

New Jersey Department of Human Services
Office for Prevention of Developmental Disabilities

Notice of Availability of Grant Funds

The NJ Department of Human Services' (DHS) Office for Prevention of Developmental Disabilities (OPDD) hereby announces the availability of grant funds for projects that work to reduce the incidence of intellectual and developmental disabilities in New Jersey. **\$573,000** in funding is currently anticipated to be available for FY2013. Please note that this is subject to change.

1. Statement of Need & Background

It is a common misconception that all intellectual and developmental disabilities are caused by circumstances that are beyond our control. To the contrary, many disabilities can be prevented through good maternal and child health practices. Established in 1988, the New Jersey Office for Prevention of Developmental Disabilities' (OPDD) mission is to reduce the frequency of occurrence of severe chronic mental or physical disabilities that originate during pregnancy or early childhood. This goal is achieved by many means, including:

- Educating the public about the preventable causes of disabilities, such as ingesting leaded paint or maternal alcohol consumption during pregnancy;
- Alerting health care providers and others to new discoveries that suggest ways to reduce the risks of permanent damage to children before, during, or after birth;
- Publicizing newly discovered causes of disability that arise from societal or environmental changes;
- Fostering coordination among different agencies, each of which may be part of the solution to a problem;
- Stimulating research to push forward the frontiers of biomedical knowledge; and
- Advocating for changes in social conditions that endanger children.

2. Objective

The overall goal of this program is to reduce the frequency of occurrence of intellectual and developmental disabilities in New Jersey. OPDD anticipates the availability of funds to support projects that focus on this same goal. Specifically, grants up to \$125,000 per year may be available for programs that are statewide, and grants up to \$40,000 per year may be available for special projects (i.e., regional, intended to support specific underserved populations, etc.). An evaluation by an outside entity will be required, with the expectation that a full evaluation report will be submitted at the end of the grant period. Quarterly and annual reporting will also be required. Contracts will be given for one year with the option of renewal for a second year, dependent on the availability of funding and the performance of the grantee. Applicants should indicate if they anticipate requesting a renewal after the first year. Applicants should also clearly indicate up front if their project is anticipated to take two years to complete and they expect to request a renewal.

- **Statewide Project Grants:** Projects funded under these grants must address prevention activities that will have an impact throughout the State, and cannot be limited

to one geographic area. Projects can be focused on specific age groups (i.e., birth - 5, 6-10, teens, etc.), issues (lead poisoning, helmet use, etc.) or populations (pregnant women, newborns, etc.).

- **Special Project Grants:** Projects funded under these grants should address the unique needs of populations or specific underserved regions of the State.

3. Scope of Work & Qualifications

Projects funded under these grant awards must meet all of the following criteria:

1. Applicants must be New Jersey based public or private non-profit organizations (registered with the state as a 501(c)(3) agency) or public entities.
2. Applicants must comply with all contracting rules and regulations, as well as all reporting requirements, as specified by OPDD.
3. Applicants must have a demonstrated capacity to carry out the proposed project.
4. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.
5. Applicants must be in compliance with all federal and state laws.
6. Projects must be feasible within the defined budgetary parameters.
7. Projects must include a proposed means to evaluate the project's effectiveness and applicants must agree to use outside entities for evaluation purposes.
8. Applicants must agree to return all unobligated funds to OPDD within 30 days after the conclusion of the grant period.

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence that the agency utilizes best practices and cultural competence and will incorporate these practices into the funded project. Proposals that include plans to leverage other available resources – both financial and in-kind – will be given special consideration.

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, loss of funding, inability of the Applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, and any existing Department Contracts.

Applicants should also review and understand the need to adhere to Executive Order No. 189 (1988) regarding Conflict of Interest. Grantees must also be willing and able to comply with all contracting terms and conditions as delineated in the Department's Contract Reimbursement Manual and Contract Policy and Information Manual (including the Standard Language Document), which can be accessed via the Department's website at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/>.

Applicants must agree to secure and maintain a signed Debarment Certification Statement for all subcontracted funds. Grantees should be prepared to present their projects and evaluation

outcomes to the Governor's Council on the Prevention of Developmental Disabilities as requested at any time during the funding cycle.

