

## **2015 TECHNICAL ASSISTANCE**

### **REQUEST FOR PROPOSALS**

#### **LIST OF ATTACHMENTS**

<b>ATTACHMENT A</b>	<b>Proposal/Authorization Cover Sheet</b>
<b>ATTACHMENT B</b>	<b>Request for Proposals Checklist</b>
<b>ATTACHMENT C</b>	<b>Statement of Assurances</b>
<b>ATTACHMENT D</b>	<b>Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion</b>
<b>ATTACHMENT E</b>	<b>EO-189 Addendum to Request for Proposal for Social Service and Training Contacts – Conflict of Interest</b>
<b>ATTACHMENT F</b>	<b>Executive Order 129 Certification Source Disclosure Form</b>
<b>ATTACHMENT G</b>	<b>PL2005, C51 Pay-to-Play Certification and Disclosure Instructions Form</b>
<b>ATTACHMENT H</b>	<b>Disclosure of Investment Activities in Iran</b>
<b>ATTACHMENT I</b>	<b>Program Budget</b>
<b>ATTACHMENT J</b>	<b>Directions to Division of Family Development, Office of Grants Management at Quakerbridge Plaza (Proposal Delivery Site for Hand Delivery or Commercial Courier/Mail Service)</b>
<b>ATTACHMENT K</b>	<b>Directions to Mandatory Technical Assistance Conference Site</b>
<b>ATTACHMENT L</b>	<b>Technical Assistance Conference Pre Registration Form 2-14 Child Care Resource and Referral RFP</b>
<b>ATTACHMENT M</b>	<b>List of Acronyms</b>
<b>ATTACHMENT N</b>	<b>Regions and Funding</b>
<b>ATTACHMENT O</b>	<b>TA Center - Performance Outcome Measures</b>
<b>ATTACHMENT P</b>	<b>Ownership Disclosure Form</b>

DFD USE ONLY

Proposal # \_\_\_\_\_

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES

**2015 TECHNICAL ASSISTANCE  
REQUEST FOR PROPOSALS**

PROPOSAL/AUTHORIZATION COVER SHEET

**PROPOSAL SUMMARY INFORMATION**

Incorporated Name of Applicant: \_\_\_\_\_

Type: Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ CWA \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Address of Service(s): \_\_\_\_\_  
(Attach list if necessary.)

County: \_\_\_\_\_

Service Regions (Counties): \_\_\_\_\_

Name of Proposal Preparer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \$ \_\_\_\_\_

Agency Fiscal Year End: \_\_\_\_\_

Total number of cases to be served: \_\_\_\_\_

Brief description of services to be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION:**

Chief Executive Officer (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUEST FOR PROPOSALS CHECKLIST

**THE FOLLOWING ITEMS MUST BE INCLUDED IN THE PROPOSAL PACKAGE, AS INDICATED.** Failure to submit any documents, as required, may render your proposal ineligible for funding consideration.

Please complete this checklist by entering a **check mark (✓)** next to each document included in the proposal **or (N/A)** if the document is not required for the agency.

**One (1) signed original** and six (6) **copies** of the proposal **which includes the following:**

- Proposal/Authorization Cover Sheet (**See ATTACHMENT A**) **SIGNATURE REQUIRED**
- Completed Check-Off List (**See ATTACHMENT B**)
- Program Narrative (**Not to exceed 50 single-spaced, one-sided pages**)
- Statement of Assurances (**See ATTACHMENT C**) **SIGNATURE REQUIRED**
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (**See ATTACHMENT D**) **SIGNATURE REQUIRED**
- EO 189 – Addendum to Request for Proposal for Social Services and Training Contracts – Conflict of Interest (Attachment E)
- EO 129 Certification – Source Disclosure Form (Attachment F)
- PL 2005, C 51 Pay to Play Certification and Disclosure Instructions Form (Attachment G)
- Ownership Disclosure and Disclosure of Investment Activities in Iran (Attachments P & H)  
**Signature Required**
- Budget Forms (**See ATTACHMENT I**)
- Copy of the Applicant's organizational chart
- Copy of the most recent organization-wide audit report or current financial statement (**original proposal only**)
- Agency's Code of Ethics/Conflict of Interest Policy
- List of the Board of Directors, Officers and their terms (**non-profits only**)
- **Copies of resumes and/or Job Descriptions for proposed staff**
- **NJ Business Registration Certificate**
- Charitable registration status (**non-profits only**)
- Applicant's Certificate of Incorporation
- Collaboration agreements/letters of support as appropriate

