

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

**Division of Aging Services**

**Request for Proposals**

**Stanford University's  
Chronic Disease Self-Management Program**

**Nancy E. Day  
Director**

**August 8, 2014**

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**State of New Jersey  
Department of Human Services  
Division of Aging Services  
Request for Proposals  
Stanford University's Chronic Disease Self-Management Program**

**I. INTRODUCTION**

The Division of Aging Services (DoAS) is soliciting request for proposals (RFP) to support and deliver Stanford University's Chronic Disease Self-Management Program. The purpose of the grant program is to strengthen the infrastructure for statewide delivery of the Chronic Disease Self-Management Program, referred to in New Jersey as "Take Control of Your Health", for adults with disabilities and/or chronic conditions, or their caregivers, in both English and Spanish and to strengthen the infrastructure of the Diabetes Self-Management Program. Grant program funds may not be used for any other chronic disease or self-management program.

Within this initiative, it is anticipated that up to twenty-seven (27) awards, ranging from \$12,000 to \$25,000 based on four Scope of Service levels, will be available. Agencies may apply for only one grant. The grant project period will be October 1, 2014, through August 31, 2015.

**II. BACKGROUND**

Half of all Americans live with a chronic condition. Of those with a chronic condition, nearly half have multiple conditions. More than 1.7 million Americans die every year from chronic diseases and are responsible for 7 of every 10 deaths. One out of every 10 Americans (or 25 million people) suffer a major limitation in daily living from a chronic illness. The average health care cost for someone who has one or more chronic conditions is 5 times greater than for someone without any chronic conditions. The U.S. spends more on health care than any other country; 95% is for chronic conditions in older adults. Total spending on health care would rise from 16 percent of gross domestic product (GDP) in 2007 to 25 percent in 2025 and 37 percent in 2050.

The Chronic Disease Self Management Programs were developed by Stanford University. In the past 20 years, the Stanford Patient Education Research Center has developed, tested, and evaluated self-management programs for people with chronic health problems.

For many people, coping with a chronic health condition can be extremely trying. Fatigue, pain, breathing difficulties, sleeping problems, loss of energy, depression and anxiety about the future are common. This course helps people with chronic conditions

overcome these daily challenges, and maintain an active, fulfilling life. Research confirms that following the course, participants increased healthful behaviors, believed their health had improved, were less limited in their daily activities, were less bothered by their illness, and had greater confidence in their ability to manage their condition.

The program is based on self-efficacy theory and emphasizes problem solving, decision-making and confidence building. Participants learn about healthier ways to live, gain confidence and motivation to manage their health, and feel more positive about their lives. Research confirms that a year after completing this course, participants reported increased healthful behaviors, better symptom management, improved health status, fewer physician and hospital visits, and greater confidence in their ability to manage their condition.

Adults of all ages, who are experiencing chronic conditions such as arthritis, diabetes, heart disease, asthma, fibromyalgia, hypertension, depression or any other ongoing or long-term health condition(s) can attend. Their family members, friends and caregivers are also welcome, as they will benefit from the information personally and develop a better understanding of living with a chronic condition.

Small groups of participants (usually 10 to 15) meet for 2½ hours, once-a-week for six weeks. The highly interactive classes are led by pairs of trained volunteer leaders – most have chronic conditions themselves and have successfully adopted the techniques taught in the program. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Course participants will learn how to:

- manage symptoms;
- get started with healthy eating and exercise;
- communicate effectively with their doctor and health care team;
- manage their fear, anger and frustration;
- make daily tasks easier; and
- get more out of life.

The Diabetes Self-Management Program is a workshop for people with type 2 diabetes, or their caregivers. These workshops are also scripted and conducted similarly to CDSMP. It teaches the skills needed in the day-to-day management of diabetes and to maintain and/or increase life's activities.

Tomando Control de su Salud is not a translation of the Chronic Disease Self-Management Program; instead, it was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Spanish-speaking people with different chronic health problems attend together. Workshops are facilitated by two trained leaders. All workshops are given in Spanish without translators.

Programa de Manejo Personal de la Diabetes, or Spanish Diabetes Self Management is for Spanish-speaking people with type 2 diabetes. This is also a workshop given two and a half hours, once a week, for six weeks. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals who may also have diabetes themselves. All workshops are given in Spanish without translators.

The program is delivered year-round in various community settings such as recreation centers, libraries, community health centers and seniors' activity centers. The course is offered at no or low cost to participants, and they may receive a copy of the excellent reference book "Living a Healthy Life with Chronic Conditions".

There is a hierarchy of program administration that includes training. Stanford certifies T-Trainers who conduct full-week sessions for Master Trainers. Master Trainers who successfully complete the week long program, and facilitate two community workshops are certified by Stanford to conduct lay leader, or peer leader training. The Leaders Training Workshop is 4 full days. While there is a separate curriculum for CDSMP, DSMP, and Tomando Control de su Salud, all are based on the theoretical principles of self-efficacy. Each are taught using a structured protocol that outlines the content to be discussed and the methods to use during each activity. The methods of instruction are designed to facilitate group interaction and participation. The Leader Training program, like the workshop itself, is scripted to ensure program fidelity.