4. Procedure to Apply

Eligible and interested organizations may obtain a copy of the Funding Proposal Package from the Department of Human Services' website at:

<http://www.state.nj.us/humanservices/providers/grants/>. Interested organizations may also contact:

Ellen Dunn
DHS/DDS
PO Box 700
Trenton, NJ 08625-0700
609-292-2522
Ellen.Dunn@dhs.state.nj.us

A completed application must include the following:

- Completed & signed Funding Proposal Cover Sheet
- Completed Funding Proposal Application
- Completed & signed Appendix 1 – Budget Table & Schedules 1-5
- A copy of a Table of Organization for the project (*See Application Section V.*)
- A copy of the job description for all personnel named in the proposal (*See Application Section V.*)
- A list of all subcontractors (*See Application Section V.*)
- Letters of Collaboration (signed and on letterhead) from all entities with whom you will be collaborating to accomplish the project goals and objectives
- A copy of your agency's Table of Organization
- A copy of your agency's most recent organization-wide audit report
- A copy of your agency's code of ethics and conflict of interest policy
- A list of your agency's Board of Directors and Officers
- Documentation of your agency's charitable registration status
- A copy of your agency's certificate of incorporation
- A Statement of Assurances signed by your agency's Chief Executive Officer (or equivalent)
- A signed Debarment Certification Statement

Letters of support will not be accepted as part of the application.

One original copy of your **entire** proposal and six additional packets including only copies of the: (1) Funding Proposal Cover Sheet, (2) Funding Proposal Application, (3) Appendix 1: Budget Table & Schedules 1-5, (4) Table of Organization for the Project, (5) Job Descriptions, (6) Subcontractor list, and (7) all Letters of Collaboration, should be sent to:

Ellen Dunn
DHS/DDS

**PO Box 700
Trenton, NJ 08625-0700
609-292-2522
Ellen.Dunn@dhs.state.nj.us**

Questions about the application process should be directed to:

**Ellen Dunn
DHS/DDS
PO Box 700
Trenton, NJ 08625-0700
609-292-2522
Ellen.Dunn@dhs.state.nj.us**

Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

The deadline for submission of all applications is **5:00 p.m. on March 9, 2012.**

Grantees will be notified by **May 18, 2012.**

Should you be funded, you must be prepared to commence your program on July 1, 2012.

Jennifer Velez, Commissioner

Date

**Office for Prevention of Developmental Disabilities
Funding Proposal Cover Sheet**

Name of Applicant Agency: _____ Federal ID #: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Agency Fiscal Year End _____

Name of Project: _____

Statewide Project or Special Project: _____

If Special Project, please list counties served:

If Special Project, please describe underserved population:

Amount Requested: _____

Contracts will be given for one year, with the option of a renewal for a second year, subject to funding availability and performance of the grantee. Do you anticipate requesting a contract renewal for a second year for your project?

Yes _____ No _____

Age Groups & Populations Impacted: (check all that apply)

Newborn	_____	Birth – Five Years	_____
Six – Twelve Years	_____	Thirteen – Eighteen Years	_____
College Students	_____	Young Adults	_____
Pregnant Women	_____	Parents	_____
Professionals	_____		
Other	_____	(Please specify)	_____

Authorization to Submit Proposal

Name of Chief Executive Officer (or equivalent): _____

Signature: _____ Date: _____

APPLICANT NAME _____

**Office for Prevention of Developmental Disabilities
Funding Proposal Application**

I). PROJECT SUMMARY: Please summarize your proposed project. *Please use only the space provided on this page.*

APPLICANT NAME _____

II). STATEMENT OF NEED & TARGET POPULATION: Discuss the rationale for your project selection and your target population and issue, using the most recent supporting information available. Clearly justify why this project is needed and who it will impact. Approximately how many people will this program impact? Please discuss the following characteristics/barriers of your targeted population: demographic; economic; geographic; cultural; health; and educational status. Use statistical and descriptive information that is **directly applicable** to the specific targeted population and to the geographic area of the state in which this population resides to support your statement.

Use the space provided below and up to one additional page. Please label additional page 2a, and include the applicant name at the top of the page.