**STATEMENT OF ASSURANCES**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statements of work, or the evaluation of the RFP applications/bids.
- Will comply with all Federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) Federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975c. 127 (NJAC 17:27).
- Will comply with all applicable Federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191 and the regulations adopted thereunder by the Secretary of United States Department of Health and Human Service (45 CFR, Parts 160, 162 and 164).
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

---

Applicant Organization

---

Signature: Chief Executive Officer or Equivalent

---

Date

---

Typed Name and Title

## ATTACHMENT D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS – CONFLICT OF INTEREST**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**EXECUTIVE ORDER 129 CERTIFICATION**

**SOURCE DISCLOSURE CERTIFICATION FORM**

Bidder: \_\_\_\_\_ Solicitation Number \_\_\_\_\_

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the "Division"), in accordance with the requirements of Executive Order 129, issued by Governor James E. McGreevey on September 9, 2004 (hereinafter "E.O. No. 129").

The following is a list of every location where services will be performed by the bidder and all subcontractors.

Bidder or Subcontractor	Description of Services	Performance Location(s) by County
-------------------------	-------------------------	-----------------------------------

Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the "Director").

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: \_\_\_\_\_  
[Name of Organization or Entity]

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

## ATTACHMENT G

**Pub.L. 2005, Chapter 51, (Formerly Executive Order 134), Executive Order  
117 Requirements for Eligible Applicants**

**Pay-to-Play Certification and Disclosure Instructions and Form**

The page below includes a snapshot of the .pdf form, State of New Jersey, Pub.L. 2005, Chapter 51 (Formerly Executive Order 134) "Pay to Play" Certification and Disclosure Form, and Executive Order 117 Certification of Compliance forms, DPP c51 - C&D, Rev. 11-17-2008.

(This .pdf form can be located online by using the following link:

[http://www.nj.gov/treasury/purchase/forms/eo134/c51\\_eo117\\_cd\\_02\\_10\\_09.pdf](http://www.nj.gov/treasury/purchase/forms/eo134/c51_eo117_cd_02_10_09.pdf)

**In order to be considered eligible for funding consideration, all Applicants must submit one completed original and one copy of the "Certification and Disclosure" form along with their proposals.**

The form is not to be included as part of the Applicant's proposal package, but as **a separate and distinct document** that must be submitted together with the Applicant's proposal.

## ATTACHMENT H

### **Disclosure of Investment Activities in Iran State of New Jersey- Division of Purchase and Property**

The page below includes a snapshot of the .pdf form, **State of New Jersey-Division of Purchase and Property, Disclosure of Investment Activities in Iran**. This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

(This .pdf form can be located online by using the following link:  
<http://www.state.nj.us/treasury/purchase/forms.shtml#waverforms> )

# ATTACHMENT H1

STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN													
Quote Number: _____	Bidder/Offeror: _____												
<b>PART 1: CERTIFICATION</b> <b>BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.</b> FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.													
<p>Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. Bidders <b>must</b> review this list prior to completing the below certification. <b>Failure to complete the certification will render a bidder's proposal non-responsive.</b> If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party</p>													
PLEASE CHECK THE APPROPRIATE BOX:													
<input type="checkbox"/> I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.													
OR													
<input type="checkbox"/> I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.													
<b>PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN</b> You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.													
EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.													
<table style="width: 100%;"><tr><td style="width: 50%;">Name _____</td><td style="width: 50%;">Relationship to Bidder/Offeror _____</td></tr><tr><td colspan="2">Description of Activities _____</td></tr><tr><td colspan="2">_____</td></tr><tr><td>Duration of Engagement _____</td><td>Anticipated Cessation Date _____</td></tr><tr><td colspan="2">Bidder/Offeror Contact Name _____</td></tr><tr><td colspan="2">Contact Phone Number _____</td></tr></table>		Name _____	Relationship to Bidder/Offeror _____	Description of Activities _____		_____		Duration of Engagement _____	Anticipated Cessation Date _____	Bidder/Offeror Contact Name _____		Contact Phone Number _____	
Name _____	Relationship to Bidder/Offeror _____												
Description of Activities _____													
_____													
Duration of Engagement _____	Anticipated Cessation Date _____												
Bidder/Offeror Contact Name _____													
Contact Phone Number _____													
<input type="button" value="ADD AN ADDITIONAL ACTIVITIES ENTRY"/>													
<p><small>Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.</small></p>													
Full Name (Print): _____	Signature: _____												
Title: _____	Date: _____												

