

PROPOSAL COVER SHEET
(Must precede all pages submitted with Proposal)

Date Received _____

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES (DMHAS)

Name of RFP Supportive Housing to Individuals with a Mental Illness or Co-Occurring Mental Illness & Substance Disorder

Incorporated Name of Applicant: Triple C Housing, Inc.

Type: _____

Public _____ Profit _____ Non-Profit or Hospital-Based _____

Federal ID Number: [REDACTED] Charities Reg. Number [REDACTED]

Address of Applicant: 1 Distribution Way
Monmouth Junction NJ 08852

Contact (name/title): Leslie Stivale Phone No.: 732/297-5840 x11

Email lstivale@triplehousing.org Fax [REDACTED]

Total dollar amount requested: \$139,500.- Fiscal Year End: June 30

Funding Period: From 7/1/14 to 6/30/15

Total number of unduplicated clients to be served: 4

County in which housing and services are to be provided Middlesex

Authorization: Chief Executive Officer: Leslie Stivale
(Please print)

Signature: [Signature] Date: April 28, 2014

Supportive Housing Services to Individuals with a Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder

1. Number of consumers to be enrolled by Supportive Housing program: (5 points) 4

2. Describe how staffing and services will be phased in based on the volume of referrals: (5 points)

Triple C calibrates service delivery to respond to individual's needs and preferences, providing varying levels of support at various intervals in one's recovery. The transition to supportive housing will require, at times, a combination of extended support, connection to "warm lines" and 24 hour on-call clinical support, coordination of family/natural support visits, and overnight stays, in combination with linkages to local system providers and mainstream resources to offer consumers the best possible means of success (i.e., The new Wellness Respite House in New Brunswick). Staffing recruitment will ramp up immediately following the notice of the award, while existing nursing resources will be leveraged to triage overall healthcare needs to ensure appropriate linkages are made while individuals transition into supportive housing. As volume of referrals increases, Triple C Housing will have staffing in place to address the support needs of the individuals.

3. Briefly describe the process your agency will use to engage individuals to be served and integrate them into new housing: (5 points)

Triple C will engage appropriate individuals to be served initially with building communication and trust to achieve a collaborative working relationship that respects and promotes autonomy to empower the individual to take initiative and want to accept housing placement and services with Triple C, and then begin activate service planning, the focus of services delivery will be on employment activities as well as on skill development and supports that promote empowerment and inclusion, wellness, recovery, and resiliency.

An interview assessment will be given to determine needs and goals and develop an Individual Recovery Plan to assist the individual in making interval progress.

In Triple C's experience, support services geared toward matching individuals' needs and preferences to housing facilitates greater adjustment and community reintegration, resulting in a decrease in recidivism. The facilitation of community reintegration involves conducting interview assessments to begin identifying needs and future goals and planning for community adjustment and modification of units to accommodate needs, training to increase self sufficiency, and orientation to mainstream resources and supports. Each individual will develop an Individual Recover Plan to assist in tracking progress and highlighting progress towards housing stability.

Supportive services and personal care assistance (PCA) within an integrated, supportive housing setting will be made available to each individual. The provision for supportive services combined with personal care assistance services would result in: 1.) more onsite support and education to facilitate community adjustment, 2.) increase self-sufficiency through training and education, 3.) establish and maintain mainstream supports and resources through resource development and linkage.

4. Describe how you will assist and support consumers in receiving career services in order to move them toward self-sufficiency and self-support (for rental payments) by the end of this grant cycle. (15 points)

Work readiness and the pursuit of employment and educational goals amplify the value and benefit of regaining meaningful life roles, and include financial literacy, to initiate or restore financial stability. Triple C's organizational value of employment is further evidenced by competency based training completed with the UMDNJ-SHRP Integrated Employment Institute in which two staff members hold an employment specialist designation. The employment outcomes achieved by consumers steadily average 54% in the supportive housing program. In addition, educational pursuits are supported in house as well as with experienced system partners who specifically provide supported education services.