For more details about the chronic disease self-management program visit Stanford's website at <http://patienteducation.stanford.edu/programs/cdsmp.html>.

### **III. PURPOSE OF REQUEST**

The purpose of these grants is to strengthen the infrastructure for statewide delivery of the Chronic Disease Self-Management Program for adults over age 60 with disabilities and/or chronic conditions in both English and Spanish. During this grant period, DHS will be working with service delivery systems to develop referral processes. Funded agencies must agree to enroll participants from outside referral sources, including Managed Care Organizations. Applicants must include in their application a commitment to accomplish the required activities and reach the number of individuals identified in the Scope of Service. Applicants must also include a plan for how activities will continue following the grant implementation period. While a cash match is not required, the sustainability plan should reflect the resources the applicant is committing to this project.

All applicants must hold current Stanford University license for CDSMP, have a current partnership agreement with DHS to be covered by the state license, or execute a partnership agreement with DHS to be covered by the state's multi-site license (see Attachment E).

#### **IV. REQUIRED SERVICE COMPONENTS**

##### **Scope of Service**

Four levels of funding, each with a separate Scope of Service, are available (see Attachment B).

#### **V. APPLICANT QUALIFICATIONS**

To be eligible for consideration:

1. The applicants must be an agency currently providing the Take Control Program or an agency desiring to be trained to provide the Take Control Program at the Peer Leader Level.
2. Applicants must hold a current Stanford University license for the Chronic Disease Self-Management Program, or must have a current partnership agreement with the DHS to be covered by the State license, or must execute a partnership agreement with the DHS to be covered by the State's multi-site license.
3. The applicant must be a fiscally viable for-profit organization, non-profit organization, or governmental entity and document demonstrable experience in successfully providing evidence-based disease prevention and health promotion programs.
4. The applicant must be duly registered to conduct business in the State of New Jersey.
5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS © (3) regulations, as applicable.
6. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

#### **VI. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE**

Awards under this RFP will be clustered separately from other existing components for contract application and reporting. Funding will depend on the availability of funds. All application and expenditure data pertaining to these contract funds must be presented independently of any other DoAS or non-DoAS funded program of the applicant/contractee.

## **VII. CONTRACT OVERVIEW/EXPECTATIONS**

All proposals for this funding must be submitted through the state's SAGE online system. Paper submissions will not be considered. All applications must be submitted by 3:00 pm on September 5, 2014. Applicants may begin completing their applications online August 18, 2014.

In order to submit a proposal online, all applicants not already registered on SAGE must first request access to the SAGE system. Agencies already registered to use SAGE do not need to register again.

Because it will take up to 48 hours to be approved, we strongly encourage applicants who are not yet using SAGE to request access immediately. To gain access to the SAGE system, first complete the SAGE registration form (Attachment C) and submit to DHS as instructed on the form. Then go to [www.sage.nj.gov](http://www.sage.nj.gov). Click 'Request Access to SAGE', complete all requested information and click 'Save'. Be sure to write down the name, user name and password information you enter on SAGE. (Password must be 7-20 characters, letters and numbers only; the password is case sensitive). Please note that only the agency representative who registers on SAGE can access and complete the application.

The Department's SAGE coordinator will approve you as an applicant within several business days of request. Upon approval, you will receive a temporary password from the SAGE system which you will change when you log in.

Once you receive your temporary password, online prompts will guide you through the submission process. In addition, step-by-step instructions for submitting a proposal through SAGE are included on page 11, "Instruction for Completion of CDSMP Grants on SAGE".

## **VIII. GENERAL CONTRACTING INFORMATION**

The Department 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, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Awardee(s) will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DoAS upon award, and may also be subject to a pre-award audit survey.

Contract(s) awards, as a result of this RFP will be for eleven (11) months. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. These resources may not replace existing DoAS funding allocation.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

## **IX. RFP APPLICATION**

Download the RFP from the website at <http://www.state.nj.us/humanservices/providers/grants/rfprfi/>. **OR contact:**

Contact Andrea Brandsness  
Community Resources, Education and Wellness Unit  
Division of Aging Services  
P.O. Box 807  
Trenton, NJ 08625-0807  
[Andrea.brandsness@dhs.state.nj.us](mailto:Andrea.brandsness@dhs.state.nj.us)  
(609) 588-2517

## **X. TECHNICAL ASSISTANCE**

All applicants intending to submit a proposal in response to this RFP are invited to participate in a scheduled voluntary technical assistance Conference Call/"Go to Training" on August 18, 2014 at 10:00 AM. Please email Andrea Brandsness ([andrea.brandsness@dhs.state.nj.us](mailto:andrea.brandsness@dhs.state.nj.us)) to register for the session. She will provide you with the link and codes to participate.



