



**REQUEST FOR QUALIFICATIONS FOR
ONE TO ONE SUPPORT SERVICES
IN SUMMER DAY CAMP FOR
YOUTH WITH INTELLECTUAL/DEVELOPMENTAL
DISABILITIES**

There will be no Bidder's Conference for this RFQ

**Responses will be accepted on a rolling basis from
March 9, 2015 through April 22, 2015**

Questions will be accepted until March 20, 2015

Allison Blake, PhD., L.S.W.
Commissioner

March 10, 2015

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Funding Agency

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

Section I – Required Services and Implementation Process

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Children's System of Care (CSOC) announces the opportunity for applicants statewide to become qualified to provide one to one (hereinafter 1:1) support services to eligible children, youth and young adults (hereinafter youth) with intellectual/developmental disabilities (per N.J.A.C. 10:196) who attend summer day camp settings with a Youth Camp Safety Act Certificate of Approval (Certified Camp).

Any provider or camp that is seeking to offer 1:1 supports, and be reimbursed through CSOC, must apply to this RFQ to support CSOC youth this summer during the summer camp season.

DCF is seeking to approve applicants, whose qualifications are overall conforming to this RFQ, to deliver 1:1 support services to eligible youth. Applicants who can demonstrate the capacity to provide services to non-verbal and/or bi-lingual individuals are encouraged.

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

B. Background:

The New Jersey Department of Children and Families is the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, families and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve.

One to one supports can only be provided at summer day camps with a Youth Camp Safety Act Certificate of Approval (Certified Camp) issued through the Department of Health. Please check CSOC's Contracted System Administrator's website, for updates about the availability of funds and information about the One to One application process. Applications will be available on the website or by calling the CSA to request an application by mail.

Families who apply for 1:1 supports may be eligible to receive these services if CSOC determines their youth either have challenging behaviors that may threaten the health or safety of themselves or others without the supervision and involvement of a 1:1 aide, or an absence of developmentally appropriate adaptive, social, or functional skills and need direct physical assistance from a 1:1 aide in order to successfully participate in recreational and social summer camp activities.

C. Description of Required Services:

A 1:1 support service is defined as one dedicated staff assigned to one youth who is no more than one arm's length away and within eyesight at all times. An exception to the arm's length requirement may be made for youth who are swimming, at the discretion of the certified life guard. The 1:1 support service staff shall ensure that the youth is supervised and provided assistance at all times.

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

1. Provide support/supervision for youth who may:
 - a) not have the capacity to engage in and maintain peer relationships or without constant verbal and/or physical prompting may not have the capacity to stay on task and follow directions;
 - b) present with serious behavior problems with ongoing incidents of injurious behaviors to self and/or others; utilizing positive behavior supports and, if applicable, collaborating effectively with ABA professionals (BCBA and/or BCaBA) that are also supporting the youth and implementing the behavior support plan, to ensure consistency with treatment approaches;
 - c) need assistance with all Activities of Daily Living (ADL's) e.g. eating, toileting, communication, mobility;
 - d) present with serious behavior problems with ongoing (daily) incidents of injurious behaviors to self and/or others or youth wanders or bolts;
 - e) need an adult in close proximity to supervise social interactions with peers at all times and assist in communication;
 - f) require direct physical assistance with non-medical specialized health care support (e.g., feeding, assistance with braces or prosthesis);
 - g) require positioning or bracing multiple times daily;
 - h) require health-related interventions which do not rise to the level of needing skilled nursing care, multiple times daily; (Youth who require skilled nursing care which is not otherwise available to provide for their special medical needs would not be a candidate for a 1:1 support service staff for camp; 1:1 support service staff are not qualified to provide skilled nursing care.); and
 - i) require direct physical assistance with most personal care.