Additionally, staff will link and refer consumers to supportive employment and the Middlesex County One Stop Career Center in New Brunswick.

5. Indicate your ability to provide housing that is accessible to individuals who have difficulty with mobility or are wheelchair bound, in accordance with Americans with Disabilities Act requirements. (3 points)

The apartment building designated for this RFP has exterior entry stairs and is a 3-story walk-up. It would be possible to alter a first floor rear unit with a new exterior door and ramp, however Triple C may have an accessible unit available at an alternate site, depending upon availability.

6. Describe the full range of recovery and support services that will be provided to service recipients (10 points)

Triple C respects the ongoing cycle of growth and flexibility throughout the recovery process, focusing on *empowerment* to increase the strength and confidence of individuals, recognize the dignity of risk, develop the capacity to make choices, and transform choices into actions. Throughout this process, resilience is developed through the ability to manage, understand, and change from adversity and take personal responsibility to rebound and rebuild.

The Wellness and Recovery *service options* include but are not limited to:

- Wellness and recovery planning based on the 8 Dimensions of Wellness (physical, emotional/mental, financial, social, spiritual, environmental, occupational and intellectual) and the Wellness Recovery Action Plan (WRAP) approach and peer based support services including wellness coaching;
- Primary healthcare coordination and support for medical and basic personal care needs as mentioned;
- *Health and Wellness*, a specialized Triple C Housing program, promotes healthy behaviors to develop individualized healthy lifestyle plans, and assist people to choose, get and keep personal wellness goals.
- Rehabilitation oriented treatment options emphasizing Illness Management and Recovery (IMR), Integrated Dual Diagnosis Treatment (IDDT), motivational interviewing, and harm reduction within the framework of risk assessment and management planning;
- Psychiatric Advance Directive (PAD) planning to plan for one's physical and behavioral healthcare needs and directives;
- Applied behavioral analysis and interventions to support positive interventions in addressing challenging behaviors that may complicate physical and behavioral healthcare needs.

Flexible, individualized services - a mix of assistance, support and services provided in the individual's home, including 24/7 (evenings and weekends) on-site when needed, and 24-hour on-call rapid response; coordination with other programs (including, but not limited to self-help, outpatient, partial care, supported employment) to support achievement of consumer goals in a comprehensive manner.

Personal assistance approach – a personal assistance style with an emphasis on education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation and appropriate use of primary mental health services.

Integration of Wellness and Recovery approach – core competency, knowledge and application of Evidence Based Practices in mental health treatment and use of those practices (e.g., IMR and IDDT to facilitate engagement, support and linkage).

Integration of primary healthcare and mental health treatment – addressing the medical conditions and healthcare needs of consumers in addition to the mental health and psychosocial needs.

7. Describe your agency's ability to affirmatively link individuals to primary care practitioners support the consumers as they engage in primary care treatment and facilitate the coordination of primary care and behavioral healthcare with and on behalf of the consumers (5 points)

Two Registered Nurses on staff will communicate between physical health care physicians (general practitioner), specialists, and behavioral healthcare physician (psychiatrist) to report medication side effects, effectiveness of treatment and consumer response to treatment recommendations with consumers' full participation and voice to address side effects, impact on functioning and wellbeing.

Services specific to the individuals' needs will be coordinated and case managed comprising of, but not limited to, the following: psychiatric treatment and aftercare, physician care/specialist care (e.g., neurologist, medical physician, gastroenterologist, etc.), triaged healthcare with Federally Qualified Health Care Clinics (FQHC), dental, geriatric and occupational therapy, Veterans Administration, Open Door substance abuse/AA/NA sponsorships, meetings and rehabilitation, and network providers and supports chosen by the individual.

Triple C's service delivery focus is on skill development and building community supports to promote independence, self determination, self management of physical and behavioral health care needs via access to seasoned professional staff, in coordination with the healthcare community and mainstream resources. Assistance in helping consumers to gain maximum control of their overall healthcare management is required of service staff to develop competencies in Illness Management and Recovery (IMR) and Wellness Recovery Action Planning (WRAP) for consumers to effectively engage in healthy lifestyle choices in areas such as diet, exercise, smoking cessation, sleeping habits, personal hygiene, illness management and healthcare follow-up.