# BUDGET PROPOSAL FOR ATTACHMENT I

## Budget

The applicant is required to complete the DHS budget utilizing the excel template – Annex B. This will provide details of the proposed budget for the program, including direct and indirect costs and the allocation method proposed for all indirect costs.

The Annex B is available on the website at:

<http://www.state.nj.us/humanservices/dfd/info/standard/index.html>

The DHS Contract Manuals, also available on this website, include detailed discussion, direction and guidance on completing the Annex B.

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services. Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. In addition to the required Annex B – Budget, provide a budget narrative for the total annual costs of the proposed project.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should reflect the eleven (11) month contract and program operating schedule. Column 1 of the Annex B should be the annual costs of the budget category, column 2 should reflect the proposed program costs for the eleven (11) month period of contract performance. The difference between the annual costs and the program costs (i.e. the 1 month not funded under the contract) should be reflected as unallowable.

All costs associated with the completion of the project must be delineated and the budget narrative must clearly articulate budget items including a description of miscellaneous expenses and other costs.

***Note: charges for G &A expense may not exceed 10% of the total direct service costs of the project. Start-up costs may be available for new agencies.***

All requested information must be provided in its entirety - information not completed may negatively impact the review of the proposal and result in overall score

If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance.

**New Jersey Department of Human Services**  
Division of Family Development  
3 Quakerbridge Plaza  
Quakerbridge Road  
Mercerville, New Jersey 08619  
(609) 588-2290

**DIRECTIONS FOR DELIVERY OF PROPOSALS**

**FROM NORTH**

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to exit for I-295 North (Exit is on the right);
3. Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to the first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and the first right and building numbered 3 is the second one-story building on your left.

**Please note that the building is protected by a security system and you may need to use the telephone outside the door to your right to call and gain entrance to the building.**

**FROM SOUTH**

**Take Route 206 North to I-295 North**

Get on I-295 North and follow directions 3 – 5 above.

**OR**

**Take the New Jersey Turnpike North to Exit to I-195**

Exit Turnpike and follow directions 2 – 5 above.

**DIRECTIONS  
TO THE TECHNICAL ASSISTANCE  
CONFERENCE SITE**

**DIVISION OF FAMILY DEVELOPMENT  
Quakerbridge Plaza  
Building 7, 2<sup>nd</sup> Floor, Room 200 A-C  
Mercerville, NJ 08619  
(609) 588-2290**

**FROM NORTH**

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);
2. Take I-195 West to Exit for I-295 North (Exit is on the right);
3. Stay on I-295 North to Exit 65A (Sloan Ave. **East**)
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)
5. Turn left onto Quakerbridge Road and proceed to first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and proceed to the stop sign. Turn right and the first three-story building on your right is Building 6.

**FROM SOUTH**

Take Route 206 North to I-295 North;

Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195

Exit Turnpike and follow directions 2 – 5 above

**2015 TECHNICAL ASSISTANCE RFP**  
**TECHNICAL ASSISTANCE CONFERENCE**  
**PRE-REGISTRATION FORM**

[ ] Number of people attending (maximum of 3 persons)

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

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

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

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodation Required: \_\_\_\_\_