## **XI. SUBMISSION INSTRUCTIONS**

Applicants must submit a letter of interest by 3:00pm on August 15, 2014. The letter of interest must include the following; name of the agency, address of the agency (including municipality and zip code), agency's telephone number, agency's tax ID number, name of the person who will be entering the grant application on-line, email address of the person completing the grant application, and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE). Letters must be emailed to [dennis.mcgowan@dhs.state.nj.us](mailto:dennis.mcgowan@dhs.state.nj.us) and copied to [andrea.brandsness@dhs.state.nj.us](mailto:andrea.brandsness@dhs.state.nj.us). Letters of Interest may also be faxed to 609-588-7630.

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE) by 3:00 pm on September 5, 2014. Late submissions and paper submissions will not be accepted.

## **XII. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD**

A panel comprised primarily of DoAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity, and quality of the proposal (see Attachment D).

The DoAS reserves the right to reject any and all proposals when circumstances indicate that it is its best interest to do so. The DoAS will notify all applicants of preliminary award decisions no later than September 19, 2014.

## **XIII. APPEAL OF AWARD DECISIONS**

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DoAS at the address below no later than 3:00 pm on September 26, 2014. The written request must set forth the basis for the appeal.

Appeals must be addressed to:

Nancy E. Day, Director  
Division of Aging Services  
P.O. Box 807  
Trenton, NJ 08625-0807  
Fax: 609-588-7683

Please note that all costs incurred in connection with any appeals of DoAS decisions are considered unallowable costs for purposes of DoAS contract funding. The DoAS will review appeals and render final funding decisions by September 30, 2014. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

#### **XIV. REQUIREMENTS FOR PROPOSALS**

Proposals must be submitted through the State's System for Administering Grants Electronically (SAGE). The budgetary amounts for each task within each level of Scope of Services is clearly defined by DoAS (see Attachment B).

##### **Grant Application Forms**

The information/sections listed below will appear in SAGE under Forms as Grant Application Forms. Open each section and fill in the required information. If not required then N/A appears and no action is needed.

1. Application Summary
2. Project Location
3. Statement of Local Governmental Public Health Partnership
4. Needs and Objectives

Assessment of Need(s) - List the need(s) which illustrate the reason for the project.

Objective(s) of Project - Objectives must match the scope of service included in Attachment B.

5. Methods and Evaluation of Project – Attachment F
6. Schedule A – Full Time Personnel Costs – N/A
7. Schedule A – Part Time Personnel Costs – N/A
8. Schedule B – Consultant Services Costs – N/A
9. Schedule C – Other Cost Categories

All budgeted program costs detailed in Attachment B must be listed on Schedule C. List each activity separately in the boxes provided under “Program Expenses and Related Cost”

10. Funds and Program Income from Other Sources Related to this Application (if applicable)

11. Cost Summary – SAGE will populate this summary based on information entered on Schedule C.

12. Schedule D – Officers and Directors List

List the Name, Title, and Residence Address of all officers and board members of applicant

13. Schedule G - Certification Regarding Debarment and Suspension
14. Schedule H – Certification Regarding Lobbying
15. Schedule I – Certification Sheet
16. Schedule J – Agency Minority Profile
17. Schedule K – Certification Regarding Environmental Tobacco Smoke
18. Schedule L – Statement of Assurance
19. Required Attachments – Detailed below
20. Miscellaneous Attachments – Detail below

## Required Attachments

The information/documents listed below will appear in SAGE under Forms as Required Attachments. If required, the documents will need to be scanned and uploaded in the designated location. If not required then N/A appears and no action is needed.

1. Organizational Chart
  2. NJ Charities Registration (if applicable)
  3. Proof of Non Profit Status (if applicable)
  4. Certificate of Incorporation
  5. Certificate of Employee Information Report (AA302) which can be found at <http://www.state.nj.us/treasury/purchase/forms.shtml>
  6. DHS Standardized Board Resolution Form which can be found at [http://www.state.nj.us/humanservices/ocpm/policies/P1ContractNegRevisions/P1\\_06.pdf](http://www.state.nj.us/humanservices/ocpm/policies/P1ContractNegRevisions/P1_06.pdf) )
  7. Business Associate Agreement - Located in SAGE under “Grant Manual and Policies”; must be printed, signed, scanned, and uploaded. This is required even if the agency is a covered entity and has previously signed a Business Associate Agreement.
  8. Copy of Interest Bearing Bank Account Statement – N/A
  9. Proof of Indirect Rate – N/A
  10. Program Income Statement (if applicable)
  11. Audit Engagement Letter
  12. Staff Resumes – N/A
  13. Salary Ranges – N/A
  14. Salary Policy – N/A
  15. Travel Policy – N/A
  16. Telephone Policy – N/A
  17. Maintenance Agreements – N/A
  18. Lease or Mortgage Document – N/A
  19. Insurance Policy - Current Liability Insurance Declaration page
  20. Cost Allocation Plan – N/A
  21. Estimate for Equipment – N/A
  22. Computer Security Policy – N/A
  23. Consultant Agreements (if applicable)
  24. Statement of Gross Revenue (if applicable)
- OR
25. Annual Audit Report
  26. Tax Clearance Certificate – N/A

## Miscellaneous Attachments

The following items are required, unless otherwise noted, and must be uploaded as Miscellaneous Attachments.