8. Describe how your agency will monitor medication and ensure that necessary blood work is completed in order to optimize medication adherence (5 points)

Agency resources for health promotion and management of co-existing medical/physical healthcare conditions are provided via the support of a Registered Nurse (RN), in close coordination with primary healthcare service providers.

Triple C's RN's provide an 8-week program called "Health and Wellness," a specialized program to promote healthy behaviors utilizing diet and lifestyle modifications to develop individualized healthy lifestyle plans, and assist people to choose, get and keep personal wellness goals with a focus on educating consumers regarding the integration of healthcare, which blends Psychiatric, medical, and dental care to maintain health in every capacity.

9. Provide a brief description of the housing model that will be made available. Include rationale for choosing this particular housing design (3 points)

Triple C Housing, Inc. has been chosen by Coming Home Middlesex, the County agency responsible for ending homelessness in Middlesex County, to be designated as the non-profit developer of an 8-unit newly renovated apartment building in downtown New Brunswick. The building is centrally located in New Brunswick to afford consumers with the abundant resources the City offers including employment, education, health care, transportation and the arts and recreation. Four units will be set-aside for the purposes of this RFP.

10. Provide the municipality and county where housing will be located (2 points)

City of New Brunswick, Middlesex County

11. Describe your organization's plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (5 points)

Triple C's service orientation incorporates wellness and recovery based on the principles of *psychiatric rehabilitation*, with the integration of primary health and behavioral health care inclusive of addressing psychiatric and substance abuse as co-occurring disorders. Consistent with the strengths based approach in psychiatric rehabilitation, a modified version of the Brief Strengths-Based Case Management for Substance Abuse (SBCM) model is the intended intervention strategy designed to reduce barriers and improve access to treatment. This intervention differs from conventional case management in that it is strengths based to support the consumer's participation to identify assets, skills, abilities and make decisions about treatment in order to set goals to actively participate in treatment; and work together with the case manager to remove barriers to improving overall functioning and wellbeing. The case manager works to build a strong alliance with the consumer, central to establishing the appropriate linkages and supports to establish and carry out a consumer driven plan to reach one's full potential and recovery, in line with Triple C's mission.

Complementary evidenced based practices in addressing the individual's co-occurring treatment needs encompass harm reduction strategies and motivational interviewing to establish level of risk, readiness to engage in treatment, barriers to plan for and implement strategies to reduce risk factors associated with triggers for relapse and active engagement in substance abuse. The onsite multidisciplinary framework includes consultation with clinically trained staff, RN, and naturally occurring supports and linkages with sponsors and partners in one's recovery. The framework focuses on pharmacological (medication), psychological, social and educational interventions, so that the needs of consumers and their family members may be addressed, promoting consumer/family involvement in service delivery and policy planning, with housing stability as a necessary provision for recovery, and an expectation of employment. The unique life circumstances of each consumer are taken into account to individualize treatment planning and linkages to offsite supports acceptable and agreed upon with the consumer.

12. Describe how your organization will support consumers in attaining the daily living skills necessary to live integrated lives in the community (5 points)

Practical skill and resource development are critical components of support services focused on helping individuals adjust to the community and effectively manage his or her physical and behavioral healthcare needs. The process of identifying specific skills and resources that are needed by an individual begins with a psychiatric rehabilitation diagnosis, which is comprised of consumer chosen rehabilitation goals and functional and resource assessments.