# ACRONYMS

CARI	Child Abuse Record Information
CARES	Child Care Automated Resources & Eligibility System
CASS	Consolidated Assistance Support System
CBSS	County Board of Social Services
CCAP	Child Care Assistance Program
CCDF	Child Care Development Fund
CCR&R	Child Care Resources and Referral
CCQS	Community Care Quality Slots
CCWU	Child Care Workers Union
CDA	Child Development Associate
CPR	Cardiopulmonary Resuscitation
CPS	Child Protective Services
CSEFEL	Center on the Social and Emotional Foundations for Early Learning-
CWA	County Welfare Agency
DCF	Department of Children & Families
DCP&P	Division of Child Protection & Permanency
DFCP	Division of Family & Community Partnerships
DFD	Division of Family Development
DFDI	Division of Family Development Instructions
DHS	Department of Human Services
DIMS	Document Imaging System
DOE	Department of Education
ECC	E Child Care
ECERS-R	Early Childhood Environmental Rating Scale-Revised
ECPA	Early Childhood Program Aid
ELLI	Early Launch to Learning Initiative
FCC	Family Child Care
FFN	Family, Friends, and Neighbors
FPL	Federal Poverty Level
ITERS-R	Infant Toddler Environmental Rating Scale-Revised
IVR	Interactive Voice Response
LWD	(Department of) Labor and Workforce Development
NJCK	New Jersey Cares for Kids
OIS	Office of Information Systems
OMEGA	Online Management of Economic Goal Achievement System
OOL	Office Of Licensing
PACC	Post Adoption Child Care
PINJ	Professional Impact of New Jersey
POS	Point of Service
QIS	Quality Improvement Specialist
RFP	Request For Proposal
SFI	Strengthening Families Initiative
SIDS	Sudden Infant Death Syndrome
SIP	Special Initiatives Programs
SME	Subject Matter Experts
TANF	Temporary Assistance for Needy Families
TAS	Technical Assistance Specialist
TCC	Transitional Child Care
TPOT	Teaching Pyramid Observation Tool
TPITOS	The Pyramid Infant Toddler Observation Scale
WFNJ	Work First New Jersey

## ATTACHMENT N

### REGIONS AND FUNDING

Region 1-North	Expected program served per year
Bergen	101
Hunterdon	15
Morris	69
Passaic	182
Sussex	31
Warren	25
Union	112
<b>Total</b>	<b>535</b>
<b>Total Estimated Funding</b>	<b>\$2,021,708</b>
Region 2-Central	Expected program served per year
Mercer	78
Middlesex	173
Monmouth	118
Ocean	101
Somerset	46
<b>Total</b>	<b>516</b>
<b>Total Estimated Funding</b>	<b>\$1,920,626</b>
Region 3-South	Expected program served per year
Atlantic	89
Burlington	107
Camden	123
Cape May	22
Cumberland	56
Gloucester	70
Salem	29
<b>Total</b>	<b>496</b>
<b>Total Estimated Funding</b>	<b>\$1,819,534</b>
Region 4-Northeast	Expected program served per year
Essex	284
Hudson	221
<b>Total</b>	<b>505</b>
<b>Total Estimated Funding</b>	<b>\$1,920,626</b>



b. **Curriculum** - offered support in curriculum fidelity and implementation

c. **Assessment** - offered support in fidelity and use of data

**Section 3 - Participant Outcome Objectives:**

**Increased ERS Scores based on Grow NJ Kids tool:**

a. number of programs meeting standard 1.2.1

b. number of programs meeting standard 1.3.5

c. number of programs meeting standard 1.4.1

b. number of programs meeting standard 1.5.3

**Increased number of credential/degreed professionals:**

a. number of programs meeting Level 3 CDA requirement (20% standard 4.3.8)

b. number of programs meeting Level 4 CDA requirement (35% standard 4.4.2)

c. number of programs meeting Level 5 CDA requirement (50% standard 4.5.3)

**Increased number of families connected to resources:**

a. number of programs offering the protective factors survey (standard 3.3.1)

b. number of programs offering home visits (standard 3.3.4)

**Business Practices - PAS scores:**

a. number of programs meeting Level 3 (self-assessed score of 3; standard 5.3.1)

b. number of programs meeting Level 4 (self-assessed score of 4; standard 5.4.1)

c. number of programs meeting Level 5 (self-assessed score of 5; standard 5.5.1)

## **Ownership Disclosure Form**

### **State of New Jersey- Division of Purchase and Property**

The page below includes a snapshot of the .pdf form, **State of New Jersey- Division of Purchase and Property, Ownership Disclosure Form**. This form must be signed, completed, and submitted by all applicants in addition to the submission of proposals and other required documents specified in the RFP.