**1. Plan for Sustainability**

Upload one page (12 point font, double-spaced, 1 inch margins) to address the applicant's plan for sustainability beyond the grant period. The agency's commitment of resources to the project should be included.

**2. Agency's CDSMP Leader Capacity**

Applicants must demonstrate availability of sufficient number of trained peer leaders/master trainers to complete the scope of service for the grant they are requesting.

For current leaders, please identify;

Name

Whether a peer leader or master trainer

When trained, or updated in the 2012 version of CDSMP and by whom

Agency Affiliation

Experience with CDSMP

For individuals to be trained as peer leaders, please identify;

Name

Agency Affiliation

2-3 Sentence Bio.

**3. CDSMP License or Partnership Agreement**

Applicants must upload either a current license with Stanford University for the delivery of CDSMP, or a signed partnership agreement (Attachment E from RFP Package) with the Department of Human Services to deliver the program under the State's license. It is not necessary to mail original Partnership Agreements.

**4. A copy of the applicant's Code of Ethics and / or Conflict of Interest Policy.**

**5. Public Law 2005, Chapters 51 and 271 Compliance forms** (formerly Executive Order 134) and Executive Order 117 (Signed and dated) only for For-Profit organizations  
(see [www.state.nj.us/treasury/purchase/forms.shtml](http://www.state.nj.us/treasury/purchase/forms.shtml)).

**6. Annex B Schedule 4** – Print, complete, and upload if applicable. (Attachment G from RFP Package).

**7. Cover Sheet** – Print, complete, and upload.  
(Attachment H from RFP Package).

**8. Disclosure of Investment Activities in Iran** – Print, complete, and upload.  
(Attachment I from RFP Package).

## **XV. INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR Chronic Disease Self-Management Program (CDSMP) Grants On NJ System for Administering Grants Electronically (SAGE)**

1. Upon approval of Letter of Interest submitted by applicant, organization will be granted access to the CDSMP Sustainability 2014 application on SAGE.
2. Log-into [www.sage.nj.gov](http://www.sage.nj.gov) with user name and password you specified at the time of SAGE registration.
3. Once logged-in, on left side of screen see box "MY DOCUMENTS"
  - Click on drop-down menu to show "All My Documents" and click "GO"
  - Click on CDSMP Sustainability 2014; then
  - Click on "CREATE NEW CDSMP Sustainability 2014"
4. When asked "Are you sure you want to create a CDSMP Sustainability application", click "I Agree."
5. on right side of screen go to box titled FORMS. Click on file marked "Grant Application Forms"
  - Will see the following forms listed:
    - Standard Language Document for Social Service and Training Contracts
    - DHS Organization Information Review Sheet
    - Application Summary
    - Project Location
    - Needs and Objectives of Project
    - Methods and Evaluation of Project
    - Schedules A – L
    - Required Attachments
    - Miscellaneous Attachments
6. Click on Standard Language Document for Social Service and Training Contracts. This page will have a link to the contract agreement for the Department of Human Services containing the terms and conditions of the grant. Once you have read the agreement, you must check the certification box, insert the certifying officials name and title and save the page. **NOTE:** The certifying official on this document must be the same individual named on the DHS Standardized Board Resolution Form.
7. Click on DHS Organization Information Review Sheet. Questions are self-explanatory. Click "save" when completed.

8. Click on Application Summary: Most questions are self-explanatory. Here are tips for some of the questions:

- Project title: CDSMP \_\_\_\_\_ (add title of Level you are applying for)
- Select Payment Plan as **“Cost-Reimbursement”**
- Certificate of Need is **“not required”**
- Name of NJDHS Program Manager: **Andrea Brandsness**
- Type of Request: select **New**
- Budget Period and Project Period are the same:  
**10/01/2014 to 08/31/2015.**
- Funds requested: Enter amount of funds associated with level of grant requested (see **Attachment B**)
- Funds from Other Sources: **none required.**

IMPORTANT: Click “Save” after completing each form, then click “Next”. Your application will now show under your documents as “Application in Process”. You can log off SAGE and return to edit application at any time while application is in this status.

9. Click on Project Location: only list the county(ies) and municipalities where the CDSMP workshops will be offered by your organization Click “Save” when completed and click “Next”.