APPLICANT NAME _____

III). AGENCY HISTORY & DESCRIPTION OF EXPERIENCE: Please provide the following:

- a. A brief summary of your agency's history and mission;
- b. Your agency's experience in conducting prevention and/or related activities;
- c. Your agency's experience working with the targeted population; and
- d. Your plan for what will happen with the project at the end of the grant.

Use the space provided below and up to one additional page. Please label additional page 3a, and include the applicant name at the top of the page.

APPLICANT NAME _____

IV). PROGRAM GOALS & OBJECTIVES: State and explain your project goals and measurable objectives for (at least) three years. All goals must be clearly and directly linked to the prevention of intellectual and developmental disabilities. All objectives under each goal should also be clear and measurable.

Please also include a description of the following:

- a. Any collaboration you anticipate with other agencies and/or organizations;
- b. Any barriers you anticipate in meeting your goals, and how you expect to overcome them; and
- c. Any other resources that you may need to utilize or develop in order to meet your goals.

Use the space provided below and up to three additional pages. Please label the additional pages 4a, 4b, 4c, and include the applicant name at the top of each page.

V). ADMINISTRATION: Describe how your project will be administered, including the following:

- a) **Staffing:** What staff/personnel will be needed to administer your project, including salaried staff, consultants, and volunteers? Attach job descriptions or (where appropriate) an explanation of the necessary skills and qualifications for each position. Also attach a Table of Organization for the project.
- b) **Project Site:** Describe all program sites that will be funded under this project.
- c) **Subcontracts:** Describe all operations that will require a subcontract. Attach a list of the subcontracted providers (if currently known).
- d) **Client Records:** Detail how your agency will collect and use data about the target population and maintain confidentiality of client records. Describe your agency's retention/destruction schedule and policy for client records.
- e) **Monitoring:** Describe how your agency will monitor the project.
- f) **Eligibility & Access:** Include a description of any eligibility criteria for your project. Also, describe how access to the project, the project itself, outreach, and referral will be culturally relevant and how any barriers to accessing the population (including language) will be overcome.

Use the space provided below and up to five additional pages. Please label the additional pages 5a, 5b, 5c, 5d, 5e and include the applicant name at the top of each page.

APPLICANT NAME _____

VI). EVALUATION: Discuss in detail how you will evaluate your Project's outcomes. Please note that an outside entity must be used to conduct the evaluation.

Use the space provided below and up to one additional page. Please label additional page 6a, and include the applicant name at the top of the page.

APPLICANT NAME _____

VII). BUDGET: Please provide detailed budget information about your project using the table and schedules provided in *Appendix 1*. If one or more of the categories do not apply to your proposal, please write “N/A”.

Please remember that, even if you anticipate requesting a contract renewal for a second year, budget information should be based on a one year contract.

The final page of the Appendix must be signed and dated.

APPLICANT NAME: _____

**OPDD Funding Proposal Application - Appendix 1:
Budget Table**

BUDGET CATEGORY	TOTAL							UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
A. PERSONNEL (Schedule 1)									
B. CONSULTANTS & PROFESSIONAL FEES (Schedule 2)									
C. MATERIALS & SUPPLES (Schedule 3)									
D. FACILITY COSTS (Schedule 4)									
E. SPECIFIC ASSISTANCE TO CLIENTS									
F. OTHER									
G. GENERAL & ADMINISTRATIVE COST ALLOCATION									
H. TOTAL OPERATING COSTS									
I. EQUIPMENT (Schedule 5)									
J. TOTAL COST									
K. LESS: REVENUE									
L. NET COST									
M. PROFIT									
N. REIMBURSABLE CEILING									
O. UNITS OF SERVICE									
P. UNIT COST									

APPLICANT NAME: _____

**OPDD Funding Proposal Application - Appendix 1:
Budget Table – Schedule 1**

Budget Category: Personnel	POSITION / TITLE OF EMPLOYEE	PERCENTAGE OF TIME / HOURS ON PROJECT	SALARY / HOURLY RATE	TOTAL	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS
	TOTAL					

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.

**Department of Human Services
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, statement of works, 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 1975 c. 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.
- 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 34 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

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 was 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.