2. Complete the CSOC Child Adaptive Behavior Summary;
3. Provide a 1:1 support service staff and provide a substitute 1:1 aide in the event of the planned or unplanned absences of the regularly assigned 1:1 aide;
4. Ensure that the youth is willing to accept instruction and assistance from the assigned service staff and substitute staff;
5. Ensure that the youth responds to direction and complies with evacuation procedures in the event of an emergency;
6. Assess any crisis related issues and assist with planning for those issues;
7. Assess and review any risk or safety issue for youth at camp and determine resolutions;
8. Provide supports to assist the youth in developing life skills and enhancing personal relationships through community integration, while increasing safety awareness in various camp settings;
9. Receive and respond to e-mails and phone calls within one business day upon receipt;
10. Acknowledge the receipt of referrals within two business days;
11. Provide appropriate training and supervision for all staff who will be direct 1:1 support services providers that includes, but is not limited to:
 - a) Positive Behavior Supports;
 - b) Developmental milestones, identifying developmental needs, strengths;
 - c) Crisis management: Prevention, Recognition and Intervention;
 - d) HIPAA;
 - e) Confidentiality and Ethics;
 - f) Basic First Aid and CPR;
 - g) Basic Functional Behavior Assessment activities as well as how to implement proactive intervention plans;
 - h) Danielle's Law (In compliance with P.L.2003, c.191 [C.30:6D-5.1-5.6]);
 - i) Identifying and reporting abuse and neglect:
 - i. Any incident that includes an allegation of child abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE, in compliance with N.J.S.A. 9:6-8.10;
 - ii. Any incident that includes an allegation of abuse, neglect, or exploitation of a vulnerable adult age 18 and over must be immediately reported to the Division of Aging Services, Adult Protective Services (APS) in compliance with N.J.S.A. 52:27D-406 to 426;
 - j) Any CSOC future training(s) as determined necessary.
12. Maintain the following data in support of all claims:
 - a) The name and address of the youth being provided services;
 - b) The name and credentials of the person(s) providing the service;
 - c) The exact date(s), location(s) and time(s) of service;
 - d) The type of the service(s) provided; and
 - e) The length of face-to-face contact, excluding travel time to or from the location of the contact with the youth receiving services.

13. Maintain an individual service record for each youth, which shall contain, at a minimum, the following information:
- a) The dates of service and number of care hours, per level of service, received;
 - b) The diagnosis provided with the initial referral;
 - c) The reason for initial referral and involvement;
 - d) The service plan, including any amendments, must be completed in collaboration with the 1:1 provider; and
 - e) Documentation of any and all crisis or emergency situations that occur during the provision of the services, including a summary of corrective action taken and resolution of the situation.

D. Process for Providing Services:

The Contracted System Administrator (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. Each awardee will obtain referrals for 1:1 support services through the Contracted System Administrator. Each awardee will be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Provider agencies and camps who qualify under this RFQ may provide 1:1 support services for those youth who attend a Certified day camp and are found by CSOC to satisfy the criteria for this service. Providers qualified to provide 1:1 support services for campers will directly apply for authorizations to provide the service from the CSA and be reimbursed by billing through the CSA.

The selected agencies are required to initiate contact with the camp at least one week before the camp opens to allow time for their 1:1 support staff to become well aware of the policies of the camp before they report to work.

Certified Day camps requiring 1:1 support services for youth seeking to register to attend their summer programs must arrange to meet with the caregiver and jointly complete and sign the application for 1:1 services, and jointly complete the Child Adaptive Behavior Summary (CABS). These meetings are required to take place before the youth is at the camp. Both the application for 1:1 and the CABS are located on the CSA, PerformCare website. The CABS may be found on this website under: State of New Jersey - Department of Children and Families, Application for Determination of Eligibility for Children under Age 18* with Developmental Disabilities.

<http://www.performcarenj.org/families/disability/determination-eligibility.aspx>

* Please note, the CABS will be used for all youth under age 21 who will be attending a CSOC qualified summer day camp and are requesting 1:1 support services.

The Child Adaptive Behavior Summary (CABS) is intended to gather information about the youth’s typical functioning within the last 6 months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth’s disability on daily life for both the youth and the caregiver.

Please check the box on the CABS that best describes the frequency that the youth does the listed actions or behaviors. Please check a box for every listed action or behavior. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your youth, please indicate “not applicable” as appropriate. Write any comments at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth’s current functioning is improving or worsening compared to past abilities.