10. Click on Needs and Objectives:

a. Assessment of Need:

For example: Level Two

- Target population identified (must include people 60 and older)
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships
- Targeted geographic area(s)
- Existing capacity for CDSMP in the targeted geographic area(s)
- Key partners applicant agency will work with to complete contracted activities
- Identify any additional funding being used by the applicant agency to support CDSMP in the implementation area (should include grant funding, public funds, etc.).

Objectives of the Project:

Objectives must match the scope of service included in Attachment B.

For example: Level Two

Activity 1: Coordinate core group of \*active peer leaders to facilitate CDSMP workshops.

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations. Each workshop will include a minimum of 10 participants.

Activity 3: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop.

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability.

11. Click on Methods and Evaluation of Project

Copy and paste Attachment F for minimum requirements. Agency may add additional information as applicable.

Click "Save" when page completed and then click "Next".

12. Click on Schedules A - L

See page 8 in this RFP

13. Required Attachments

See page 9 in this RFP

14. Miscellaneous Attachments

See page 10 in this RFP

**IMPORTANT NOTE:** Person listed on the Standard Language Document for Social Service and Training Contracts form must be the same person saving the page in SAGE. This person must also be listed on the DHS Standardized Board Resolution as "Authorized Person for Contract documents"

**The same person must also certify Schedules G, H, I, K & L, and same person must sign the Business Associates Agreement.**

## How to Submit Application to DHS

After completing and saving all forms, return to main menu and click on your application in process in MY ACTIVE DOCUMENTS.

In box STATUS MANAGEMENT, be sure that the next possible status indicates “application submitted”. If so, click “Change Status” and the application will be updated from “application in process” to “Application Submitted”.

If any forms are incomplete, you will see an error message with details on missing information.

You can view and print a pdf copy of your application by clicking on the link at the bottom of the forms section that says “view full grant application pdf.”

The SAGE system will not email you a confirmation of submission. To verify submission, click the Application Menu. The status will be “Sent to DHS”.

### **IMPORTANT REMINDER:**

All CDSMP Sustainability 2014 applications must be submitted on SAGE before 3:00 PM, September 5, 2014.

For questions contact:

Andrea Brandsness  
Division of Aging Services, NJ Department of Human Services  
Phone: 609-588-2517  
Email: [andrea.brandsness@dhs.state.nj.us](mailto:andrea.brandsness@dhs.state.nj.us)



## **ATTACHMENT A**

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

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

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.

NOTE: A separate signature is not required for this form. By submitting an application, the applicant is agreeing to the above.

## **ATTACHMENT B**

### **Scope of Service and Budget Summary for Chronic Disease Self-Management Program (CDSMP) Grant Applications**

Grant Period for all Levels: October 1, 2014 – August 31, 2015

Multiple grants are available for all Levels.

Applicants can cut and paste activities from the appropriate level into the “Cost Summary – Needs and Objectives” page in SAGE.

#### **Applicants for Level 1 “Large CDSMP” (\$25,000) must:**

Activity 1: Coordinate core group of \*active peer leaders to facilitate CDSMP workshops (\$500);

Activity 2: Deliver ten 6-week community workshops at a minimum of three different community locations. Purchase and distribute to each participant the companion book, “Living a Healthy Life with Chronic Conditions”. Each workshop will include a minimum of 10 participants (\$18,000);

Activity 3: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop (\$1,500);

Activity 4: Develop, print, and distribute culturally appropriate marketing materials to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the counties identified for service (\$2,000);

Activity 5: Conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties (\$1,500);

Activity 6: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000);

Activity 7: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability (\$500).

#### **Applicants for Level 2 “Small CDSMP” (\$12,000) must:**

Activity 1: Coordinate core group of \*active peer leaders to facilitate CDSMP workshops (\$500);

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations. Purchase and distribute to each participant the companion book, “Living a Healthy Life with Chronic Conditions”. Each workshop will include a minimum of 10 participants (\$7,500);

Activity 3: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop (\$1,500);

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties (\$1,000);

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000);

Activity 6: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability (\$500).

**Applicants for Level 3 “DSMP, Tomando Control de su Salud, and Programa de Manejo Personal de la Diabetes Capacity” (\$17,000) must:**

Activity 1: Establish capacity and integrate DSMP, Tomando Control de su Salud, and / or Programa de Manejo Personal de la Diabetes into community organizations which have a health agenda and provide services to racial, ethnic minority populations to eliminate health disparities and coordinate core group of \*active peer leaders to facilitate workshops (\$500);

Activity 2: (\$13,500)

a. Deliver nine 6-week DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes workshops with a focus on the following counties; Hunterdon, Salem, or Cumberland. Purchase and distribute to each participant the companion book, “Tomando Control de su Salud”. Each workshop will include a minimum of 10 participants, OR

b. If the agency has DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes Master Trainers;

- Conduct two Peer Leader Trainings in either of the 3 programs for a minimum of 10 individuals each.
- Deliver six 6-week DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes community workshops.