A Direct Skills Teaching Approach (DST) is then employed for the development of the skills that are critical to consumer success and satisfaction. Skills training is an evidence-based approach that begins with helping consumers understand why a particular skill is an important part of obtaining their desired goals. Staff members break the desired skill into specific steps, model the skill, have the consumer demonstrate the skill, provide feedback, provide additional opportunities to practice and refine the skill, and finally identify and remove barriers to effective skill use. Targeted areas of skill development will include: ADL skills, social skills, wellness management skills and vocational skills. A critical skill development will include the wellness dimensions (physical, emotional/mental, financial, social, spiritual, environmental, occupational and intellectual) and peer based support services

13. Demonstrate how the proposed service will integrate the following principles into service delivery (20 points)

a. Promotion of wellness and recovery (grounded in SAMHSA's 8 Domains of Wellness)

Meaningful life roles and community involvement are emphasized by accessing and linking consumers with mainstream resources, engaging family re-unification and building natural supports, as well as accessing spiritual and social/recreational activities to fully integrate into the community at large. Triple C's service orientation in psychiatric rehabilitation includes strategies for engagement designed to build rapport and trust. The services assist consumers in identifying personally meaningful and valued goals to achieve community integration in one's community of choice.

Integration activities involve establishment of benefits and entitlements, linkages to adult education and supportive education, financial literacy and banking, access and utilization of mainstream resources such as library visits to build computer literacy and utilize technology and/or access books, CD's/DVD's, and safety and security skill training in one's community (e.g., pedestrian safety), and identifying houses of worship and social activities within the community. The housing units are located in a location where consumers can readily access services, transportation and resources independently to further community integration.

b. Promotion of community inclusion

Integration activities involve establishment of benefits and entitlements, linkages to adult education and supportive education, financial literacy and banking, access and utilization of

mainstream resources such as library visits to build computer literacy and utilize technology and/or access books, CD's/DVD's, and safety and security skill training in one's community (e.g., pedestrian safety), and identifying houses of worship and social activities within the community. As mentioned, the housing units are located in a location where consumers can access services, transportation and resources independently to further community integration.

c. Culturally competent and linguistically accessible services;

The counties currently served by Triple C Housing, based on US Census Bureau data from 2009, indicate a majority of the populations in Middlesex and Ocean Counties are White (68% and 94%); Asian Americans (20% and 2%); African Americans (11% and 2%) and Hispanic (18% and 7%) respectively. Our staffing patterns are in line with the populations served in those areas as we employ 58 % White Americans, 31% African Americans and 11% Hispanic Americans. Although we do not currently employ a percentage of Asian Americans we do have staff from other diverse cultural, linguistic and religious backgrounds including Chinese, Mandarin, Ukrainian, Polish, Russian, Italian, Spanish, Swahili, Yoruba and the Hebrew/Jewish faith. The agency also employs and serves individuals with varying gender identity or expression orientation and/or affectional or sexual orientation.

d. Demonstration of best practices

Triple C respects the ongoing cycle of growth and flexibility throughout the recovery process, focusing on *empowerment* to increase the strength and confidence of individuals, recognize the dignity of risk, develop the capacity to make choices, and transform choices into actions.

Throughout this process, resilience is developed through the ability to manage, understand, and change from adversity and take personal responsibility to rebound and rebuild.

The Wellness and Recovery *service options* include but are not limited to:

- Wellness and recovery planning based on the 8 dimensions of wellness (and the Wellness Recovery Action Plan (WRAP) approach and peer based support services including wellness coaching;
- Primary healthcare coordination and support for medical and basic personal care needs as aforementioned;
- *Wellness for Life*, a specialized program to promote healthy behaviors utilizing a dietician, peer wellness coach, and physical therapist to develop individualized healthy lifestyle plans, and assist people to choose, get and keep personal wellness goals.
- Rehabilitation oriented treatment options emphasizing Illness Management and Recovery (IMR), Integrated Dual Diagnosis Treatment (IDDT), motivational interviewing, and harm reduction within the framework of risk assessment and management planning;
- Psychiatric Advance Directive (PAD) planning to plan for one's physical and behavioral healthcare needs and directives;

- Applied behavioral analysis and interventions to support positive interventions in addressing challenging behaviors that may complicate physical and behavioral healthcare needs.