The completed application for 1:1 support services and the completed CABS shall be submitted by mail to PerformCare prior to providing the service. All service requests must be reviewed and prior authorized. PerformCare will review the CABS, application, and criteria and generate an authorization for eligible youth. PerformCare will send notification to both the caregiver and the camp or provider agency of the services authorized.

Camps and provider agencies qualified under this RFQ will be provided with address/contact numbers and all necessary information for submission of documents and service requests. Upon receipt of referral information from the CSA, each awardee is required to, upon request from the CSA, make available 1:1 support services for those found eligible.

E. Process for Funding and Payment:

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:

Discipline	Maximum Rate	Unit
1:1 Support Services Aide BA/BS with 1 year relevant experience OR 1:1 Support Services Aide HS Diploma/GED with 3 years relevant experience	\$7.50	Per 15 Minutes

One to One support services are reimbursed on a fee-for-service basis. Units of service are defined as 15 continuous minutes of direct contact service provided to, or on behalf of, the child, youth, adolescent or young adult. Funding for 1:1 support services is for

the timeframe of June through August for up to seven hours a day, and a maximum of 10 days.

Agencies are required to submit their invoices (claims) within 30 days of the date of service delivery. If services have not been provided within 30 days, the provider must inform the CSA of the reason for delay.

Services may be provided at any level by a practitioner whose credentials meet and/or exceed the minimum requirements for that service level; however, increased reimbursement shall not be provided.

If the published rate shall change the amount received by the provider shall change. Upon request by DCF, and in order to provide the State with the ability to judge the applicant's financial capacity and capabilities to undertake and successfully meet its obligations upon referral, applicants shall have available two years of certified financial statements, including a balance sheet, income statement and statement of cash flow, and all applicable notes for the most recent calendar year or the applicant's most recent fiscal year. If certified financial statements are not available, the applicant shall provide either a reviewed or compiled statement from an independent accountant setting forth the same information required for the certified financial statements, together with a certification from the Chief Executive Officer and the Chief Financial Officer, that the financial statements and other information included in the documents fairly present in all material respects, the financial condition, results of operations and cash flows of the applicant as of, and for the time periods presented in the statements. Note: When a provider functions as part of a professional group, conducting an evaluation as a "team," DCF will reimburse the group, as a single entity, the rate for the service provided.

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.

DCF intends to fund services offered by providers that meet the qualifications and agree to all the terms and conditions provided by the DCF. CSOC reserves the right to terminate a provider's qualifying status at any time without notice.

Matching funds are not required and operational start-up costs are not permitted. Proposals that demonstrate the leveraging of other financial resources are encouraged. Funds awarded under this program may not be used to supplant or duplicate existing funding. Any expenses incurred prior to the effective date of the award will not be reimbursed by DCF.

Section II – The RFQ Process

A. The RFQ Schedule, Format and Delivery:

March 10, 2015, 2015	Notice of Availability of Funds/RFQ publication
March 20, 2015	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
March 9 to April 22, 2015	Qualification documents are accepted on a rolling basis. Deadline for Final Receipt of Qualifications is April 22, 2015 by 12:00PM

All proposals must be received by 12:00 PM on or before April 22, 2015. Proposals received after 12:00 PM on April 22, 2015 will **not** be considered.

Applicants should submit **one (1) signed original** and **one CD ROM**. Paper documents submitted must be separated by dividers that include the name(s) of each document(s). All applications submitted in response to this RFQ, whether in paper or electronic form, shall be organized in the following order:

- Application proposal cover sheet- Use the standard form available at: www.nj.gov/dcf/providers/notices/ Forms for RFPs found directly under the Notices section.
- Table of Contents- Each submitted document must be labeled and indexed in this table.

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 should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

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 should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

3. Online- <https://ftpw.dcf.state.nj.us>

DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available on our website at: www.nj.gov/dcf/providers/notices/

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

B. RFQ 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:

- The application was received prior to the stated deadline;
- The application is signed and authorized by the applicant's Chief Executive Officer or equivalent;
- The application is complete in its entirety, including all required attachments and appendices;
- 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. Proposal Review Process

Applicants whose qualifications are approved will be eligible to provide services. Applicants shall provide information that demonstrates their ability to meet the specified requirements listed in this RFQ.