Activity 3: If the agency was previously funded to review Diabetes Self Management Training Accreditation and Medicare Reimbursement protocols and documented a detailed plan to pursue this, then convene a workgroup to begin implementation, OR deliver one additional workshop (\$1,500);

Activity 4: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements (\$1,000);

Activity 5: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability (\$500).

**Applicants for Level 4 “CDSMP & Disabilities” (\$12,000) must:**

Activity 1: Establish framework to integrate delivery of CDSMP into an existing disability service network, and coordinate a core group of \*active Peer Leaders (\$500);

Activity 2: Develop and distribute appropriate marketing materials, and conduct community outreach to specifically target individuals with Disabilities and their caregivers (\$1,000);

Activity 3: Deliver five 6-week community workshops at a minimum of two different community locations. Purchase and distribute to each participant the companion book, “Living a Healthy Life with Chronic Conditions”. Each workshop will include a minimum of 10 participants (\$7,500);

Activity 4: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop (\$1,500);

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS grant narrative and fiscal reporting requirements (\$1,000);

Activity 6: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability (\$500).

\*Active peer leaders = leaders who successfully completed the 4-day CDSMP Peer Leader training course and have facilitated at least one workshop annually since being trained or attended Peer Leader Refresher within the past year.

## ATTACHMENT C

### **New Jersey Department of Human Services (DHS) Instructions -For Adding a new Agency/Organizations Into SAGE APPLICANT**

First time applicants, whose organization has never registered in SAGE, need to complete this form and submit it to DHS. DHS staff will verify certain information to ensure you satisfy DHS requirements. When DHS requirements are met, your organization will be validated in SAGE.

**NOTE:** This does not give you access to an application. Contact the granting agency to be made eligible for the program.

#### **Instructions:**

- 1 **Complete FORM For Adding Agency Organizations Into SAGE**
- 2 **Identify your Authorized Official.** If you have none, have the Authorized Official register as a new user before this form is submitted. The new Authorized Official will be validated and assigned to the organization when the organization is validated.
- 3 **Sign a hard copy** of the **FORM For Adding Agency Organizations Into SAGE** and **submit** it via a FAX or email attachment to Bruce Sutton
  - a. FAX 609-588-3326
  - b. Email: [bruce.sutton@dhs.state.nj.us](mailto:bruce.sutton@dhs.state.nj.us)
4. For questions or technical assistance related to SAGE contact Bruce Sutton at the SAGE Helpdesk 609-588-6789, or Anthony Garofalo 609-588-6529 or via email [Anthony.garofalo@dhs.state.nj.us](mailto:Anthony.garofalo@dhs.state.nj.us)

## FORM For Adding Agency Organizations Into SAGE

<b>Name (Exact Legal Name)*</b>	
<b>Federal Tax I.D. Number*</b>	
<b>NJ Vendor ID Number (Treasury ID Number)*</b>	
<b>DUNS Number*</b>	
<b>Address*</b>	
<b>City*</b>	
<b>State*</b>	
<b>Zip code*</b>	
<b>County*</b>	
<b>Phone Number*</b>	
<b>FAX Number</b>	
<b>Email*</b>	
<b>Website</b>	
<b>Authorized Official* (see note 1)</b>	

\* required information.

To be approved by DHS, your organization must have a (please verify below):  
 \_\_\_ W-9 Vendor Identification Number in the State Treasury System

The signature below certifies that the Authorized Official is duly authorized by the governing body of the applicant to submit any and all grants on behalf of this agency; and that, to the best of your knowledge, all information provided is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Note 1. Identify your validated Authorized Official, or if none, identify Authorized Official and have them register as a new user before submitting. A newly registered Authorized Official will be validated when the organization is validated.

## ATTACHMENT D

### Grant Application Components and Scoring – Level 1 “Large CDSMP”

#### Proposal Screening – No Score – Verification Only

##### Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP

##### Needs Assessment - 30 points

- Target population identified
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

##### Objectives – 20 points

Activity 1: Coordinate core group of \*active peer leaders to facilitate CDSMP workshops.

Activity 2: Deliver ten 6-week community workshops at a minimum of three different community locations. Each workshop will include a minimum of 10 participants.

Activity 3: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop.

Activity 4: Develop, print, and distribute culturally appropriate marketing materials to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the counties identified for service.

Activity 5: Conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.

Activity 6: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.

Activity 7: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability.

##### Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt. font)

- Sustainability plan reflecting the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

##### Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

## Grant Application Components and Scoring – Level 2 “Small CDSMP”

### Proposal Screening – No Score – Verification Only

#### Completeness of Application includes:

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP

#### Needs Assessment - 30 points

- Target population identified
- Identification of sites where workshops will be offered
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

#### Objectives – 20 points

Activity 1: Coordinate core group of \*active peer leaders to facilitate CDSMP workshops.