This .pdf form can be located online by using the following link:

<http://www.state.nj.us/treasury/purchase/forms/StandardRFPForms.pdf>

**STATE OF NEW JERSEY – DIVISION OF PURCHASE AND PROPERTY  
OWNERSHIP DISCLOSURE FORM**

Solicitation Number: \_\_\_\_\_ Bidder/Offeror: \_\_\_\_\_

**PART 1: PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR "NO" BOX. ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO COMPLETE THIS FORM PURSUANT TO S.A.S.A. 82-21-24.2. PLEASE NOTE: IF THE BIDDER/OFFEROR IS A NON-PROFIT, THIS FORM IS NOT REQUIRED. PLEASE COMPLETE THE SEPARATE DISCLOSURE OF INVESTIGATIONS FORM.**

	YES	NO
1. Are there any individuals, corporations or partnerships owning a 10% or greater interest in the bidder/offeror?	<input type="checkbox"/>	<input type="checkbox"/>

**IF THE ANSWER TO QUESTION 1 IS NO, PLEASE SIGN AND DATE THE FORM. YOU DO NOT HAVE TO COMPLETE ANY MORE QUESTIONS ON THIS FORM. IF THE ANSWER TO QUESTION 1 IS YES, PLEASE ANSWER QUESTIONS 2-4 BELOW.**

2. Of those parties owning a 10% or greater interest in the bidder/offeror, are any of those parties individuals?	<input type="checkbox"/>	<input type="checkbox"/>
3. Of those parties owning a 10% or greater interest in the bidder/offeror, are any of those parties corporations or partnerships?	<input type="checkbox"/>	<input type="checkbox"/>
4. If your answer to Question 3 is "YES", are there any parties owning a 10% or greater interest in the corporation or partnership referenced in Question 3?	<input type="checkbox"/>	<input type="checkbox"/>

**IF ANY OF THE ANSWERS TO QUESTIONS 2-4 ARE YES, PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2 BELOW.**

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO QUESTIONS 2-4 ANSWERED AS "YES".**

For Questions 2-4 answered "YES", you must disclose identifying information related to the individuals, partnerships and/or corporations owning a 10% or greater interest in the bidder/offeror. Further, if one or more of these entities is itself a corporation or partnership, you must also disclose all parties that own a 10% or greater interest in that corporation or partnership. This information is required by statute.

TO COMPLETE PART 2, PLEASE PROVIDE THE REQUESTED INFORMATION PERTAINING TO EITHER **INDIVIDUALS** OR **PARTNERSHIPS/CORPORATIONS** HAVING A 10% OR GREATER INTEREST IN THE BIDDER/OFFEROR. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ENTRY" BUTTON IN THE APPROPRIATE ENTITY TYPE.

Individuals	
Name: _____	Date of Birth: _____
Office Held: _____	Ownership Interest: _____ %
Home Address: _____	
City: _____	State: _____ Zip Code: _____
Are there additional entities holding 10% or greater ownership interest in the bidder/offeror and its parent corporation/partnership?	
<input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="button" value="Add An Additional Individuals Entry"/>	
<input type="button" value="Delete Entry"/>	

**Partnerships/Corporations**

Entity Name: _____	<input type="button" value="Delete Entry"/>
Partner Name: _____ Ownership Interest: _____ %	
Business Address: _____	
City: _____ State: _____ Zip Code: _____	
Are there additional entities holding 10% or greater ownership interest in the bidder/officer and its parent corporation/partnership?	
<input type="checkbox"/> Yes or <input type="checkbox"/> No	

ONCE YOU HAVE IDENTIFIED **ALL** PARTIES HAVING A 10% OR GREATER OWNERSHIP INTEREST IN THE BIDDER/OFFICER AND ITS PARENT CORPORATION/PARTNERSHIPS, PLEASE SIGN AND DATE BELOW AND PROCEED TO THE **DISCLOSURE OF INVESTIGATIONS FORM**.