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department'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 applicant's lack of good standing with the Department, 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 the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five 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 are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

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.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination as described in attached **Exhibit B.**

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, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.

C. 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. 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 Department directly, in person, or by telephone, concerning this RFQ. Inquiries should only be addressed for technical support through 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.

D. 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 4th Floor
Trenton NJ 08625

no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement.

E. Post RFQ Process Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's evaluation of their individual applications to be qualified to provide services. All Post RFQ Process Reviews will be conducted by appointment.

Applicants may request a Post RFQ Process Review by contacting:
DCFASKRFP@dcf.state.nj.us

Post RFQ Process Reviews will not be conducted after six months from the date of issuance of this RFQ.

F. Post Qualification Requirements:

Qualified 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

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

Applicants found to be qualified will be minimally required to submit one (1) copy of the following documents before their contract with DCF is finalized and authorizations to provide services are issued:

1. Annex B-2 signed with rates as set forth in RFQ
2. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
3. DCF Third Party Contract Reforms Attestation
4. Proof of Insurance naming DCF as additionally insured from agencies and camps qualified to provide their services.
5. Proof of Insurance naming the camp where their aid will work as additionally insured from agencies qualified to provide their services to camps.
6. Bonding Certificate
7. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
8. ACH- Credit Authorization for automatic deposit (for new agencies only)

Section III – Required Qualifications and Documentation

As a condition of providing the required services described in this RFQ, each applicant must confirm that they meet **all** of the required qualifications listed in Section A by signing **Exhibit D** and submitting it with **every** required document listed in Section B.

A. Required Qualifications:

1. Applicants shall assign only 1:1 support service staff who have either:
 - a) A Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities;
 - OR
 - b) A High School Diploma or GED and at least three years of supervised experience in implementing behavior support plans and teaching/assisting with ADL skills for individuals who have intellectual/developmental disabilities.
2. Applicants must conform to the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3).
3. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
4. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
5. Applicants may 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. If 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 have been eliminated to the satisfaction of DCF for a period of 6 months.
7. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
8. Where appropriate, all applicants must hold current State licenses.
9. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
10. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
11. Applicants must have the ability to achieve full operational census by the first day of camp.
12. Applicants must ensure that all employees of the agency rendering one to one support services will have state and federal background checks with fingerprinting completed now and every two years thereafter. Each agency employee providing one to one support services must complete the employee certification form that is provided as attached **Exhibit C**. The cost of the

fingerprinting and criminal history background check to become a qualified one to one support services provider will be paid for by the Department of Children and Families. Instructions on fingerprinting will be provided to awardee.

13. Applicants must ensure that all employees complete a Tuberculin Skin Test. Employees of the Agency are required to pass a Tuberculin Skin Test (TB) and provide supporting documentation
14. In addition, provider agencies must comply with N.J.S.A. 30:6D-73 et seq. Central Registry of Offenders Against Individuals with Developmental Disabilities. Agencies must ensure that the names of all agency employees, volunteers, consultants, and one to one support services providers that provide services to youth with intellectual/developmental disabilities will be checked against those names in the central registry. Additional information can be found at http://www.state.nj.us/humanservices/staff/opia/central_registry.html. If you are not registered to access the registry, information to do so can be found at this website.
15. Applicants must comply with Danielle's Law www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html.
16. 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 www.dnb.com.