14. Describe your experience and success in providing supportive services to and/or development of housing opportunities for individuals with a mental illness in the community. (5 points)

In 1985 Triple C opened its first group home in Piscataway; in 1989 one graduate apartment, and by 1997 Triple C opened 8 more apartments and two consumer-operated homes, supporting 22 individuals. Over fifteen years later, Triple C has grown to support over 100 individuals by expanding our housing to support persons of low income, formerly homeless and persons diagnosed with a mental illness. Triple C operates a wide range of affordable, permanent housing and transitional residential care site; consumer operated homes, multifamily and scattered site supportive housing and 24-hour supervised group homes.

Triple C currently owns and operates 15 sites including 3 group homes, 5 consumer operated residences, and 5 multi-family residences. We also “master lease” more than 12 sites for individuals who do not qualify for a lease on their own due to credit issues; the tenants then sub-lease from Triple C.

Triple C’s mission is to provide permanent, supportive housing opportunities coupled with innovative support services, empowering individuals to live independently with dignity and to fulfill their utmost potential. The commitment to achieve our mission is evidenced by individuals graduation to independence (40% of group home consumers moved to greater independence in the community); lengths of stay and community tenure, an average 95% occupancy rate in developed programs; and ongoing expansion of program capacity and development of new housing units to reach growing community needs.

Despite being a small to mid size agency, Triple C Housing is an integral part of the community at the county and state level. We are committed to keeping abreast of initiatives and employing best practices that allow us to provide innovative services. Various Senior Management and Middle Management Team members participate in committees such as the county Professional Advisory Committee, the September 11 United Way Task Forces in Middlesex County and presenting at conferences attended by other housing and service providers across the State. Senior and Middle Management also take on leadership roles such as NAMI Middlesex Board Trustee and Crisis Response for the Red Cross in Middlesex County for survivors of 911, New Jersey Psychiatric Rehabilitation Association, and The New Jersey Housing and Community Development Network. The agency has also received the following accolades in the past several years:

- Received the Wellness and Recovery Transformation Award from NJPRA in 2008
- Received a Resolution for the Middlesex County Board of Chosen Freeholders for providing housing and services at the 30th anniversary - 10/1/09
- Executive Director participated in Governor Corzine’s Interagency Council for Preventing and Reducing Homelessness – 2009

- Designated as a CHDO organization in 2010 as the agency develop low income housing and has 1/3 of its Board members that are low income or in low income housing
- Triple C Housing presents at state-wide conferences on a number of topics.

15. Format of proposal must follow direction for submission, and include a Statement of Assurance signed by Chief Executive Officer (Attachment C), Signed Debarment Certification (Attachment D) (3 points) - See Attached

16. Provide written assurances that, if your organization is funded pursuant to the RFP (2 points)

- a.) Triple C Housing, Inc. assures DMHAS that we will pursue available resources (eg. Grants, vouchers, rental assistance, etc.) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
- b. Triple C Housing Inc. will keep funding for this initiative segregated from funding for all other initiatives/programs operated by the organization and will have an ability to specifically report on the individuals served in this initiative;
- c. Triple C Housing, Inc. will work in cooperation with the regional and central offices of DMHAS, County Mental Health Boards and State psychiatric hospitals to indentify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
- d. Triple C Housing, Inc. will comply with DMHAS' reporting requirements specific to this initiative;
- e. Triple C Housing, Inc. will provide the full range of services delineated in DMHAS and related regulations to all individuals enrolled; and
- f. Triple C Housing, Inc. will pursue all available sources of revenue, including Medicaid and will report all revenue generated as an off-set to the monthly rate billed for the aggregate of individuals served each month.

Attachment B

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 that 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 that 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.

Attachment C

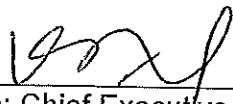
Department of Human Services Statement of Assurances

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 that 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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI 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 based on 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 based on 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. The applicant 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.

Triple C Housing, Inc.
 Applicant Organization
 Equivalent


 Signature: Chief Executive Officer or

April 28, 2014
 Date

Leslie Stivale, Executive Director
 Typed Name and Title

Attachment D

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

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

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

Leslie Stivale, Executive Director
Name and Title of Authorized Representative


Signature

April 28, 2014
Date

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