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

FEIN/SSN: \_\_\_\_\_

**ALL BIDDER/OFFICERS SHOULD COMPLETE THE DISCLOSURE OF INVESTIGATIONS FORM**

**STATE OF NEW JERSEY – DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING BIDDER FORM**

Solicitation Number: \_\_\_\_\_ Bidder/Offeror: \_\_\_\_\_

**PART 1: PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR "NO" BOX. PLEASE REFER TO THE PERSONS AND/OR ENTITIES LISTED ON YOUR OWNERSHIP DISCLOSURE FORM WHEN ANSWERING THE QUESTIONS BELOW.**

**NON-PROFIT ENTITIES: PLEASE LIST ALL OFFICERS/DIRECTORS IN PART 2 OF THIS FORM. YOU WILL BE REQUIRED TO ANSWER THE QUESTIONS BELOW WITH RESPECT TO THESE INDIVIDUALS.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has any person or entity listed on this form or its attachments ever been arrested, charged, indicted, or convicted in a criminal or disorderly persons matter by the State of New Jersey (or political subdivision thereof), any other state or the U.S. Government?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any person or entity listed on this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any government agency from bidding or contracting to provide services, labor, materials or supplies?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there currently any pending criminal matters or debarment proceedings in which the firm and/or its officers and/or managers are involved?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any person or entity listed on this form or its attachments been denied any license, permit or similar authorization required to engage in the work applied for herein, or has any such license, permit or similar authorization been revoked by any agency of federal, state or local government? | <input type="checkbox"/> | <input type="checkbox"/> |

**IF ANY OF THE ANSWERS TO QUESTIONS 1-4 ARE YES, PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2 BELOW. IF ALL OF THE ANSWERS TO QUESTIONS 1-4 ARE NO, PLEASE READ AND SIGN THE FORM BELOW. NO FURTHER ACTION IS NEEDED. IF YOU ARE A NON-PROFIT, YOU MUST DISCLOSE ALL OFFICERS/DIRECTORS IN PART 2 BELOW.**

**PART 2: PROVIDING ADDITIONAL INFORMATION**

**For Questions 1-4 answered "YES",** you must provide a detailed description of any investigation or litigation, including but not limited to administrative complaints or other administrative proceedings, involving public sector clients during the past 5 years. This description must include the nature and status of the investigation, and for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and if applicable, disposition. Please provide this information in the box labeled "Additional Information" below. The box will prompt you to provide the information referenced above. Please provide thorough answers to each question. Click on the "Add Additional Information" button below the box if you need to make additional entries.

**Non-profit bidder/offers** must disclose the individuals serving as officers or directors for purposes of this form. Please indicate all individuals acting in either capacity by providing the information located in the "Officers/Directors" box. If additional entries are needed, click the "Add an Officer/Director Entry" button.

Once all required information has been disclosed, complete the certification beneath the "Additional Information" section below. Failure to complete this form may render your proposal non-responsive.

**Additional Information**

Person or Entity _____ Date of Inception: _____	<input type="button" value="Delete Entry"/>
Current Status _____	
Brief Description _____	
Caption of Action (If applicable) _____ Disposition of Action (If applicable) _____	
Bidder/Offeror Contact Name _____	
Contact Phone Number _____	

**Officers/Directors**

Name: _____	<input type="button" value="Delete Entry"/>
Title _____ DOB: _____	
Address _____	
City _____ State _____ Zip Code _____	
Phone _____ E-Mail _____	

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number: \_\_\_\_\_

Bidder/Offeror: \_\_\_\_\_

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.  
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, she shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**PLEASE CHECK THE APPROPRIATE BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

**OR**

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.**

Name _____	Relationship to Bidder/Offeror _____
Description of Activities _____	_____
Duration of Engagement _____	Anticipated Cessation Date _____
Bidder/Offeror Contact Name _____	Contact Phone Number _____

**ADD AN ADDITIONAL ACTIVITIES ENTRY**

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_