)
9	<input type="checkbox"/> <u>For Medicaid Paid Programs</u> <b>Medicaid Provider Enrollment Application</b> (signed/dated) Form: Provided by CSOC if applicable
10	<input type="checkbox"/> <b>Chapter 271/Vendor Certification and Political Contribution Disclosure Form</b> (signed/dated) [Version: Rev 7/10/17] Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf">http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf</a>
11	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP</u> <b>Updated PSSR Form</b> Form: ProgramStaffingSummaryReport.xlsm Website: <a href="http://nj.gov/dcf/providers/contracting/forms/csoc.html">http://nj.gov/dcf/providers/contracting/forms/csoc.html</a>

12	<input type="checkbox"/>	<b>Annex A Addendum</b> (for each program component) - submitted online in CYBER (signed/dated)
	<input type="checkbox"/>	<b>CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD &amp; ANNUALLY UPDATED THEREAFTER:</b>
13	<input type="checkbox"/>	Most recent <b>Audit or Financial Statement</b> (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
14	<input type="checkbox"/>	<b>Liability Insurance</b> (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a>
15	<input type="checkbox"/>	<b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a> Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
16	<input type="checkbox"/>	<b>Notification of Licensed Public Accountant (NLPA)</b> --and-- copy of non-expired <b>Accountant Certification</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc">http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</a> Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
17	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : <b>Health/Fire Certificates</b> - if not applicable, include a written statement
18	<input type="checkbox"/>	<u>For Each Site Hosting Youth</u> : Current <b>DCF Office of Licensing (OOL) Certificate</b> - if not applicable, include a written statement Website: <a href="http://www.state.nj.us/dcf/about/divisions/ol/index.html">http://www.state.nj.us/dcf/about/divisions/ol/index.html</a>
19	<input type="checkbox"/>	<b>Equipment Inventory</b> for items purchased with DCF Funds - if not applicable, include a written statement Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf</a>
20	<input type="checkbox"/>	<u>For Cost Reimbursement Contract Components Including Startup</u> : <b>Report of Expenditures (ROE) Annex B</b> Interim (15 days of end of 6 <sup>th</sup> month) -and- Final (120 days of FY end) Form: <a href="http://nj.gov/dcf/providers/contracting/forms/">http://nj.gov/dcf/providers/contracting/forms/</a> Submit To: <a href="mailto:ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us">ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us</a>
	<input type="checkbox"/>	<b>CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:</b>
21	<input type="checkbox"/>	<b>Agency Organizational Chart</b>
22	<input type="checkbox"/>	Copy of Most Recently Approved <b>Board Minutes</b>
23	<input type="checkbox"/>	<b>Personnel Manual and Employee Handbook</b> (include staff job descriptions)
24	<input type="checkbox"/>	<b>Affirmative Action Policy/Plan</b>

25	<input type="checkbox"/>	<b>Conflict of Interest Policy and Attestation</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a>
26	<input type="checkbox"/>	<b>Procurement Policy</b> Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a>
27	<input type="checkbox"/>	<b>Annual Report to Secretary of State</b> Website: <a href="http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml">http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml</a>