Activity 2: Deliver five 6-week community workshops at a minimum of two different community locations. Each workshop will include a minimum of 10 participants.

Activity 3: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop.

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target Older Adults and / or their Caregivers, and individuals with Disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability.

#### Plan for Sustainability/Integration – 30 points (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

#### Master Trainers/Peer Leaders – 20 points (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included



## **Grant Application Components and Scoring – Level 3 “DSMP, Tomando Control de su Salud, and Programa de Manejo Personal de la Diabetes Capacity” Proposal Screening – No Score – Verification Only**

### **Completeness of Application includes:**

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP

### **Needs Assessment - 30 points**

- Target population identified
- Identification of sites where workshops will be offered
- Type of workshop to be delivered (CDSMP, DSMP, Tomando, or Spanish Diabetes)
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Description of current experience with community-based Spanish and / or Diabetes Education programs
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

### **Objectives – 20 points**

Activity 1: Establish capacity and integrate DSMP, Tomando Control de su Salud, and / or Programa de Manejo Personal de la Diabetes into community organizations which have a health agenda and provide services to racial, ethnic minority populations to eliminate health disparities and coordinate core group of \*active peer leaders to facilitate workshops.

Activity 2:

- a. Deliver nine 6-week DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes workshops with a focus on the following counties; Hunterdon, Salem, or Cumberland. Each workshop will include a minimum of 10 participants, OR
- b. If the agency has DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes Master Trainers; Conduct two Peer Leader Trainings in either of the 3 programs for a minimum of 10 individuals each. Deliver six 6-week DSMP, Tomando Control de su Salud, or Programa de Manejo Personal de la Diabetes community workshops.

Activity 3: If the agency was previously funded to review Diabetes Self Management Training Accreditation and Medicare Reimbursement protocols and documented a detailed plan to pursue this, then convene a workgroup to begin implementation, OR deliver one additional workshop.

Activity 4: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS and grant narrative and fiscal reporting requirements.

Activity 5: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability.

### **Plan for Sustainability/Integration – 30 points** (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

### **Master Trainers/Peer Leaders – 20 points** (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

**Grant Application Components and Scoring – Level 4 “CDSMP & Disabilities”  
Proposal Screening – No Score – Verification Only**

**Completeness of Application includes:**

- Current Stanford University License/Partnership Agreement with DHS OR Agency Partnership Agreement
- Geographic area identified (multiple municipalities, county, regional)
- All other required forms listed in RFP

**Needs Assessment - 30 points**

- Target population identified
- Identification of sites where workshops will be offered
- Type of workshop to be delivered (CDSMP, DSMP, Tomando, or Spanish Diabetes)
- Current/past experience with CDSMP described
- Current/past CDSMP activity within target communities
- Description of current experience with community-based Spanish and / or Diabetes Education programs
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships

**Objectives – 20 points**

Activity 1: Establish framework to integrate delivery of CDSMP into an existing disability service network, and coordinate a core group of \*active Peer Leaders.

Activity 2: Develop and distribute appropriate marketing materials, and conduct community outreach to specifically target individuals with Disabilities and their caregivers.

Activity 3: Deliver five 6-week community workshops at a minimum of two different community locations. Each workshop will include a minimum of 10 participants.

Activity 4: If the agency has Master Trainers, conduct a Peer Leader Training for a minimum of 10 individuals. If the agency does not have Master Trainers, send staff or volunteers to a Peer Leader training OR conduct one additional workshop.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHSS grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from Medicaid managed care organizations and local agencies, and implement strategies for program sustainability.

**Plan for Sustainability/Integration – 30 points** (maximum 1 page, double spaced, 12 pt font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required)
- Specific strategy(s) for maintaining CDSMP activities after expiration of grant
- Strategies are reasonable/likely to lead to continued programming

**Master Trainers/Peer Leaders – 20 points** (maximum 2 pages, double spaced, 12 pt font)

- Has sufficient leader (peer and or master) capacity OR identifies specific, qualified individuals to be trained as peer leaders
- Information and experience of current leaders (or bio and commitment of new leaders) included

## ATTACHMENT E

# Chronic Disease Self Management Program (CDSMP) Agency Partnership Agreement

As a partner in the delivery of New Jersey's Take Control of Your Health (Chronic Disease Self-Management Program - CDSMP), \_\_\_\_\_ (agency) understands that it will be operating under a license issued to the New Jersey Department of Human Services (DHS) by Stanford University, Patient Education Research Center.

This partner agreement also applies to the Diabetes Self Management Program, and the Tomando Control de su Salud Program.

All partners under the NJ license must maintain a current copy of the license with Appendix A attached (List of Partner Agencies) in their Master Trainer and Leader manuals.