B. Required Documents

Paper documents submitted must be separated by pages that include the name(s) of each document(s). All applications submitted in response to this RFQ, whether in paper or electronic form, shall be organized in the following order:

Appendices – Provide in the order below separated by pages that specifically identify each document submitted:

1. Proposal Cover Sheet- Use the standard form available at: www.nj.gov/dcf/providers/notices/ Forms for RFPs found directly under the Notices section. (this form was posted with the RFQ)
2. Table of Contents-Each submitted document must be labeled and indexed in this table.
3. (Exhibit C) Community Agency Head and Employee Certification, Permission for Background Check and Release of Information
4. (Exhibit D) Completed Service Specifications and Attestation Form that is provided as attached Exhibit D
5. Crisis Plan- Policy and protocol for crisis planning that includes prevention, recognition, intervention, and debriefing and is in compliance with “Danielle’s Law,” C.30:6D.
6. Supporting documentation for TB Skin Test for each employee submitted
7. Current resumes for each employee submitted for consideration. Resumes shall document the qualifications of every 1:1 aide the applicant will assign to provide the services described in this RFQ.

8. Each agency employee providing one to one support services must complete the Employee Certification Form that is provided as attached Exhibit C. For each resume proposed provide the Exhibit C.
9. Current/dated list of agency Board of Directors/Terms of Office
10. Signed DCF Standard Language Document (this form was posted with the RFQ) <http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
11. 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>
12. Renewal Printout from the System for Award Management (SAM) website (<https://www.sam.gov/portal/public/SAM/>)
13. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding
14. Signed HIPAA Business Associate Agreement (<http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc>)
15. Copies of Applicable Licenses-Licenses are not required but if you have licensed individuals you may provide them.
16. Current Affirmative Action Certificate or Copy of Renewal Application Sent to Treasury.
17. Certificate of Incorporation.
18. New Jersey Business Registration Certificate with the Division of Revenue.
19. Dated List of Names, Titles, Address and Terms of Board of Directors.
20. Agency By-laws.
21. Tax Exempt Certification-IRS Determination Letter regarding applicant's charitable contribution or non-profit status.
22. Form 990 for Non-Profits or Form 1120 intended for For-Profit entities.
23. Source Disclosure Certification** (this form was posted with the RFQ).
24. Ownership Disclosure**- Note: non-profit entities must complete all information from Page 3 to end** (this form was posted with the RFQ).
25. Current or Proposed Organization Chart.
26. Copy of Most Recent Audit or financial statement certified by the provider's accountant.
27. Annual Report to the Secretary of State (https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp).
28. Annual Report- Charitable Organizations (If applicable) <http://www.njconsumeraffairs.gov/charity/charfrm.htm>.
29. W-9 form (new agencies only) (<http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf>)
30. Certification regarding Debarment* <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf>.
31. Statement of Assurances*
32. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
33. 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

34. Copy of agency's Conflict of Interest policy

35. Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (for profit only)

http://www.state.nj.us/treasury/purchase/forms/eo134/c51_eo117_cd_02_10_09.pdf

* Standard forms for RFP's are available at: www.nj.gov/dcf/providers/notices/
Forms for RFP's are directly under the Notices section.

** Treasury required forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/forms.shtml> Click on Vendor Information and then on Forms.

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

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).

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

**COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION, PERMISSION
FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby authorize the Department of Children and Families to conduct 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.

__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 _____. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six 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
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person

vii. Terroristic threats

viii. Kidnapping

ix. Interference with custody of children

x. Sexual assault

xi. Criminal sexual contact

xii. Lewdness

xiii. Robbery

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

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

Employee Name (please print)	Employee (Signature Date)
Witnessed by (please print)	Witness (Signature Date)

EXHIBIT D

Service Specifications and Attestation:

1) Are you a camp seeking to be qualified to provide one to one services to only those youth who attend your camp? Yes ____ No ____

2) Are you are an agency seeking to be qualified to provide 1:1 services to camps?
Yes ____ No ____

If so, will you provide one to one services to camps statewide or only to camps located in certain counties? Statewide ____ Certain Counties ____

If you will provide one to one services only to camps in certain counties, specify which counties you will serve:

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

3) Do you offer bilingual services? Yes ____ No ____

If so, specify the languages offered:

Attestation:

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 above 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 for One to One Supports and Services for Youth with Intellectual/Developmental Disabilities. I certify that I meet all of the qualifications and have provided all of the documentation required in Section II 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.

APPLICANT NAME (Please Print)	SIGNATURE	DATE
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CEO OR EQUIVALENT NAME	SIGNATURE	DATE
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PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.