DHS is responsible for ensuring that all partner agencies comply with Stanford University's requirements for CDSMP delivery and administration.

\_\_\_\_\_ (agency) agrees to implement Take Control of Your Health in accordance with DHS guidelines and to meet all responsibilities including:

- Maintains one or more Stanford-certified Master Trainers, either directly or through an agreement.
- Conduct at least 1 community-based workshop or peer leader training annually. The first workshop will occur within the first 6 months after execution of this agreement.
- Notify the DHS of scheduled workshops and training programs using the Notification Forms for either Peer Leader Training or Community Workshops. Forms will be submitted at least 3 weeks in advance of the scheduled dates.
- Use the state designated program name and logos in all promotional materials. Additional marketing materials may be used.
- Participate in the statewide data collection process, as outlined in DHS' data collection protocol, including submission of an annual report of agency's Take Control of Your Health activities.
- Keep current with program updates through the Take Control of Your Health email notifications and newsletter, and participate in conference calls and annual update training sessions as scheduled by DHS.
- Provide up-to-date contact information for CDSMP staff (including master trainers and peer leaders) within the agency to the DHS Office of Community Education and Wellness.
- Develop and maintain a sustainability plan. Determine how your organization will schedule and offer Take Control of Your Health workshops on a regular basis (who will be involved, organizations you will partner with, who will schedule & register participants, how you will recruit participants, where classes will be held, how your expenses will be covered, etc.) The sustainability plan will be reviewed by DHS during the monitoring process.
- Maintain program fidelity as outlined in the DHS Fidelity Framework.
- Participate in monitoring visits by DHS as requested.
- Master trainers and peer leaders will deliver Take Control of Your Health as instructed in the master trainer workshop conducted by Stanford University.
- Charge only a minimal fee to participants and offer scholarships to individuals for whom the fee is a barrier.

\_\_\_\_\_ (agency) understands that failure to comply with the outlined responsibilities will result in termination of this agreement. Agencies without a valid partnership agreement are not permitted to deliver Take Control of Your Health under the DHS license or to oversee delivery by trained leaders.

This partnership agreement is valid upon signature of the DHS and the partner agency representative for the term of the current DHS Multi-site License with Stanford, through February 2016.

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

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

\_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

DHS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

Master trainer certification is administered directly by Stanford University. Master trainers must meet and maintain Stanford University's requirements for certification.

Stanford University requires that peer leaders provide at least one six-week community workshop every year. Peer leader certification is administered by DHS.

**Mail a hard copy of this form, signed in ink, to Andrea Brandsness, Program Coordinator  
NJ Department of Human Services, Community Resources, Education, and Wellness, PO Box 807, Trenton  
NJ 08625.**

A counter signed copy of this agreement along with the NJ License and Appendix A Partner List will be returned to you.

## **ATTACHMENT F**

### Chronic Disease Self Management Program (CDSMP)

#### **METHODS**

1. The grantee will complete the selected scope of work – Attachment E.
2. The grantee will adhere to the terms of the Agency Partner Agreement – Attachment I.
3. The grantee will maintain program fidelity by complying with the established guidelines.
4. The grantee will comply with all other guidelines established by the Department of Human Services and detailed in this RFP.
5. The grantee will incorporate any agency requirements related to the provision of CDSMP.

### Chronic Disease Self Management Program (CDSMP)

#### **EVALUATION**

1. The grantee will utilize the CDSMP Evaluation Form, distributed to participants at the conclusion of the six weeks.
2. The grantee may incorporate feedback from program participants into agency evaluation or quality assurance protocols.
3. The grantee will participate in Fidelity calls, site visits or training provided by DoAS.
4. The grantee will report participant concerns to the State Coordinator at DoAS.
5. The grantee will incorporate any agency requirements for evaluation that may relate to the provision of CDSMP.

## ATTACHMENT G

### Annex B Schedule 4

The purpose of the Annex B: Contract Information Form is to provide general information about the provider agency, the contracts it has with the Department and other organizations and agencies, and the services it provides.

Report on schedule 4 any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

Additional explanation and all forms related to the Annex B are located at <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/> under SECTION 5-Standard Contract Fiscal Annexes

**NOTE:** Submit a completed Schedule 4 only if applicable.

**ATTACHMENT H**

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
Division of Aging Services  
Cover Sheet**

Name of RFP \_\_\_\_\_  
\_\_\_\_\_

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

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Charities Reg. Number (if applicable): \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Authorization: Chief Executive Officer (printed name):  
\_\_\_\_\_

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

# ATTACHMENT I

## DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Applicant / Bidder: \_\_\_\_\_

### **PART 1: CERTIFICATION**

**APPLICANT / BIDDER 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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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 person or entity.

\_\_\_\_\_ 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 NJ 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 nonresponsive 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**

Using attached sheets, 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.

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: \_\_\_\_\_